

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>AGS PAYROLL SERVICES LLC 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2008</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2008</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>AGS PAYROLL SERVICES LLC</u> <u>400 RELLA BLVD, STE 200</u> <u>MONTEBELLO, NY 10901</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>83-2603713</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>845-596-0869</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>83-2603713</u>	2c Plan Sponsor's telephone number <u>845-596-0869</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>83-2603713</u>					
2c Plan Sponsor's telephone number <u>845-596-0869</u>					
2d Business code (see instructions) <u>623000</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.	09/11/2023	JACOB KARMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	9718
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)	9718
a(2) Total number of active participants at the end of the plan year		6a(2)	9718
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	9718
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	9718
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	9718
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 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 AGS PAYROLL SERVICES LLC 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGS PAYROLL SERVICES LLC	D Employer Identification Number (EIN) 83-2603713

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
TRANSAMERICA 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
36-6071399	70688	932122-000	9178	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 144300	(b) Total amount of fees paid 0
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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
PARK AVENUE SECURITIES 7 HANOVER SQUARE, COMM DEPT 4T
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
144300	0	COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☒ individual policies (2) ☒ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	3596492	
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		0
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	(6) Total additions	7c(6)		0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	3596492	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	(5) Total deductions	7e(5)		0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3596492	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 AGS PAYROLL SERVICES LLC 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGS PAYROLL SERVICES LLC	D Employer Identification Number (EIN) 83-2603713	

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
TRANSAMERICA FINANCIAL LIFE INSUR C
36-6071399

(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)

TRANSAMERICA FINANCIAL LIFE INSUR C

36-6071399

(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 37 52 62 64 67	RECORDKEEPER	171909	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AGS HEALTHCARE SYSTEMS

81-5318083

(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?
35	PLAN SPONSOR	1246	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BENEFIT ADVANTAGE, INC.

3497 AUBURN ROAD
AUBURN HILLS, MI 48326

38-3254950

(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 37 64	TPA	0	Yes ☒ No ☐	Yes ☒ No ☐	153	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>AGS PAYROLL SERVICES LLC 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AGS PAYROLL SERVICES LLC</u>	D Employer Identification Number (EIN) <u>83-2603713</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD TARGET RETIREMENT 2015</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD TARGET RETIREMENT 2010</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD LIFESTRATEGY CONSERVATI</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1249</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD LIFESTRATEGY INCOME RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33633</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD LIFESTRATEGY MODERATE G</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43813</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD PACIFIC STOCK INDEX RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45543</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HEALTH SCIENCES OPS RET A</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48831</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59555	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60022	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD EUROPEAN STOCK INDEX RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65907	
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS TECHNOLOGY OPPORTUNIT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95410	
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102723	
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON NATURAL RESOURCES INV			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104150	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114083	
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SMALL CAP VALUE RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121251	
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON OVERSEAS RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122963	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN LARGE CAP VALUE IN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155904	

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON RESEARCH RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	156019
a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BOND RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	181760
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA SELECT MID CAP VALUE INV A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	183049
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET AC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	197964
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	198411
a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER WEATHERBIE SPECIALIZED GROWTH			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	248758
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GROWTH RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	308515
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP INDEX RET ACC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	312543
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING PRECIOUS METALS INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	313399
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR LEVERAGED COMPANY			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	325527

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP VALUE RET ACC			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	328509

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS LARGE CAP VALUE INSIG			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	361738

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	371814

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	378414

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID-CAP OPPORTUNITIES			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	378458

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	392482

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	396986

a Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	445756

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH OPPORTUNITIES			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	456707

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	470908

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 479777
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - CON		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 485849
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 491478
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 518771
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - MOD		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 519276
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP GROWTH INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 522731
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - MOD		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 621477
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INTERNATIONAL VALUE RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 621721
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND INV ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 662126
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 676594

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS FORTY RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 700784	

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP VALUE INDEX R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 742849	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 859785	

a Name of MTIA, CCT, PSA, or 103-12 IE: WMC DISCIPLINED US GROWTH RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 941108	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - GRO			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 971052	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 983835	

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1433366	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1577146	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLA			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2131497	

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLA			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2707810	

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2800871
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3141677
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3192532
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RETIREMENT WI

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4085098
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4751168
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6013104
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6080914
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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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 AGS PAYROLL SERVICES LLC 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGS PAYROLL SERVICES LLC	D Employer Identification Number (EIN) 83-2603713	

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)	240186	215337
(2) Participant contributions.....	1b(2)	89535	28064
(3) Other	1b(3)	0	0
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)	761424	1529432
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	33032060	56917453
(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)	3579948	3603011
(15) Other.....	1c(15)	0	0

		(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	37703153 62293297
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	135278 263623
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	135278 263623
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	37567875 62029674

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)	273753
	(B) Participants	2a(1)(B)	6110425
	(C) Others (including rollovers).....	2a(1)(C)	2453719
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	8837897
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6229027
	(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)	47691
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	6276718
(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)		
c Other income.....	2c		49229
d Total income. Add all income amounts in column (b) and enter total.....	2d		15163844
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5436504	
(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)		5436504
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)	173051	
(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)		173051
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5609555
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		9554289
l Transfers of assets:			
(1) To this plan.....	2l(1)		14907510
(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: BLATT & DAUMAN LLP

(2) EIN: 11-2778625

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		131359

	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		500000
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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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 AGS PAYROLL SERVICES LLC 401K PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGS PAYROLL SERVICES LLC	D Employer Identification Number (EIN) 83-2603713

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): 36-6071399		
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 _____

AGS Payroll Services LLC 401(k) Plan

Financial Statements and
Supplementary Information
Years Ended December 31, 2021 and 2020

AGS Payroll Services LLC 401(k) Plan

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December 31, 2021

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ABBEY E. BLATT
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JAMEY J. BLATT
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FAITH A. DOLLER
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STEPHAN M. VUTRANO
EVA R. MCEVOY
ALYSHA L. RODROGUEZ

Independent Auditor's Report

To the Administrative Committee of the
AGS Payroll Services LLC 401(k) Plan

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 AGS Payroll Services LLC 401(k) 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 C 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 AGS Payroll Services LLC 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements As Permitted by 29 CFR

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 AGS Payroll Services LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 AGS Payroll Services LLC 401(k) 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 AGS Payroll Services LLC 401(k) 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 Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is 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 schedules 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 AGS Payroll Services LLC 401(k) 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 February 2, 2022, 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.

Blatt & Dauman LLP

Hauppauge, New York
January 17, 2023

AGS Payroll Services LLC 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments:		
Insurance co. general account, at contract value	\$ 3,603,012	\$ 3,579,948
Pooled separate accounts, at fair value	<u>56,917,453</u>	<u>33,032,060</u>
Total investments	<u>60,520,465</u>	<u>36,612,008</u>
Receivables:		
Employer contributions	215,337	240,186
Participant contributions	28,065	89,535
Notes receivable from participants	<u>1,529,432</u>	<u>761,424</u>
Total receivables	<u>1,772,834</u>	<u>1,091,145</u>
Total assets	62,293,299	37,703,153
Liabilities		
Corrective distributions payable	263,625	135,278
Net assets available for benefits	\$ 62,029,674	\$ 37,567,875

See accompanying notes and independent auditor's report.

AGS Payroll Services LLC 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 6,229,027	\$ 4,683,546
Interest	49,229	54,950
Total investment income	<u>6,278,256</u>	<u>4,738,496</u>
Interest income on notes receivable from participants	<u>47,691</u>	<u>34,382</u>
Contributions:		
Employer	273,753	364,084
Participants	6,110,425	3,070,332
Rollovers	<u>2,453,719</u>	<u>1,719,549</u>
Total contributions	<u>8,837,897</u>	<u>5,153,965</u>
Total additions	15,163,844	9,926,843
Deductions:		
Benefits paid to participants	5,436,504	3,942,810
Administrative expenses	173,051	122,311
Total deductions	5,609,555	4,065,121
Net increase	9,554,289	5,861,722
Net assets available for benefits:		
Beginning of year	37,567,875	28,886,098
Transfer from affiliated plan	14,907,510	2,820,055
End of year	\$ 62,029,674	\$ 37,567,875

See accompanying notes and independent auditor's report.

AGS Payroll Services LLC 401(k) Plan

Notes to Financial Statements

December 31, 2021

Note A – Description of Plan

The following description of the AGS Payroll Services LLC 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General. The plan is a multiple-employer defined contribution plan, sponsored by AGS Payroll Services LLC (“the Company”), covering eligible employees of the various participating employers who have completed a three month period of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute up to the maximum percentage allowable not to exceed the limits of Code Sections 401(k). For 2021, the maximum deferral amount is \$19,500. 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 contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. Participants may make after-tax contributions (Roth contributions). Each year, the various employers have the option of making matching contributions based on discretionary amounts. Contributions are subject to certain limitations.

Participant Accounts. Each participant’s account is credited with the participant’s contribution and allocations of (a) the Employer’s contribution and, (b) Plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon as well as the safe harbor matching contribution. Vesting in the Company’s discretionary matching and profit-sharing contribution portion of their accounts is based on years of continuous service. A participant is gradually vested over a six year period at which time they will become 100% vested.

Notes Receivable from Participants. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant’s account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant shall receive a lump-sum amount equal to the value of the participant’s vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

AGS Payroll Services LLC 401(k) Plan

Notes to Financial Statements

December 31, 2021

Note A – Description of Plan (continued)

Forfeited Accounts. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$221,536 and \$190,918, respectfully. These accounts may be used to pay for any administrative expenses or to reduce any future employer contributions. During the year ended December 31, 2021, administrative expenses were reduced by \$1,668 from forfeited nonvested accounts.

Note B – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the plan are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair 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. The fund held in the insurance company's general account is valued at contract value. See Note D 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. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits. Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

AGS Payroll Services LLC 401(k) Plan

Notes to Financial Statements

December 31, 2021

Note B – Summary of Significant Accounting Policies (continued)

Coronavirus Aid, Relief and Economic Security Act

In March 2020, certain provisions under the Coronavirus Aid, Relief and Economic Security (CARES) Act relating to participant distributions and participants loans were enacted. The CARES Act allows utilization of these provisions immediately but requires formal adoption of the amendment no later than the last day of the Plan Year beginning on or after January 1, 2022. As of January 17, 2023, the Plan has not been formally amended to adopt these provisions; however, has elected to allow participants to utilize them.

Note C – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Financial Life Insurance Company, Inc. (the trustee of the Plan).

Note D - Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

AGS Payroll Services LLC 401(k) Plan

Notes to Financial Statements

December 31, 2021

Note D - Fair Value Measurements (continued)

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Pooled Separate Accounts: Valued at the net asset value (NAV) or equivalent based on units of the pooled separate accounts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is generally based on the fair value of the underlying investments held by the pooled separate account less its liabilities. This practical expedient is not used when it is determined to be probable that the pooled separate account will sell the investment for an amount different than the reported NAV.

All pooled separate accounts of the plan are invested solely in individual mutual funds, each of which follows a separate investment strategy. Participant transactions (purchases and sales) may occur daily. There were no unfunded commitments or redemption restrictions for any of the pooled separate accounts.

Insurance Co. General Account: The Transamerica Stable Value Option is reported at contract value. Contract value represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan. Interest is credited daily at an interest rate not less than the guaranteed minimum interest rate, as shown on the contract. The interest crediting rate is declared on a quarterly basis. The contract amount maintained in the account is guaranteed against loss of principal, minus all withdrawals, including charges and adjustments. The guarantee is based on Lincoln's ability to meet its financial obligations from general assets.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan 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. There have been no changes in the methodologies used at December 31, 2021.

The following tables sets 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
Pooled separate accounts*	\$ -	\$ -	\$ -	\$ 56,917,453
Insurance co. general acct*	-	-	-	3,603,012
Total	\$ -	\$ -	\$ -	\$ 60,520,465

AGS Payroll Services LLC 401(k) Plan

Notes to Financial Statements

December 31, 2021

Note D - Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts*	\$ -	\$ -	\$ -	\$ 33,032,060
Insurance co. general acct*	-	-	-	3,579,948
Total	\$ -	\$ -	\$ -	\$ 36,612,008

* Certain investments that are measured at contract value and/or fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy.

The fair value amounts in this table are intended to permit reconciliation of the fair value hierarchy table to the fair value of investments presented in the statement of net assets available for benefits.

Note E – Excess Participant Contributions Payable

The plan failed the discrimination test for the year ended December 31, 2021. Excess contributions amounting to \$263,625 are recorded as a liability in the accompanying statement of net assets available for benefits and as a reduction of participant-directed contributions for the year.

The plan refunded these excess contributions during December 2022.

Note F – Reconciliation of Financial Statements to Form 5500

Under DOL regulations, any difference between the amounts reported per the financial statements and the Form 5500 must be disclosed and reconciled. For the year ended December 31, 2021, the amounts reported on the statement of net assets and the changes in the statement of net assets per the financial statements agreed reflected on the Form 5500. As a result, no reconciliation is reflected.

Note G – Plan Merger and Amendment

During the 2021 plan year, NH Management, LLC 401(k) Savings Plan and its related employers merged into the AGS Payroll Services LLC 401(k) Plan. As a result, \$14,907,510 of plan assets were transferred into the plan during 2021.

Note H – Transamerica Fixed Income Option

The Plan invests in the Transamerica Stable Value Option ("TSVO"). The account provides for stable, competitive interest rates based on current market conditions through investments in fixed income securities having short to intermediate maturities. The investments have fully benefit-responsive features and are recorded at contract value, which approximates the fair value. Plan participants may withdraw all or a portion of their balances without any fees or restrictions for "benefit responsive events" such as termination of employment, retirement, death or disability. Participant directed transactions which are not the result of "benefit responsive events" may be subject to restrictions and/or charges as provided in the TSVO contract.

AGS Payroll Services LLC 401(k) Plan

Notes to Financial Statements

December 31, 2021

Note H – Transamerica Fixed Income Option (continued)

Prior to January 1st and July 1st, the effective annual rate of interest is established for the corresponding six-month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. There is no stated minimum or maximum interest rate for the Stable Value Option investment choices.

The Transamerica Stable Value Option investment choices are backed by the general account of TLIC or TFLIC. While TLIC or TFLIC declare rates periodically and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency. Although plan participants generally may withdraw assets from the Stable Value Option investment choice without restrictions, TLIC or TFLIC may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance. These investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills.

The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest shall not change during the six-month period for which it is effective.

The Composite Crediting Rate history for the contract is as follows:

<u>Time Period</u>	<u>Rate</u>
July 1, 2021 – December 31, 2021	1.45%
January 1, 2021 – June 30, 2021	1.45%
July 1, 2020 – December 31, 2020	1.55%
January 1, 2020 – June 30, 2020	1.55%

Note I – Plan Termination

Although it has 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 plan termination, participants would become 100% vested in their employer contributions.

Note J – Related Party Transactions

The Plan invests in shares of stable value funds and mutual funds managed by Transamerica Financial Life Insurance Company, Inc. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules. Similarly, participant loans also qualify as party-in-interest transactions. Fees paid by the plan for the investment management services amounted to \$173,051 for the year ended December 31, 2021.

AGS Payroll Services LLC 401(k) Plan

Notes to Financial Statements

December 31, 2021

Note K – Tax Status

On March 31, 2014, the IRS stated that the prototype adopted by the Plan, as then designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator does believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note L – Nonexempt Transactions

During 2021, there were unintentional delays by the plan sponsor in remitting certain participant contributions and loan repayments in the aggregate amount of \$131,359 to the trustee. These contributions are considered nonexempt party-in-interest transactions. The plan sponsor intends to make an interest payment to compensate the plan for lost investment earnings resulting from the delay. These nonexempt transactions do not affect the tax status determination of the plan.

Note M – Risks and Uncertainties

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

Note N – ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the plan year or \$500,000. At December 31, 2021, the Plan's Sponsor maintained bond coverage in the amount of \$500,000.

Note O – Subsequent Events

Subsequent events were evaluated through January 17, 2023, which is the date the financial statements were available to be issued.

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Supplementary Information

AGS Payroll Services LLC 401(k) Plan
Schedule H, Line 4a- Schedule of Delinquent Participant Contributions
EIN: 83-2603713 Plan: 001
December 31, 2021

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant contributions and loan payments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$131,359	\$131,359	\$0	\$0	\$0

AGS Payroll Services LLC 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 83-2603713 Plan: 001
December 31, 2021

(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
	AEGON Bond Ret Acct	Pooled Separate Accounts	*	\$ 181,760
	Alger Sm-MidCap Focus Ret Acct	Pooled Separate Accounts	*	248,758
	Allspring Precious Metals Inv Acct	Pooled Separate Accounts	*	313,399
	American Funds Balanced Inv Acct	Pooled Separate Accounts	*	1,577,146
	American Funds EuroPacific Growth Ret	Pooled Separate Accounts	*	491,478
	American Funds Grwth Fnd of America Inv	Pooled Separate Accounts	*	983,835
	American Funds Small Cap World Ret	Pooled Separate Accounts	*	198,411
	American Funds Wash Mut Investors	Pooled Separate Accounts	*	859,785
	BlackRock Equity Dividend	Pooled Separate Accounts	*	662,126
	BlackRock Health Sciences Ops Ret Acct	Pooled Separate Accounts	*	48,831
	Columbia Mid Cap Value Inv	Pooled Separate Accounts	*	183,049
	Fidelity Adv Leveraged Co Stock Inv	Pooled Separate Accounts	*	325,527
	Fidelity Advisor Small Cap Inv	Pooled Separate Accounts	*	479,777
	Goldman Sachs Large Cap Val	Pooled Separate Accounts	*	361,738
	Goldman Sachs Mid Cap Value	Pooled Separate Accounts	*	328,509
	Goldman Sachs Mid-Cap Opp	Pooled Separate Accounts	*	378,458
	Goldman Sachs Technology Opp	Pooled Separate Accounts	*	95,410
	Invesco Oppenheimer Global Ret	Pooled Separate Accounts	*	392,482
	Janus Forty Ret	Pooled Separate Accounts	*	700,784
	Janus Overseas Ret Acct	Pooled Separate Accounts	*	122,963
	Janus Ret Acct	Pooled Separate Accounts	*	156,019
	Loomis Sayles Bond	Pooled Separate Accounts	*	396,986
	Loomis Sayles Inv Grade Bond	Pooled Separate Accounts	*	371,814
	Morgan Stanley Growth Opportunities	Pooled Separate Accounts	*	456,707
	Morgan Stanley Growth Ret Acct	Pooled Separate Accounts	*	1,433,366
	Neuberger Berman Large Cap Val	Pooled Separate Accounts	*	155,904
	Nuveen Small Cap Value	Pooled Separate Accounts	*	121,251
	PIMCO All Asset Ret Acct	Pooled Separate Accounts	*	59,555
	PIMCO Real Return Ret	Pooled Separate Accounts	*	102,723
	PIMCO Total Return	Pooled Separate Accounts	*	470,908
	Prudential Jennison Nat Res Inv	Pooled Separate Accounts	*	104,150
	State Street Russell SMCap Index Ret	Pooled Separate Accounts	*	60,022
	State Street S&P Mid Cap Index Ret	Pooled Separate Accounts	*	378,414
**	State Street U.S. Bond Index Ret Acct	Pooled Separate Accounts	*	197,964
**	TA Blackrock LifeGoal Index 2025	Pooled Separate Accounts	*	4,754,768
**	TA Blackrock LifeGoal Index 2030	Pooled Separate Accounts	*	6,013,104
**	TA Blackrock LifeGoal Index 2035	Pooled Separate Accounts	*	6,080,653

AGS Payroll Services LLC 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 83-2603713 Plan: 001
December 31, 2021

(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
**	TA Blackrock LifeGoal Index 2040	Pooled Separate Accounts	*	\$ 3,192,532
**	TA Blackrock LifeGoal Index 2045	Pooled Separate Accounts	*	3,140,306
**	TA Blackrock LifeGoal Index 2050	Pooled Separate Accounts	*	2,707,810
**	TA Blackrock LifeGoal Index 2055	Pooled Separate Accounts	*	2,131,497
**	TA Blackrock LifeGoal Index 2060	Pooled Separate Accounts	*	676,594
**	TA Blackrock LifeGoal Ret Acct	Pooled Separate Accounts	*	4,085,043
**	TA Vanguard Lifestrat Conserv Gr Ret	Pooled Separate Accounts	*	1,248
**	TA Vanguard Lifestrat Growth Ret Acct	Pooled Separate Accounts	*	308,515
**	TA Vanguard Lifestrat Income Ret Acct	Pooled Separate Accounts	*	33,632
**	TA Vanguard Lifestrat Mod Grwth Ret	Pooled Separate Accounts	*	43,813
**	TA Vanguard Real Estate Index Ret	Pooled Separate Accounts	*	114,083
**	Transamerica Asset Alloc – Conserv	Pooled Separate Accounts	*	485,849
**	Transamerica Asset Alloc – Growth	Pooled Separate Accounts	*	971,052
**	Transamerica Asset Alloc – Mod Grwth	Pooled Separate Accounts	*	519,276
**	Transamerica Asset Alloc – Mod	Pooled Separate Accounts	*	621,477
**	Transamerica Partners High Yield Bond	Pooled Separate Accounts	*	518,771
	Vanguard European Stock Index	Pooled Separate Accounts	*	65,907
	Vanguard International Value	Pooled Separate Accounts	*	621,721
	Vanguard Pacific Stock Index	Pooled Separate Accounts	*	45,543
	Vanguard Small-Cap Grwth Index Ret	Pooled Separate Accounts	*	522,731
	Vanguard Small-Cap Index Ret Acct	Pooled Separate Accounts	*	312,543
	Vanguard Small-Cap Value Index Ret	Pooled Separate Accounts	*	742,849
	Vanguard Total Stock Market Index	Pooled Separate Accounts	*	2,800,871
	WMC Core Equity Ret Acct	Pooled Separate Accounts	*	445,756
	WMC Disciplined US Growth Ret Opt	Pooled Separate Accounts	*	941,108
	Advantage Account Trust Fund 2	Pooled Separate Accounts	*	618,392
**	Transamerica Stable Value Adv	Insurance Co. General Account	*	3,603,012
**	Participant loans	Interest rates from 4.25%-9.25%	-	1,529,432
	Total Assets Held			\$ 62,049,897

* Cost information is omitted as the Plan is participant directed.

** Represents a party-in-interest.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

AGS Services, LLC 401(k) Plan
 EIN No.: 83-2603713, Plan No. 001
 Plan Year Ending: December 31, 2021

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
Atlantic Shores	26-1700318	1.17%	1,087,405
Pinnacle	26-1700251	0.71%	555,901
Richboro	26-1819668	0.08%	29,057
Ivy Hill	26-1869071		55,113
Buckingham Valley	26-1810261	0.29%	174,390
Taylor Health & Rehab Center, LLC	20-5330276		217,421
Riverview SNF, LLC	26-1700409		1,050,041
Bay Oaks Health Care	27-0980239		2,427
Benbrook Nursing & Rehab Center	27-0980442		22,085
White Settlement Nursing Center	27-0982524		59,863
Clyde Nursing Center	27-0980820		3,726
Colonial Manor Nursing Center	27-0980890		27,603
Gardendale Rehab & Nursing Center	27-0981348		3,288
Lubbock Health Care Center	27-0981420		239
Park View Care Center	27-0981821		38,079
Santa Fe Health & Rehabilitation	27-0982215		124,044
Monterey Care Center	27-0981611		7,028
Palo Pinto Nursing Center	27-0981793		24,507
Advanced HCS LLC	27-1136453	3.96%	3,680,448
Achieve Nursing and Rehab	01-0669952	0.33%	780,231
Gowanda Nursing Home	77-0682952		427,019
Westledge	20-5259759		82,284
Embassy SNF LLC	26-1449174		230,167
Global Healthcare Services Group LLC	22-3943412		100,134
Global Healthcare Fiscal Services Group LLC	42-1717371	1.50%	235,312
GHC Clinical Consultants LLC	27-0623687		203,617
Hillsdale SNF, LLC	27-0837257		64,400
The Hearthside SNF LLC	27-0836630		180,273
Grant Park SNF LLL	27-0872016	1.18%	673,358
Meadville Rehab	27-1188782		50,882
Cambridge Springs	27-1188819		1,469
Chester Valley SNF, LLC.	27-2300070		96,523

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

AGS Services, LLC 401(k) Plan
EIN No.: 83-2603713, Plan No. 001
Plan Year Ending: December 31, 2021

Westgate Hills SNF, LLC.	27-2300115		90,378
Rehab Synergy, LLC	37-3316330	3.55%	3,851,235
CRG Lynwood LLC	27-4660361		222
Platinum Health Services LLC	27-0945232		52,352
Platinum Health Services PEO LLC	45-0997465		2,037
Eastern Shore	45-3218110		15,357
Birchwood SNF LLC	26-0880975		533,177
OOP LLC dba Ocean Promenade	41-2025729	1.14%	697,929
Highland Care	11-2949090	2.04%	1,152,127
Oakview SNF LLC	46-1354753		245,403
Orchard Manor	46-0820586		208,995
Heritage House of Keller	46-1246505	0.01%	4,313
Grandbury Villa	46-1235673		6,899
Cambridge Quality Care	46-0484851	7.70%	5,945,942
Horizon Staffing, LLC	42-1604192	16.04%	9,973,664
River Run, LLC	46-3310027		2,789
Orchards of Westlake	46-3223300		5,247
Orchards of Ridgewood	46-3231570		76,004
Huntingdon SNF LLC	47-2699584		17,472
Woodland SNF LLC	47-3771143		10,337
Graceland Nursing, LLC	47-3422670	0.56%	129,935
Superior WI Management	47-3576438		19,497
Abilene SNF, LLC	47-4489495		18,445
Spring Creek SNF LLC	47-4592257	0.99%	472,329
Alamo Mobile X Ray & EKG. INC	74-2693638		36,441
Magnum Health and Rehab of Monroe	27-1387078		1,958
Magnum Health of Saginaw	27-1387013		5,684
Magnum Health and Rehab of Hastings	27-1386828		23,457
Magnum Health & Rehab of Adrian	27-1386365		8,455
Highlands of Little Rock West Markham Holdings, LLC	81-1487374		419
Harrisburg Home Health Holdings, LLC	47-4810121		40,263
Greensprings Healthcare and Rehabilitation Center, LLC	47-1468528		49
Clewiston Nursing & Rehabilitation Center LLC	47-4844098	1.48%	187,183
Lakeland Nursing and Rehabilitation LLC	47-4823637	0.36%	35,172
St. Petersburg Nursing & Rehabilitation LLC	47-4876118	0.09%	9,436
Harbourwood Care Center	82-3934610	0.44%	57,953

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

AGS Services, LLC 401(k) Plan
EIN No.: 83-2603713, Plan No. 001
Plan Year Ending: December 31, 2021

Gateway Facility Inc.	82-3897608	0.13%	103,825
AGS Services LLC	83-2603713	0.40%	426,381
Vintage Healthcare PA, LLC	82-2301916	0.08%	6,264
Rosewood Gardens SNF LLC	83-3704467	0.13%	260,950
Blue Ridge Therapy Connection	83-4156700	0.24%	31,777
Highland Ridge Rehab Center	83-4154921	0.03%	31,005
Apex Healthcare Partners LLC	86-1182221	3.69%	1,779,822
Apex Healthcare System Corp.	86-1211021	1.31%	819,815
Serenity Rehabilitation and Health Center, LLC	81-5318083	1.84%	676,082
Unique Rehabilitation and Health Center	82-2423138	1.59%	130,403
Inspire Rehabilitation and Health Care Centers	81-5337090	3.92%	1,583,812
RCA Servicer at Aurora Park, LLC	84-4516247	1.63%	565,273
RCA Servicer at Westfield, LLC	84-4409661	0.52%	531,807
RCA Servicer at Gasport, LLC	84-4409044	0.63%	273,884
RCA Healthcare Management, LLC	84-4241780	0.12%	322,554
RCA Servicer at Orchard Brooke, LLC	84-4516625	0.11%	37,709
RCA Servicer at Three Rivers, LLC	84-4516478	1.18%	178,131
RCA Servicer at Allegany, LLC	84-4409879	0.27%	52,481
Heartwood Operator LLC	84-3651338	0.04%	3,658
WWC Operator LLC	84-3641877	1.72%	853,635
South County Nursing & Rehabilitation Center	84-3987570	0.74%	382,141
RIDGECREST SNF OPERATIONS LLC dba RIDGECREST REHABILITATION CENTER	85-1537473	0.06%	3,905
VALLEY RIDGE HOME HEALTH LLC dba VALLEY RIDGE HOME HEALTH	85-1672125	0.18%	19,413
HOMESTEAD REHABILITATION CENTER	85-1573821	0.77%	54,141
LANCASTER REHABILITATION CENTER	85-1547878	0.13%	7,442
Capital City SNF, LLC	84-3587220	0.47%	161,701
Horsham SNF Operations LLC	85-1532220	1.71%	140,167
Hampton SNF Operations LLC	85-3741065	0.03%	18,546
Warsaw SNF Operations LLC	85-3700900	0.15%	85,675
West Point SNF Operations LLC	85-3900115	0.42%	29,048
Citrus Hills dba The Grove	38-3932611	1.31%	522,149
La Mer NH, LLC dba Kendall Lakes	37-1756554	0.81%	227,312
Mulberry Grove NH LLC dba The Club Health	27-1260493	0.64%	601,995
North Rehab NH, L.L.C.	13-4118708	0.09%	67,039
Ridgecrest NH, L.L.C.	20-1093813	0.85%	529,474
Greenbrook NH, L.L.C. dba Apollo Health & Rehabilitation Center	13-4118707	0.59%	236,141

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

AGS Services, LLC 401(k) Plan

EIN No.: 83-2603713, Plan No. 001

Plan Year Ending: December 31, 2021

AGS Services, LLC Jackson Heights NH, L.L.C. dba Unity Health and Rehabilitation	13-4118698	3.62%	1,404,726
The Oaks NH, L.L.C. dba Park Meadows Health & Rehabilitation Center	13-4118700	1.15%	506,606
Villa Health NH LLC	36-4787365	1.43%	795,789
Alhambra NH, L.L.C.	11-3662498	0.16%	179,601
Colonial Care NH, L.L.C. dba Lexington Health and Rehabilitation Center	13-4118711	1.37%	595,909
Lady Lake NH, L.L.C.	13-4118702	0.66%	613,949
New Horizon NH, L.L.C. dba The Lodge Health and Rehabilitation Center	13-4118704	1.26%	1,176,842
Palm Court NH, L.L.C. dba Wilton Manors Health & Rehabilitation Center	13-4118692	1.37%	999,090
Riverwood Health NH LLC	38-3932881	0.52%	236,530
Heritage NH, L.L.C. dba North Beach Rehabilitation Center	13-4118696	1.02%	571,587
Rockledge NH, L.L.C.	13-4118699	1.05%	360,275
Venice NH, L.L.C. dba Sunset	20-2257842	0.65%	765,494
Village Place NH, LLC	26-2458390	0.42%	229,648
Carlton Shores NH LLC	27-1842333	0.83%	509,446
Gardens Health NH LLC	30-0830788	0.83%	425,731
Lehigh Acres NH, LLC	20-8272328	1.55%	727,548
Ponce NH LLC	83-2603713	0.49%	163,030
Greenbriar NH, L.L.C.	13-4118712	0.63%	665,984
Isle Health NH LLC	30-0830903	0.58%	294,197
Terrace Health NH LLC	36-4787178	0.98%	782,185
Viera NH LLC	37-1748879	2.07%	1,290,780
Woodland Grove NH LLC	30-0831294	0.99%	361,673
Caring Heart	26-4320480	0.78%	253,196
Springs of Lady Lake ALF, L.L.C.	13-4118701		5,431
Sena Kean SNF Operations LLC dba Sena Kean Nursing and Rehabilitation Center	85-0802056	0.30%	20,384
Timber Ridge SNF Operations LLC dba River View Nursing and Rehabilitation Center	85-0816044	0.29%	25,448
Conestoga View Operations, LLC dba Lancaster Nursing & Rehabilitation Center	85-0775748	0.14%	91,751
Hill Valley HealthCare, LLC	82-2731846	0.03%	2,203
Ripley SNF Operations LLC dba Mountain View Care Center	86-1690019	0.10%	20,996
Skyview Springs SNF Operations LLC dba Skyview Springs Rehab & Nursing	86-3176302	0.03%	1,807
Oakwood SNF LLC dba Oakwood Care Center	86-3062699	0.08%	4,060
Golden Heights Operations LLC	86-2695328	1.12%	106,186
Golden Pavilion Operations LLC	86-2678677	0.44%	47,771
Smart Meter LLC	81-3395363	0.74%	51,686
Coral Springs Rehab and Healthcare Center	86-2858618	0.07%	26,751
Erie SNF Operations LLC DBA Nightingale Nursing and Rehabilitation Center	86-1439035	0.09%	29,756

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

AGS Services, LLC 401(k) Plan

EIN No.: 83-2603713, Plan No. 001

Plan Year Ending: December 31, 2021

Evergreen SNF Operations LLC dba Evergreen Health & Rehabilitation	87-0864943	0.01%	604
Brookside SNF Operations LLC DBA Brookside Rehab & Nursing Center	86-3238746	0.01%	890

Supplementary Information

AGS Payroll Services LLC 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 83-2603713 Plan: 001
December 31, 2021

(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
	AEGON Bond Ret Acct	Pooled Separate Accounts	*	\$ 181,760
	Alger Sm-MidCap Focus Ret Acct	Pooled Separate Accounts	*	248,758
	Allspring Precious Metals Inv Acct	Pooled Separate Accounts	*	313,399
	American Funds Balanced Inv Acct	Pooled Separate Accounts	*	1,577,146
	American Funds EuroPacific Growth Ret	Pooled Separate Accounts	*	491,478
	American Funds Grwth Fnd of America Inv	Pooled Separate Accounts	*	983,835
	American Funds Small Cap World Ret	Pooled Separate Accounts	*	198,411
	American Funds Wash Mut Investors	Pooled Separate Accounts	*	859,785
	BlackRock Equity Dividend	Pooled Separate Accounts	*	662,126
	BlackRock Health Sciences Ops Ret Acct	Pooled Separate Accounts	*	48,831
	Columbia Mid Cap Value Inv	Pooled Separate Accounts	*	183,049
	Fidelity Adv Leveraged Co Stock Inv	Pooled Separate Accounts	*	325,527
	Fidelity Advisor Small Cap Inv	Pooled Separate Accounts	*	479,777
	Goldman Sachs Large Cap Val	Pooled Separate Accounts	*	361,738
	Goldman Sachs Mid Cap Value	Pooled Separate Accounts	*	328,509
	Goldman Sachs Mid-Cap Opp	Pooled Separate Accounts	*	378,458
	Goldman Sachs Technology Opp	Pooled Separate Accounts	*	95,410
	Invesco Oppenheimer Global Ret	Pooled Separate Accounts	*	392,482
	Janus Forty Ret	Pooled Separate Accounts	*	700,784
	Janus Overseas Ret Acct	Pooled Separate Accounts	*	122,963
	Janus Ret Acct	Pooled Separate Accounts	*	156,019
	Loomis Sayles Bond	Pooled Separate Accounts	*	396,986
	Loomis Sayles Inv Grade Bond	Pooled Separate Accounts	*	371,814
	Morgan Stanley Growth Opportunities	Pooled Separate Accounts	*	456,707
	Morgan Stanley Growth Ret Acct	Pooled Separate Accounts	*	1,433,366
	Neuberger Berman Large Cap Val	Pooled Separate Accounts	*	155,904
	Nuveen Small Cap Value	Pooled Separate Accounts	*	121,251
	PIMCO All Asset Ret Acct	Pooled Separate Accounts	*	59,555
	PIMCO Real Return Ret	Pooled Separate Accounts	*	102,723
	PIMCO Total Return	Pooled Separate Accounts	*	470,908
	Prudential Jennison Nat Res Inv	Pooled Separate Accounts	*	104,150
	State Street Russell SMCap Index Ret	Pooled Separate Accounts	*	60,022
	State Street S&P Mid Cap Index Ret	Pooled Separate Accounts	*	378,414
**	State Street U.S. Bond Index Ret Acct	Pooled Separate Accounts	*	197,964
**	TA Blackrock LifeGoal Index 2025	Pooled Separate Accounts	*	4,754,768
**	TA Blackrock LifeGoal Index 2030	Pooled Separate Accounts	*	6,013,104
**	TA Blackrock LifeGoal Index 2035	Pooled Separate Accounts	*	6,080,653

AGS Payroll Services LLC 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 83-2603713 Plan: 001
December 31, 2021

(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
**	TA Blackrock LifeGoal Index 2040	Pooled Separate Accounts	*	\$ 3,192,532
**	TA Blackrock LifeGoal Index 2045	Pooled Separate Accounts	*	3,140,306
**	TA Blackrock LifeGoal Index 2050	Pooled Separate Accounts	*	2,707,810
**	TA Blackrock LifeGoal Index 2055	Pooled Separate Accounts	*	2,131,497
**	TA Blackrock LifeGoal Index 2060	Pooled Separate Accounts	*	676,594
**	TA Blackrock LifeGoal Ret Acct	Pooled Separate Accounts	*	4,085,043
**	TA Vanguard Lifestrat Conserv Gr Ret	Pooled Separate Accounts	*	1,248
**	TA Vanguard Lifestrat Growth Ret Acct	Pooled Separate Accounts	*	308,515
**	TA Vanguard Lifestrat Income Ret Acct	Pooled Separate Accounts	*	33,632
**	TA Vanguard Lifestrat Mod Grwth Ret	Pooled Separate Accounts	*	43,813
**	TA Vanguard Real Estate Index Ret	Pooled Separate Accounts	*	114,083
**	Transamerica Asset Alloc – Conserv	Pooled Separate Accounts	*	485,849
**	Transamerica Asset Alloc – Growth	Pooled Separate Accounts	*	971,052
**	Transamerica Asset Alloc – Mod Grwth	Pooled Separate Accounts	*	519,276
**	Transamerica Asset Alloc – Mod	Pooled Separate Accounts	*	621,477
**	Transamerica Partners High Yield Bond	Pooled Separate Accounts	*	518,771
	Vanguard European Stock Index	Pooled Separate Accounts	*	65,907
	Vanguard International Value	Pooled Separate Accounts	*	621,721
	Vanguard Pacific Stock Index	Pooled Separate Accounts	*	45,543
	Vanguard Small-Cap Grwth Index Ret	Pooled Separate Accounts	*	522,731
	Vanguard Small-Cap Index Ret Acct	Pooled Separate Accounts	*	312,543
	Vanguard Small-Cap Value Index Ret	Pooled Separate Accounts	*	742,849
	Vanguard Total Stock Market Index	Pooled Separate Accounts	*	2,800,871
	WMC Core Equity Ret Acct	Pooled Separate Accounts	*	445,756
	WMC Disciplined US Growth Ret Opt	Pooled Separate Accounts	*	941,108
	Advantage Account Trust Fund 2	Pooled Separate Accounts	*	618,392
**	Transamerica Stable Value Adv	Insurance Co. General Account	*	3,603,012
**	Participant loans	Interest rates from 4.25%-9.25%	-	1,529,432
	Total Assets Held			\$ 62,049,897

* Cost information is omitted as the Plan is participant directed.

** Represents a party-in-interest.