

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
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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 <u>GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>12/16/1992</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) <u>72-1167423</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number <u>504-412-2013</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) <u>522110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>12/16/1992</u>		2b Employer Identification Number (EIN) <u>72-1167423</u>		2c Plan Sponsor's telephone number <u>504-412-2013</u>		2d Business code (see instructions) <u>522110</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>12/16/1992</u>											
2b Employer Identification Number (EIN) <u>72-1167423</u>											
2c Plan Sponsor's telephone number <u>504-412-2013</u>											
2d Business code (see instructions) <u>522110</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GULF COAST BANK AND TRUST COMPANY</u> <u>5001 VETERANS BLVD</u> <u>2ND FLOOR</u> <u>METAIRIE, LA 70006</u>											

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including 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	KIM CARVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	KIM CARVER
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	823
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)	669
a(2) Total number of active participants at the end of the plan year		6a(2)	701
b Retired or separated participants receiving benefits.....		6b	8
c Other retired or separated participants entitled to future benefits		6c	155
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	864
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	864
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	811
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	41
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
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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 GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GULF COAST BANK AND TRUST COMPANY	D Employer Identification Number (EIN) 72-1167423

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.
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1 Coverage Information:

(a) Name of insurance carrier
NAATIONWIDE 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
31-4156830	66869	063-87107	811	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
0	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
LPL FINANCIAL LLC
ATTN COMMISSIONS DEPT.
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			7

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

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

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

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

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

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

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

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

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

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

(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** 1671815**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** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 97671
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 19072
(4) Transferred from separate account..... **7c(4)** 35364
(5) Other (specify below) **7c(5)** 1660305

▶ INTRA-COMPANY CONVERSION TRANSFER IN

(6) Total additions **7c(6)** 1812412**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1812412**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 5191(2) Administration charge made by carrier..... **7e(2)** 114(3) Transferred to separate account..... **7e(3)** 135180(4) Other (specify below) **7e(4)** 112

▶ FORFEITURE

(5) Total deductions **7e(5)** 140597**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1671815

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GULF COAST BANK AND TRUST COMPANY	D Employer Identification Number (EIN) 72-1167423	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NATIONWIDE INSURANCE
31-4156830

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

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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)

NATIONWIDE INSURANCE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 99	TRUST RECORDKEEPER	54227	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GULF COAST BANK AND TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>72-1167423</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1308151	16185
(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)		0
(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)	43054722	51978018
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	1671815
(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	44362873 53666018
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	44362873 53666018

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	574015
	(B) Participants	2a(1)(B)	4233765
	(C) Others (including rollovers).....	2a(1)(C)	527923
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5335703
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-72
	(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)	0
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	-72
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		6869271
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12204902
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2899719	
(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)		2899719
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2038	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2038
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2901757
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		9303145
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HANNIS T BOURGEOIS

(2) EIN: 72-0636725

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:

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.).....

	Yes	No	Amount
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?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.
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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 GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 GULF COAST BANK AND TRUST COMPANY	D Employer Identification Number (EIN) 72-1167423

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): 31-1592130		
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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

GULF COAST BANK AND TRUST COMPANY
SAVINGS INCENTIVE PLAN

NEW ORLEANS, LOUISIANA

DECEMBER 31, 2021

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Independent Auditor's Report

Gulf Coast Bank and Trust Company
Savings Incentive Plan
New Orleans, Louisiana

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Gulf Coast Bank and Trust Company Savings Incentive Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying 2021 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.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Gulf Coast Bank and Trust Company Savings Incentive Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 2021 Financial Statements

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 Department of Labor'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 Department of Labor'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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Gulf Coast Bank and Trust Company Savings Incentive Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 7, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Respectfully submitted,

Hannia T. Bourgeois, LLP

Baton Rouge, Louisiana
October 5, 2022

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
<u>ASSETS</u>		
Investments, at Fair Value:		
Mutual Funds	\$ 51,315,370	\$ 42,555,476
Interest Bearing Cash	16,185	1,308,151
Self Directed Brokerage Accounts	662,648	499,246
	<u>51,994,203</u>	<u>44,362,873</u>
Investments, at Contract Value:		
Guaranteed Investment Contracts	1,671,815	-
	<u>1,671,815</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 53,666,018</u></u>	<u><u>\$ 44,362,873</u></u>

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

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

Additions to Net Assets Attributed to:

Investment Income:

Net Investment Income - Mutual Funds	\$ 6,715,150
Net Investment Income - Interest Bearing Cash	(72)
Net Investment Income - Fixed Select Contract	30,011
Net Investment Income - Self Directed Brokerage Accounts	124,110
	6,869,199

Contributions:

Participants	4,233,765
Employer	574,015
Rollover	527,923
	5,335,703

Total Additions	
	12,204,902

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	2,899,719
Administrative Expenses	2,038
Total Deductions	2,901,757
Net Increase	9,303,145

Net Assets Available for Benefits:

Beginning of Year	
	44,362,873
End of Year	
	\$ 53,666,018

The accompanying notes are an integral part of this financial statement.

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan -

The following description of Gulf Coast Bank and Trust Company Savings Incentive Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Description of Plan

The Plan is a defined contribution plan covering the employees of Gulf Coast Bank and Trust Company (the “Company”). Employees who have attained the age of twenty-one (21) are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Management oversees governance of the Plan, determines the appropriateness of the Plan’s investment offerings, and monitors investment performance.

During 2020, the Plan was amended for the optional relief items as permitted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) which was signed into law on March 27, 2020. The provision adopted by the Plan was the waiver of required minimum distributions, in 2021. See the respective disclosures below for more detailed explanations of the new provision adopted.

Contributions

Participants may contribute a percentage of their annual compensation as defined in the Plan up to the maximum amount set by the Internal Revenue Service each year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions in various investment options offered by the Plan. The Company contributes an amount equal to 50% of a participant's elective deferrals, up to a maximum matching contribution of \$1,000. The Company may, at its discretion, make additional profit sharing contributions to the Plan. The Company’s matching contributions were \$574,015 for the year ended December 31, 2021.

Participant Accounts

Each participant’s account is charged or credited with the participant’s contribution and an allocation of the Company’s contribution, the plan’s investment earnings or losses and certain plan administration costs paid by the Plan. Allocations are based on participant compensation or participant account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contributed portion of each participant’s account is based on a graduated schedule beginning at 20% vesting after two years of continuous service and becoming fully vested after six years of service. Participants are automatically vested 100% upon death, disability, or retirement.

Payment of Benefits

On termination of service due to death, disability, or retirement, participants may elect to receive a lump-sum distribution equal to the value of their vested account balance. The Plan permits distributions to participants of their elective contribution account while employed in the event of financial hardship.

In accordance with the CARES Act, participants who were receiving required minimum distributions were offered the option to waive their 2020 distribution and participants who were due to receive the first required distribution in 2020 had their required minimum distribution automatically waived. The ability to request special waivers with respect to required minimum distributions under the CARES Act ceased as of December 31, 2020.

Forfeitures

Any forfeiture of a non-vested account is deposited to the cash account and may be used to reduce the Company's contributions. During 2021, the Company used forfeited funds of \$27,440 to reduce the Company's contributions. At December 31, 2021 and 2020, there was \$16,185 and \$22,472, respectively, in forfeited non-vested accounts.

Note 2 - Summary of Significant Accounting Policies -

Basis of Accounting

The financial statements of the Plan are prepared in accordance with the accrual basis of accounting. At December 31, 2021 and 2020, all assets of the Plan are participant directed.

Investment held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates, particularly given the significant social and economic disruptions and uncertainties associated with the ongoing COVID-19 pandemic and the COVID-19 control responses, and such differences may be material.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the Plan Sponsor determines the Plan's valuation policies utilizing information provided by the Plan trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Net investment

income (loss) includes gains and losses on investments sold during the year as well as appreciation and depreciation of the investments held at the end of the year. Benefits are recorded when paid.

Expenses

The plan sponsor, at its sole discretion, may pay the administrative expenses of the Plan. If such expenses are not paid by the Company, they are paid out of plan assets. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net investment income (loss).

Risks and Uncertainties

The Plan provides for various investment options with its trustee, Nationwide Trust Company, FSB. These investments, in general, are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these funds, it is at least reasonably possible that changes in the values of these funds will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

The COVID-19 outbreak in the United States and globally has caused an economic downturn on a global scale, disrupted global supply chains, and created significant uncertainty, volatility, and disruption across economies and financial markets. Therefore, uncertainty remains regarding the ongoing impact of the COVID-19 outbreak upon the Plan's net assets available for benefits, as well as upon the significant estimates and assumptions utilized in reporting certain assets and liabilities.

Subsequent Events

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 5, 2022, the date which the financial statements were available to be issued.

Note 3 - Plan Termination -

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a plan termination, participants become fully vested in their accounts.

Note 4 - Tax Status -

The Internal Revenue Service has determined and informed the Company by a determination letter that the prototype plan used by the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under the present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and tax-exempt.

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the plan is no longer subject to income tax

examinations for years prior to 2018.

Note 5 - Fair Value Measurements -

The fair value measurement accounting literature provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels. Level 1 inputs to the valuation methodology are based on unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access. Level 2 inputs are based primarily on quoted prices for similar assets in active or inactive markets and/or based on inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs are unobservable and are based on assumptions market participants would utilize in pricing the asset.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. When available, valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual Funds - The fair values of mutual funds are based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Interest Bearing Cash (Money Market Mutual Funds) - The fair values of these funds are based on preserving the net asset value of \$1.00 per share based on the underlying assets invested in treasury securities.

Self-Directed Brokerage Accounts (Common Stock) - The fair values of investments in common stock are based on the closing price reported on the active market on which the individual securities are traded.

Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$51,315,370	\$ -	\$ -	\$51,315,370
Interest Bearing Cash	16,185	-	-	16,185
Self Directed Brokerage Accounts	662,648	-	-	662,648
	<u>\$ 51,994,203</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 51,994,203</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$42,555,476	\$ -	\$ -	\$42,555,476
Interest Bearing Cash	1,308,151	-	-	1,308,151
Self Directed Brokerage Accounts	499,246	-	-	499,246
	<u>\$ 44,362,873</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 44,362,873</u>

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2021, are reported in Investment Income (Loss).

Note 6 – Stable Value Fund with Insurance Company –

The Plan holds a group annuity investment contract (Nationwide Fixed Select Contract) with Nationwide Insurance Company which totaled \$1,671,815 and \$-0- at December 31, 2021 and 2020, respectively. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due in accordance with this investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events that might limit the ability of the Plan to transact at contract value with the contract issuer include the following: termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total Plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer rules.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's

investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

Note 7 - Information Prepared and Certified by the Trustee -

The following information, included in the accompanying financial statements and supplemental schedule, was obtained from data prepared and certified to as complete and accurate by the trustee, Nationwide Trust Company, FSB, a division of Nationwide Bank.

	<u>2021</u>	<u>2020</u>
Investments at Fair Value:		
Mutual Funds	\$ 51,315,370	\$ 42,555,476
Interest Bearing Cash	16,185	1,308,151
Self Directed Brokerage Accounts	662,648	499,246
Guaranteed Investment Contracts	<u>1,671,815</u>	<u>-</u>
	<u>\$ 53,666,018</u>	<u>\$ 44,362,873</u>
 Net Investment Income (Loss)	 <u>\$ 6,869,199</u>	

Note 8 - Related Party and Party-In-Interest Transactions -

Certain plan investments are shares of mutual funds managed by an affiliate of Nationwide Trust Company (“Nationwide”). Since Nationwide is the trustee as defined by the Plan, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net investment income (loss), as they are paid through revenue sharing, rather than a direct payment. The Company also directly pays other fees related to the Plan’s operations. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

SUPPLEMENTAL INFORMATION

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i

EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT

AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds:</i>			
Alliance Bernstein	Ab Bd Infl Strat I	*	\$ 1,657
Alliance Bernstein	Ab Glbalestinvm I	*	971
Alliance Bernstein	Ab Smcap Gr Adv	*	2,320
Alps	Alps Crcommgcpitcomstrat I	*	28,096
AMG	Amggw&K Smcap Cor I	*	11,399
AMG	Amgmgrs Ycktmn Focs I	*	67,272
Alger	Aqr Mgd Ftr Strat I	*	8,839
Alger	Alger Cap App I2	*	52,304
Alger	Alger Spectra Z	*	2,537,884
Allspring	Allspr Sm Co Gr A	*	14,808
Allspring	Allspr Spec Smcap Val Inst	*	7,245
American Century	Amcent Gbl Realest R6	*	25,380
American Century	Amcent Hertg R6	*	44,528
American Century	Amcent Intl Oppr I	*	40,515
American Century	Amcent Mdcap Val R6	*	22,902
American Century	Amcent Smcap Val R6	*	208,808
American Century	Amcent Val R6	*	3,252
American Funds	Amfds Cap Inc Bldr R6	*	13,978
American Funds	Amfds Cap Wld Gr Inc R6	*	2,233,335
BNY Mellon	Bnymel Smmddcap Gr I	*	1,194
Baron Funds	Baron Disc Inst	*	323,110
Baron Funds	Baron Gr Inst	*	5,515,934
Baron Funds	Baron Ptnrs Inst	*	5,815
Baron Funds	Baron Realest Inst	*	15,337
Blackrock	Blkrk Hi Yld Bd Inst	*	13,458
Blackrock	Blkrk Hlth Scnc Oppr Inst	*	84,498
Blackrock	Blkrk Mdcap Gr Eq Inst	*	579,018
Blackrock	Blkrk Is Rsl2000smcpind K	*	1,353
Blackrock	Blkrk Is S P 500 Indx K	*	1,740
Brown Advisory	Brwnadv Sustnbl Gr Inst	*	1,060
Conestoga	Cnstga Sm Cap Inst	*	1,309
Cohen & Steers	Cohenstrs Intl Real Inst	*	32,241
Cohen & Steers	Cohenstrs Prfrd Sec Inc I	*	25,245
Columbia Seligman	Col Seligman Gbl Tech A	*	4,782

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i
EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds (Continued):</i>			
Columbia Seligman	Col Thrnst Inst2	*	892
De Ivy	De Ivy Enrgy R6	*	73,542
De Ivy	De Ivy Glbl Gr R6	*	13,563
De Ivy	De Ivy Mdcap Gr R6	*	1,707,260
De Ivy	De Ivy Scnc Tech R6	*	4,816
De Ivy	De Ivy Scrn Realest Sec I	*	33,984
De Ivy	De Ivy Smcap Gr R6	*	12,537
DFA	Dfa Infl Prtct Sec Inst	*	921
DFA	Dfa Us Vectr Eq Inst	*	158,259
DWS Group	Dws Comm A	*	2,477
Dodge Cox	Dodgecox Inc	*	34,236
Davenport	Dvnprt Smcap Focs	*	962
Eaton Vance	Ev Lgcap Val L	*	89,554
Emerald	Emerald Fin Bk Innov Inst	*	147,214
Federated Hermes	Fed Hrms Kaufman Smcap R6	*	18,855
Fidelity	Fid 500 Indx	*	172,242
Fidelity	Fid Emrg Mkt Indx	*	681,888
Fidelity	Fid Smcap Indx	*	2,367
Fidelity Advisor	Fidadv China Reg Inst	*	763
Fidelity Advisor	Fidadv Emrg Asia Inst	*	753
Fidelity Advisor	Fidadv Free 2025 Inst	*	3,807
Fidelity Advisor	Fidadv Free 2035 Inst	*	5,008
Fidelity Advisor	Fidadv Free 2040 Inst	*	4,592
Fidelity Advisor	Fidadv Gr Oppr Inst	*	441,590
Fidelity Advisor	Fidadv Levtr Co Stk I	*	23,800
Franklin Templeton	Fnkln Bio Disc A	*	1,719
Franklin Templeton	Fnkln Dynatech Adv	*	50,660
Franklin Templeton	Fnkln Gold Prec Mtls Adv	*	26,367
Goldman Sachs	Gdmnscs Comdty Strat Inst	*	37,926
Goldman Sachs	Gdmnscs Govt Inc Inst	*	488,618
Goldman Sachs	Gdmnscs Mdcap Val Inst	*	263,121
Goldman Sachs	Gdmnscs Strat Inc Inst	*	181,417
Invsco	Invsco Comstk R5	*	1,783,570

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i
EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds (Continued):</i>			
InvSCO	InvSCO Devl Mkt A	*	5,691
InvSCO	InvSCO Disc Mdcapgr Y	*	547,118
InvSCO	InvSCO Divrs Divd R5	*	66,768
InvSCO	InvSCO Eq Inc R5	*	6,257,074
InvSCO	InvSCO Euro Gr Y	*	146,399
InvSCO	InvSCO Gbl Oprr Y	*	8,748
InvSCO	InvSCO Goldspecmrls Y	*	15,469
InvSCO	InvSCO Intl Bd Y	*	115,795
InvSCO	InvSCO Intl Eq A	*	32,474
InvSCO	InvSCO Intl Smmd Co A	*	110,594
InvSCO	InvSCO Opp Intl Gr Y	*	114,019
InvSCO	InvSCO Snr Flotng Rt Y	*	23,092
InvSCO	InvSCostlpmplphpls Y	*	223,529
JP Morgan Chase	Jpm Emrg Mkt Eq R6	*	2,208
JP Morgan Chase	Jpm Eq Inc R5	*	952
JP Morgan Chase	Jpm Gr Advtg R6	*	14,616
JP Morgan Chase	Jpm Hdg Eq R6	*	46,564
JP Morgan Chase	Jpm Lgcap Gr R6	*	4,645
JP Morgan Chase	Jpm Lgcap Val R5	*	334,652
JP Morgan Chase	Jpm Smcap Eq R5	*	7,950
JP Morgan Chase	Jpm Smcap Gr R6	*	3,374
John Hancock	Jnhnck Dscpid Val I	*	804,088
John Hancock	Jnhnck Dscpld Val Mdcap R6	*	51,122
John Hancock	Jnhnck Intl Gr I	*	418,587
Janus Henderson	Jnshndrsn Entrp N	*	49,995
Janus Henderson	Jnshndrsn Frty N	*	2,744,583
Janus Henderson	Jnshndrsn Gbltech Innov N	*	29,372
Janus Henderson	Jnshndrsn Triton N	*	439,046
Lazard	Lazard Intl Smcap Eq Inst	*	6,915
Leggm	Leggm Clrbrdg Intl Gr I	*	813
Lrdabt	Lrdabt Devl Gr R5	*	36,159
MFS	Mfs Intl Divrs R6	*	1,945

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i
EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds (Continued):</i>			
MFS	Mfs Intl New Disc R6	*	1,173
MFS	Mfs Mdcap Val R6	*	9,203
Morgan Stanley	Ms Insight I	*	2,222
Morgan Stanley	Msif Disc I	*	27,731
Morgan Stanley	Msif Glbl Oppr I	*	868
Morgan Stanley	Msif Incptn I	*	10,737
** Nationwide Investments	Nw Dest 2025 R6	*	605,190
** Nationwide Investments	Nw Dest 2030 R6	*	806,386
** Nationwide Investments	Nw Dest 2035 R6	*	459,625
** Nationwide Investments	Nw Dest 2040 R6	*	465,490
** Nationwide Investments	Nw Dest 2045 R6	*	506,379
** Nationwide Investments	Nw Dest 2050 R6	*	261,433
** Nationwide Investments	Nw Dest 2055 R6	*	369,906
** Nationwide Investments	Nw Dest 2060 R6	*	305,289
** Nationwide Investments	Nw Dest 2065 R6	*	16,095
** Nationwide Investments	Nw Dest Rtrmt R6	*	436,712
** Nationwide Investments	Nw Inv Dest Aggr R6	*	1,318,229
** Nationwide Investments	Nw Inv Dest Cnsrv R6	*	92,210
** Nationwide Investments	Nw Inv Dest Mod Aggr R6	*	3,593,342
** Nationwide Investments	Nw Inv Dest Mod Cnsrv R6	*	1,106,934
** Nationwide Investments	Nw Inv Dest Mod R6	*	4,808,406
Natixis	Natixis Gateway A	*	495
Neuber	Neuber Lgcp Val Inst	*	906
Nuveen	Nuvn Glbl Infr R6	*	115,071
Nuveen	Nuvn Realest Sec R6	*	25,576
Oakmark	Okmrk Intl Inv	*	29,037
PGIM	Pgim Glbl Realest R6	*	4,306
PGIM	Pgim Jnism Fin Svc A	*	2,505
PGIM	Pgim Jnism Natrl Rsrc A	*	42,208
PIMCO	Pimco Inc Inst	*	167,602
PIMCO	Pimco Ttl Rtn Inst	*	1,245,804
Parnassus	Parnassus Endvr Instl	*	924
Rydex Funds	Rydexsgi Tech H	*	7,702
Swan	Swan Dfnd Rsk I	*	740

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i
EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds (Continued):</i>			
T Rowe Price	Trowepr Blue Chip Gr	*	1,320
T Rowe Price	Trowepr Divd Gr	*	2,093
T Rowe Price	Trowepr Hlth Scnc	*	33,634
T Rowe Price	Trowepr Intl Disc	*	187,795
T Rowe Price	Trowepr Jpn	*	839
T Rowe Price	Trowepr Qm Us Smcap Eq I	*	1,260
T Rowe Price	Trowepr Rtrmt I 2060 I	*	1,850
USAA	Usaa Nasdaq 100 Indx R6	*	95,222
Victory	Vic Rs Scnctech Y	*	144,579
Virtus	Virtus Allnzgi Tech Inst	*	5,247
Virtus	Virtus Crdex Lgcpvaleq R6	*	626,420
Virtus	Virtus Nfj Mdcapval Inst	*	135,584
Virtus	Virtus Zevbrgninnovgrstk I	*	881
Vanguard	Vngrd 500 Index Fd As	*	108,753
Vanguard	Vngrd Bal Indx Adml	*	236,507
Vanguard	Vngrd Cnsmr Stpls Adml	*	22,577
Vanguard	Vngrd Divd App Indx Adml	*	11,341
Vanguard	Vngrd Divd Gr Inv	*	374,127
Vanguard	Vngrd Divrs Eq Inv	*	24,973
Vanguard	Vngrd Enrgy Adml	*	320
Vanguard	Vngrd Eq Inc Adml	*	7,472
Vanguard	Vngrd Gr Inc Adml	*	4,501
Vanguard	Vngrd Gr Indx Adml	*	56,526
Vanguard	Vngrd Hlth Care Adml	*	40,959
Vanguard	Vngrd Mdcap Gr Indx Adml	*	14,698
Vanguard	Vngrd Mdcap Val Indx Adml	*	12,488
Vanguard	Vngrd Sm Cap Indx Fd As	*	13,882
Vanguard	Vngrd Smcap Gr Indx Adml	*	6,947
Vanguard	Vngrd Smcap Val Indx Adml	*	1,116,739
Vanguard	Vngrd Us Gr Adml	*	114,177
			51,315,370

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i
EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
<i>Interest Bearing Cash:</i>			
Federated Hermes	Fed Hrns Gov Oblgtns Prmr	*	16,185
<i>Guaranteed Investment Contracts:</i>			
** Nationwide Investments	Fixed Select Contract	*	1,671,815
<i>Self-Directed Brokerage</i>			
<i>Accounts-Common Stock:</i>			
Bionano Ghenomics	\$Fzc: Bionano Genomi	*	598
Healthier Choice	\$Fzc: Healthier Choi	*	62
Marathon Petroleum	\$Fzc: Marathon Petro	*	27,836
Sundial Grower	\$Fzc: Sundial Grower	*	347
Acasti Pharma Inc	Acasti Pharma Inc Co	*	157
Albireo Pharma Inc	Albireo Pharma Inc C	*	1,164
Amarin Corp Adr Spon	Amarin Corp Adr Spon	*	7,768
Amazon Com Inc	Amazon Com Inc Com	*	36,678
Apple Inc	Apple Inc Com	*	83,813
Aslan Pharmaceutical	Aslan Pharmaceutical	*	224
Bank Of America Corp	Bank Of America Corp	*	4,182
Berkshire Hathaway I	Berkshire Hathaway I	*	22,425
Biodelivery Scientific	Biodelivery Sci Com	*	155
Blink Charging Co	Blink Charging Co Co	*	795
Block Inc	Block Inc Com Cl A	*	9,045
Bp Adr Sponsored	Bp Adr Sponsored	*	5,326
C3.Ai Inc	C3.Ai Inc Com Cl A	*	187
Clover Health Investments	Clover Health Invest	*	1,179
Coinbase Global Inc	Coinbase Global Inc	*	252
Crown Crafts Inc	Crown Crafts Inc Com	*	17,462
Danimer Scientific I	Danimer Scientific I	*	43
Direxion Shares Etf	Direxion Shares Etf	*	439
Draftkings Inc	Draftkings Inc Com C	*	412
Drone Delivery Canad	Drone Delivery Canad	*	445
Etf Series Solutions	Etf Series Solutions	*	5,629
Exxon Mobil Corporat	Exxon Mobil Corporat	*	3,855
First Solar Inc	First Solar Inc Com	*	4,881
Freeport-Mcmoran Inc	Freeport-Mcmoran Inc	*	11,684

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i

EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
<i>Self-Directed Brokerage</i>			
<i>Account-Common Stock</i>			
<i>(Continued):</i>			
Hollyfrontier Corpor	Hollyfrontier Corpor	*	9,834
Inozyme Pharma Inc	Inozyme Pharma Inc C	*	1,364
Invivo Thera Hldgs	Invivo Thera Hldgs C	*	798
Ishares Trust	Ishares Trust Ishare	*	3,205
Marathon Oil Corp	Marathon Oil Corpora	*	92,297
Medical Marijuana In	Medical Marijuana In	*	1,932
Microsoft Corp	Microsoft Corp Com	*	26,906
Nano Dimension Ltd	Nano Dimension Ltd A	*	133
Nano X Imaging Ltd	Nano X Imaging Ltd C	*	582
Nautilus Inc	Nautilus Inc Com	*	123
North Amer Cannabis	North Amer Cannabis	*	300
Origin Bancorp Inc	Origin Bancorp Inc C	*	6,009
Paypal Holdings Inc	Paypal Holdings Inc	*	1,886
Phunware Inc	Phunware Inc Com	*	1,210
Proshares Trust	Proshares Trust Ii U	*	1,128
Proshares Trust	Proshares Trust Pshs	*	11,710
Proshares Trust	Proshares Trust Ultr	*	6,653
Quantumscape Corp	Quantumscape Corp Co	*	111
Quidel Corp	Quidel Corp Com	*	1,080
Sdb Money Market	Sdb Money Market	*	70,600
Sea Limited Adr	Sea Limited Adr	*	25,950
Shopify Inc	Shopify Inc Com Cl A	*	26,170
Southwestern Energy	Southwestern Energy	*	91,476
Sportradar Group Ag	Sportradar Group Ag	*	2,635
Tarsin Mobile Inc Co	Tarsin Mobile Inc Co	*	7
Tesla Inc	Tesla Inc Com	*	5,284
Transocean Limited Inc	Transocean Limited C	*	552
Uber Technologies In	Uber Technologies In	*	8,386
United States Steel	United States Steel	*	16,167
Vanguard	Vanguard S&P 500 Etf	*	873
Vyne Therapeutics Inc	Vyne Therapeutics Inc	*	244
			<u>662,648</u>
			<u>\$ 53,666,018</u>

*Cost information omitted for participant directed investments.

**Indicates Party-in-Interest to the Plan.

See independent auditor's report.

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		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

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

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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		

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(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)		

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

	Yes	No	Amount
4a			

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 _____.			

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	AB Bd Infl Strat I		1,657
	Nationwide Life Insurance	AB GlbRealEstInvmt I		971
	Nationwide Life Insurance	AB SmCap Gr Adv		2,320
	Nationwide Life Insurance	ALPS CrComMgCpltComStrat I		28,096
	Nationwide Life Insurance	AMGGW&K SmCap Cor I		11,399
	Nationwide Life Insurance	AMGMgrs Ycktmn Focs I		67,272
	Nationwide Life Insurance	AQR Mgd Ftr Strat I		8,839

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Aggregate SDBA Assets		662,648
	Nationwide Life Insurance	Alger Cap App I2		52,304
	Nationwide Life Insurance	Alger Spectra Z		2,537,884
	Nationwide Life Insurance	Allspr Sm Co Gr A		14,808
	Nationwide Life Insurance	Allspr Spec SmCap Val Inst		7,245
	Nationwide Life Insurance	AmCent Glbl RealEst R6		25,380
	Nationwide Life Insurance	AmCent Hertg R6		44,528

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	AmCent Intl Oppr I		40,515
	Nationwide Life Insurance	AmCent MdCap Val R6		22,902
	Nationwide Life Insurance	AmCent SmCap Val R6		208,808
	Nationwide Life Insurance	AmCent Val R6		3,252
	Nationwide Life Insurance	AmFds Cap Inc Bldr R6		13,978
	Nationwide Life Insurance	AmFds Cap Wld Gr Inc R6		2,233,335
	Nationwide Life Insurance	BNYMe1 SmMdCap Gr I		1,194

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Baron Disc Inst		323,110
	Nationwide Life Insurance	Baron Gr Inst		5,515,934
	Nationwide Life Insurance	Baron Ptnrs Inst		5,815
	Nationwide Life Insurance	Baron RealEst Inst		15,337
	Nationwide Life Insurance	BlkRk Hi Yld Bd Inst		13,458
	Nationwide Life Insurance	BlkRk Hlth Scnc Oppr Inst		84,498
	Nationwide Life Insurance	BlkRk MdCap Gr Eq Inst		579,018

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	BlkRk iS Rsl2000SmCpInd K		1,353
	Nationwide Life Insurance	BlkRk iS S P 500 Indx K		1,740
	Nationwide Life Insurance	BrwnAdv Sustnbl Gr Inst		1,060
	Nationwide Life Insurance	Cnstga Sm Cap Inst		1,309
	Nationwide Life Insurance	CohenStrs Intl Real Inst		32,241
	Nationwide Life Insurance	CohenStrs Prfrd Sec Inc I		25,245
	Nationwide Life Insurance	Col Seligman Glbl Tech A		4,782

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Col Thrmst Inst2		892
	Nationwide Life Insurance	DE Ivy Enrgy R6		73,542
	Nationwide Life Insurance	DE Ivy Glbl Gr R6		13,563
	Nationwide Life Insurance	DE Ivy MdCap Gr R6		1,707,260
	Nationwide Life Insurance	DE Ivy Scnc Tech R6		4,816
	Nationwide Life Insurance	DE Ivy Scrn RealEst Sec I		33,984
	Nationwide Life Insurance	DE Ivy SmCap Gr R6		12,537

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	DFA Infl Prtct Sec Inst		921
	Nationwide Life Insurance	DFA US Vectr Eq Inst		158,259
	Nationwide Life Insurance	DWS Comm A		2,477
	Nationwide Life Insurance	DodgeCox Inc		34,236
	Nationwide Life Insurance	Dvnprt SmCap Focs		962
	Nationwide Life Insurance	EV LgCap Val l		89,554
	Nationwide Life Insurance	Emerald Fin Bk Innov Inst		147,214

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Fed Hrms Gov Oblgtns Prmr		16,185
	Nationwide Life Insurance	Fed Hrms Kaufman SmCap R6		18,855
	Nationwide Life Insurance	Fid 500 Indx		172,242
	Nationwide Life Insurance	Fid Emrg Mkt Indx		681,888
	Nationwide Life Insurance	Fid SmCap Indx		2,367
	Nationwide Life Insurance	FidAdv China Reg Inst		763
	Nationwide Life Insurance	FidAdv Emrg Asia Inst		753

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	FidAdv Free 2025 Inst		3,807
	Nationwide Life Insurance	FidAdv Free 2035 Inst		5,008
	Nationwide Life Insurance	FidAdv Free 2040 Inst		4,592
	Nationwide Life Insurance	FidAdv Gr Oppr Inst		441,590
	Nationwide Life Insurance	FidAdv Levtr Co Stk I		23,800
	Nationwide Life Insurance	Fnkln Bio Disc A		1,719
	Nationwide Life Insurance	Fnkln DynaTech Adv		50,660

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Gulf Coast Bank and Trust Company Savings Incentive Plan

EIN: 72-1167423

Plan Sponsor's Name Gulf Coast Bank and Trust Company

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Fnkln Gold Prec Mtls Adv		26,367
	Nationwide Life Insurance	GdmnScs Comdty Strat Inst		37,926
	Nationwide Life Insurance	GdmnScs Govt Inc Inst		488,618
	Nationwide Life Insurance	GdmnScs MdCap Val Inst		263,121
	Nationwide Life Insurance	GdmnScs Strat Inc Inst		181,417
	Nationwide Life Insurance	Invsco Comstk R5		1,783,570
	Nationwide Life Insurance	Invsco Devl Mkt A		5,691

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	Nationwide Life Insurance	Invsco Disc MdCapGr Y		547,118
	Nationwide Life Insurance	Invsco Divrs Divd R5		66,768
	Nationwide Life Insurance	Invsco Eq Inc R5		6,257,074
	Nationwide Life Insurance	Invsco Euro Gr Y		146,398
	Nationwide Life Insurance	Invsco Glbl Oppr Y		8,748
	Nationwide Life Insurance	Invsco GoldSpecMnrls Y		15,469
	Nationwide Life Insurance	Invsco Intl Bd Y		115,795

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	Nationwide Life Insurance	Invsco Intl Eq A		32,474
	Nationwide Life Insurance	Invsco Intl SmMd Co A		110,594
	Nationwide Life Insurance	Invsco Opp Intl Gr Y		114,019
	Nationwide Life Insurance	Invsco Snr Flotng Rt Y		23,092
	Nationwide Life Insurance	InvscoStlpMLPAlphPls Y		223,529
	Nationwide Life Insurance	JPM Emrg Mkt Eq R6		2,208
	Nationwide Life Insurance	JPM Eq Inc R5		952

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	Nationwide Life Insurance	JPM Gr Advtg R6		14,616
	Nationwide Life Insurance	JPM Hdg Eq R6		46,564
	Nationwide Life Insurance	JPM LgCap Gr R6		4,645
	Nationwide Life Insurance	JPM LgCap Val R5		334,652
	Nationwide Life Insurance	JPM SmCap Eq R5		7,950
	Nationwide Life Insurance	JPM SmCap Gr R6		3,374
	Nationwide Life Insurance	JnHnck Dscpid Val I		804,088

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	Nationwide Life Insurance	JnHnck Dscpld Val MdCap R6		51,122
	Nationwide Life Insurance	JnHnck Intl Gr I		418,587
	Nationwide Life Insurance	JnsHndrsn Entrp N		49,995
	Nationwide Life Insurance	JnsHndrsn Frty N		2,744,583
	Nationwide Life Insurance	JnsHndrsn GblTech Innov N		29,372
	Nationwide Life Insurance	JnsHndrsn Triton N		439,046
	Nationwide Life Insurance	Lazard Intl SmCap Eq Inst		6,915

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	Nationwide Life Insurance	LeggM ClrBrdg Intl Gr I		813
	Nationwide Life Insurance	LrdAbt Devl Gr R5		36,159
	Nationwide Life Insurance	MFS Intl Divrs R6		1,945
	Nationwide Life Insurance	MFS Intl New Disc R6		1,173
	Nationwide Life Insurance	MFS MdCap Val R6		9,203
	Nationwide Life Insurance	MS Insight I		2,222
	Nationwide Life Insurance	MSIF Disc I		27,731

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	Nationwide Life Insurance	MSIF Gbl Oppr I		868
	Nationwide Life Insurance	MSIF Incptn I		10,737
	Nationwide Life Insurance	NW Dest 2025 R6		605,190
	Nationwide Life Insurance	NW Dest 2030 R6		806,386
	Nationwide Life Insurance	NW Dest 2035 R6		459,625
	Nationwide Life Insurance	NW Dest 2040 R6		465,490
	Nationwide Life Insurance	NW Dest 2045 R6		506,379

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	Nationwide Life Insurance	NW Dest 2050 R6		261,433
	Nationwide Life Insurance	NW Dest 2055 R6		369,906
	Nationwide Life Insurance	NW Dest 2060 R6		305,289
	Nationwide Life Insurance	NW Dest 2065 R6		16,095
	Nationwide Life Insurance	NW Dest Rtrmt R6		436,712
	Nationwide Life Insurance	NW FXD SEL OPTN		1,671,815
	Nationwide Life Insurance	NW Inv Dest Aggr R6		1,318,229

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	Nationwide Life Insurance	NW Inv Dest Cnsrv R6		92,210
	Nationwide Life Insurance	NW Inv Dest Mod Aggr R6		3,593,342
	Nationwide Life Insurance	NW Inv Dest Mod Cnsrv R6		1,106,934
	Nationwide Life Insurance	NW Inv Dest Mod R6		4,808,406
	Nationwide Life Insurance	Natixis Gateway A		495
	Nationwide Life Insurance	NeuBer LgCp Val Inst		906
	Nationwide Life Insurance	Nuvn Glbl Infr R6		115,071

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Nationwide Life Insurance	Nuvn RealEst Sec R6		25,576
	Nationwide Life Insurance	Okmrk Intl Inv		29,037
	Nationwide Life Insurance	PGIM Gbl RealEst R6		4,306
	Nationwide Life Insurance	PGIM Jnism Fin Svc A		2,505
	Nationwide Life Insurance	PGIM Jnism Natrl Rsrc A		42,208
	Nationwide Life Insurance	PIMCO Inc Inst		167,602
	Nationwide Life Insurance	PIMCO Ttl Rtn Inst		1,245,804

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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	Nationwide Life Insurance	Parnassus Endvr Instl		924
	Nationwide Life Insurance	RydexSGI Tech H		7,702
	Nationwide Life Insurance	Swan Dfnd Rsk I		740
	Nationwide Life Insurance	TRowePr Blue Chip Gr		1,320
	Nationwide Life Insurance	TRowePr Divd Gr		2,093
	Nationwide Life Insurance	TRowePr Hlth Scnc		33,634
	Nationwide Life Insurance	TRowePr Intl Disc		187,795

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	Nationwide Life Insurance	TRowePr Jpn		839
	Nationwide Life Insurance	TRowePr QM US SmCap Eq I		1,260
	Nationwide Life Insurance	TRowePr Rtrmt I 2060 I		1,850
	Nationwide Life Insurance	USAA Nasdaq 100 Indx R6		95,222
	Nationwide Life Insurance	Vic RS ScncTech Y		144,579
	Nationwide Life Insurance	Virtus Allnz6I Tech Inst		5,247
	Nationwide Life Insurance	Virtus Crdex LgCpValEq R6		626,420

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	Nationwide Life Insurance	Virtus NFJ MdCapVal Inst		135,584
	Nationwide Life Insurance	Virtus ZevbrgnInnovGrStk I		881
	Nationwide Life Insurance	Vngrd 500 Index Fd AS		108,753
	Nationwide Life Insurance	Vngrd Bal Indx Adml		236,507
	Nationwide Life Insurance	Vngrd Cnsmr Stpls Adml		22,577
	Nationwide Life Insurance	Vngrd Divd App Indx Adml		11,341
	Nationwide Life Insurance	Vngrd Divd Gr Inv		374,127

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	Nationwide Life Insurance	Vngrd Divrs Eq Inv		24,973
	Nationwide Life Insurance	Vngrd Enrgy Adml		320
	Nationwide Life Insurance	Vngrd Eq Inc Adml		7,472
	Nationwide Life Insurance	Vngrd Gr Inc Adml		4,501
	Nationwide Life Insurance	Vngrd Gr Indx Adml		56,526
	Nationwide Life Insurance	Vngrd Hlth Care Adml		40,959
	Nationwide Life Insurance	Vngrd MdCap Gr Indx Adml		14,698

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	Nationwide Life Insurance	Vngrd MdCap Val Indx Adml		12,488
	Nationwide Life Insurance	Vngrd Sm Cap Indx Fd AS		13,882
	Nationwide Life Insurance	Vngrd SmCap Gr Indx Adml		6,947
	Nationwide Life Insurance	Vngrd SmCap Val Indx Adml		1,116,739
	Nationwide Life Insurance	Vngrd US Gr Adml		114,177