

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

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.**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - 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>DOUGLASS NISSAN, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>01/01/2005</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>DOUGLASS NISSAN, INC.</u> <u>5605 LEGENDLAKE PARKWAY</u> <u>WACO, TX 76712</u>	2b Employer Identification Number (EIN)	<u>74-2491321</u>
	2c Plan Sponsor's telephone number	<u>254-776-8016</u>
	2d Business code (see instructions)	<u>441110</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	LEVI DOUGLASS
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	5 168
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 141 6a(2) 134 6b 0 6c 29 6d 163 6e 0 6f 163 6g 77 6h 9
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 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p>A Name of plan DOUGLASS NISSAN, INC. 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DOUGLASS NISSAN, INC.</p>	<p>D Employer Identification Number (EIN) 74-2491321</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-0397080	67172	RP012061	77	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
18645	0

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

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

VANAMAN, HAROLD G **3350 LAKELINE BLVD**
STE 170-1804
LEANDER, TX 78641

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15490			3

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

LBF INC **3350 LAKELINE BLVD**
STE 170-1804
LEANDER, TX 78641

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1721			3

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

LATITUDE SERVICE COMPANY

PO BOX 990
PLYMOUTH, IN 46563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1434			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	

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	15858
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2680721

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
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..... Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>DOUGLASS NISSAN, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOUGLASS NISSAN, INC.</u>	D Employer Identification Number (EIN) <u>74-2491321</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... 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
THE OHIO NATIONAL FINANCIAL CO ONE FINANCIAL WAY
CINCINNATI, OH 45242

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan DOUGLASS NISSAN, INC. 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DOUGLASS NISSAN, INC.	D Employer Identification Number (EIN) 74-2491321	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL RISK ALLOC-MODERATE	b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN 47-3250437-006</td> <td style="width:15%;">d Entity code P</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5351</td> </tr> </table>	c EIN-PN 47-3250437-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5351		
c EIN-PN 47-3250437-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5351			
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP TARGET VOLATILITY	b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN 46-1665803-006</td> <td style="width:15%;">d Entity code P</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5365</td> </tr> </table>	c EIN-PN 46-1665803-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5365		
c EIN-PN 46-1665803-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5365			
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO VI BALANCED-RISK ALLOC	b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN 26-3697524-006</td> <td style="width:15%;">d Entity code P</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3499</td> </tr> </table>	c EIN-PN 26-3697524-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3499		
c EIN-PN 26-3697524-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3499			
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD GLOBAL DYN MULTI-ASSET	b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN 45-4726521-006</td> <td style="width:15%;">d Entity code P</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6792</td> </tr> </table>	c EIN-PN 45-4726521-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6792		
c EIN-PN 45-4726521-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6792			
a Name of MTIA, CCT, PSA, or 103-12 IE: ON ISHARES MAN RISK BAL (BR)	b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN 85-2229877-006</td> <td style="width:15%;">d Entity code P</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16671</td> </tr> </table>	c EIN-PN 85-2229877-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16671		
c EIN-PN 85-2229877-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16671			
a Name of MTIA, CCT, PSA, or 103-12 IE: MORNINGSTAR AGGRESSIVE GRW ETF	b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN 20-8444012-006</td> <td style="width:15%;">d Entity code P</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15935</td> </tr> </table>	c EIN-PN 20-8444012-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15935		
c EIN-PN 20-8444012-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15935			
a Name of MTIA, CCT, PSA, or 103-12 IE: DEL IVY VIP ASSET STRATEGY	b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN 48-1164309-006</td> <td style="width:15%;">d Entity code P</td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11373</td> </tr> </table>	c EIN-PN 48-1164309-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11373		
c EIN-PN 48-1164309-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11373			

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN INCOME VIP FUND		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 94-3102967-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11668
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUSHENDERSON BALANCED VIT		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 84-1235651-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12081
a Name of MTIA, CCT, PSA, or 103-12 IE: ON BLACKROCK BALANCED ALLOC		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1248845-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5648
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R)IN RET		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 20-1257443-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84160
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2025		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 20-1256021-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120901
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2030		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 26-2419745-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6171
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2035		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 20-1256148-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297430
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2040		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 26-2419790-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17173
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2045		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 20-1257250-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210673
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2050		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 26-2419835-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12154

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2055		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 27-4406485-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231115
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER CEN ONE CHOICE(R) 2060		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 47-4526192-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37988
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GOVT MONEY MARKET		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 04-3438384-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50219
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN PORTFOLIO		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 33-0782446-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 587
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND OPP UNHEDGED		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 33-0782448-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15341
a Name of MTIA, CCT, PSA, or 103-12 IE: ON FEDERATED HIGH INCOME BOND		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1590479-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 287400
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 04-2940581-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16929
a Name of MTIA, CCT, PSA, or 103-12 IE: GLDMNSACH LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 36-4200266-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7471
a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLRBRG LARGE CP VAL		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 13-3986368-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1547
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS US EQTY INSIGHT		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 36-4208957-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12764

a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON CLRBRG DIVIDENDSTRA		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 56-2290373-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3382
a Name of MTIA, CCT, PSA, or 103-12 IE: ON BLACKROCK LARGE CAP CORE		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 04-3645520-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1431
a Name of MTIA, CCT, PSA, or 103-12 IE: ON S&P 500(R) INDEX (GEODE)		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1480018-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 473630
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 04-2940579-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56283
a Name of MTIA, CCT, PSA, or 103-12 IE: ON BLACKROCK LARGE CAP GROWTH		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 20-8675401-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3989
a Name of MTIA, CCT, PSA, or 103-12 IE: ON JANUSHENDERSON FORTY		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1431072-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 290
a Name of MTIA, CCT, PSA, or 103-12 IE: ON NASDAQ-100(R) INDEX (GEODE)		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1707899-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 397250
a Name of MTIA, CCT, PSA, or 103-12 IE: PSF JENNISON GROWTH		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 22-3361444-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3835
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN MID CAP VAL		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 13-4183852-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16946
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES MID-CAP INDEX		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 25-1689843-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12606

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP MID CAP PORTFOLIO		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 04-3438384-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2653
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES KAUFMANN II		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 46-0470421-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24406
a Name of MTIA, CCT, PSA, or 103-12 IE: ON AB MID CAP CORE		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1480016-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1446
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD U.S. SMALL-MID CAP		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 22-3514370-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2448
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS NEW DISCOVERY SERIES		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 04-3417481-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25147
a Name of MTIA, CCT, PSA, or 103-12 IE: ON AB SMALL CAP		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1482004-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38665
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE MICRO-CAP PORTFOLIO		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 13-3890605-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43487
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN VIP FUND		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 94-3152672-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10071
a Name of MTIA, CCT, PSA, or 103-12 IE: ON BLACKROCK INTERNATIONAL EQ		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 31-1377525-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1559
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. EQV INTL EQUITY		
b Name of sponsor of entity listed in (a): THE OHIO NATIONAL LIFE INSURANCE CO		
c EIN-PN 76-0396500-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11500

a Name of MTIA, CCT, PSA, or 103-12 IE: [DEL IVY VIP SCIENCE AND TECH](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 48-1191284-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38785
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FIDELITY VIP REAL ESTATE](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 04-3702559-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1253
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PIMCO COMMODITY REAL RETURN\(R\)](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 33-0821377-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 997
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ON RISK MANAGED BALANCED \(AB\)](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 85-2229877-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ON BLACKROCK LARGE CAP VALUE](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 85-2229877-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3054
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ON S&P 400\(R\) INDEX \(GEODE\)](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 85-2229877-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 499
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MFS MID CAP GROWTH SERIES](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 04-3417481-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1080
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a Name of MTIA, CCT, PSA, or 103-12 IE: [GLDMNSACH SMALL CAP VALUE](#)

b Name of sponsor of entity listed in (a): [THE OHIO NATIONAL LIFE INSURANCE CO](#)

c EIN-PN 36-4200266-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1097
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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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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DOUGLASS NISSAN, INC. 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 DOUGLASS NISSAN, INC.	D Employer Identification Number (EIN) 74-2491321

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	10941	15858
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	56565	37272
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	3225062	2680721
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3292568	2733851

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	3292568	2733851
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	56247	
(B) Participants.....	2a(1)(B)	269290	
(C) Others (including rollovers).....	2a(1)(C)	11930	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		337467
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	2878	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2878
(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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-631609
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-291264
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	167591	
(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)		167591
f Corrective distributions (see instructions)	2f		99842
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)	20	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		20
j Total expenses. Add all expense amounts in column (b) and enter total	2j		267453
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-558717
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SEIDEL SCHROEDER

(2) EIN: 74-2052353

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		330000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>DOUGLASS NISSAN, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOUGLASS NISSAN, INC.</u>	D Employer Identification Number (EIN) <u>74-2491321</u>	

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): 41-1667580

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____

DOUGLASS NISSAN, INC.
401(K) PLAN

Financial Statements
with
Report of Independent Auditor

December 31, 2022

Independent Auditor's Report

To the Plan Administrator
Douglass Nissan, Inc. 401(k) Plan

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

We have performed audits of the financial statements of Douglass Nissan, Inc. 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 – modified cash basis as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Douglass Nissan, Inc. 401(k) Plan 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 audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- the information in the accompanying 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).

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Douglass Nissan, Inc. 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 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Douglass Nissan, Inc. 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 Douglass Nissan, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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 the modified cash basis of accounting.

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 Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Seidel Schroeder

College Station, Texas
October 9, 2023

DOUGLASS NISSAN, INC. 401(K) PLAN
 Statements of Net Assets Available for Benefits - Modified Cash Basis
 December 31, 2022 and 2021

	2022	2021
ASSETS		
Cash	\$ 14,297	\$ 10,941
Investments, at fair value	2,682,427	3,225,062
Receivables:		
Notes receivable from participants	37,127	56,565
Total receivables	37,127	56,565
TOTAL ASSETS	2,733,851	3,292,568
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,733,851	\$ 3,292,568

See accompanying notes to financial statements.

DOUGLASS NISSAN, INC. 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
For The Year Ended December 31, 2022

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net increase (decrease) in fair value of investments	\$ (631,485)
	(631,485)

Interest on notes receivable from participants	2,734
--	-------

Contributions:

Participants	269,290
Participant rollovers	11,930
Employer	56,248
	269,290

TOTAL ADDITIONS	(291,283)
-----------------	-----------

DEDUCTIONS

Deductions from net assets for:

Benefits paid to participants	267,434
	267,434

TOTAL DEDUCTIONS	267,434
	267,434

NET DECREASE	(558,717)
--------------	-----------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	3,292,568
	3,292,568

END OF YEAR	\$ 2,733,851
	2,733,851

See accompanying notes to financial statements.

DOUGLASS NISSAN, INC. 401(K) PLAN
Index to Financial Statements
December 31, 2022

1. Plan Description

The following description of the Douglass Nissan, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Douglass Nissan, Inc. (the "Company"), who have six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. 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. The Plan Sponsor may make a discretionary matching contribution.

Participant accounts

Each participant's account is credited with the participant's contribution and allocations of Plan earnings and the employer's contribution. Allocations are based on participant earnings or account balances, as defined. Each participant is entitled to the benefit that can be provided from his or her vested account.

Vesting

Participants vest immediately in their own contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus earnings thereon is based upon years of continuous service. Participants are 100% vested in matching contributions after 6 years of service.

Forfeited Accounts

Forfeited accounts may be used to reduce future administrative expenses or plan sponsor contributions. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$14,297 and \$10,941, respectively.

Notes receivables from participants

Participants may borrow from their fund accounts a minimum of \$1,000. A participant may only have one loan outstanding at any time. Loans have a maximum maturity of 5 years for most loans and 15 years for the purchase of a primary residence. 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 by the Plan administrator. Principal and interest on loans is to be repaid through payroll deductions.

DOUGLASS NISSAN, INC. 401(K) PLAN
Index to Financial Statements
December 31, 2022

1. Plan Description - continued

Payments of benefits

Plan benefits are available upon attainment of 59 ½ years, hardship, termination of employment, death, disability, or retirement. In the event of termination of employment, a participant will receive a lump sum distribution of his or her vested account balance if the participant's total vested account balance does not exceed \$5,000. Participants with a vested account balance greater than \$5,000 may also elect to defer payment of his or her account.

The Plan also allows for in service withdrawals in limited circumstances, as defined by the Plan.

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared using the modified cash basis of accounting. This basis differs from accounting principles generally accepted in the United States of America in that contributions and interest income are recognized when received and expenses are recorded when paid or deducted from the Plan.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting 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

Plan investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income and capital gains are recorded on the cash basis.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded on the cash basis. Related fees are charged directly to the borrowing participant's account. As of December 31, 2022, no allowance for credit losses has been recorded. If a participant does not make loan repayments for more than 90 days, then the plan administrator considers the participant loan to be in default. Upon default, the entire principal balance and interest will become immediately due and payable. The delinquent participant note receivable is recorded as a benefit payment and taxable to the participant.

Payment of benefits

Benefits are recorded when paid.

DOUGLASS NISSAN, INC. 401(K) PLAN
Index to Financial Statements
December 31, 2022

2. Summary of Significant Accounting Policies - continued

Plan expenses

Certain expenses of the Plan have been paid by the plan sponsor and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are charged directly to the participant's account.

Date of Management's Review

Subsequent events were evaluated through October 9, 2023, which is the date the financial statements were available to be issued. No additional disclosures or modifications were deemed necessary.

3. Certified investment information

Certain information related to investments and notes receivable from participants are disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net increase (decrease) in fair value of investments and interest income on notes receivable from participants for the year ended December 31, 2022 was obtained by management and agreed to or derived from information certified as complete and accurate by Ohio National Life Insurance Company, the custodian of the plan.

4. Investments

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The three levels of the fair value hierarchy are described below.

DOUGLASS NISSAN, INC. 401(K) PLAN
Index to Financial Statements
December 31, 2022

4. Investments - continued

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 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are unobservable.

Pooled Separate Accounts - are valued at net asset value of units held by the Plan. The net asset value, as provided by the issuer, is used as a practical expedient to estimate fair value. Redemptions of net asset value are processed daily without restrictions. There are no unfunded commitments related to pooled separate accounts.

The following tables set forth by level and by investment class, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021.

<u>December 31, 2022</u>				
Description	Total	Level 1	Level 2	Level 3
Investments in the fair value hierarchy:				
None	\$ -	\$ -	-	-
Total investments in the fair value hierarchy	-	\$ -	\$ -	\$ -
Investments measured at net asset value**				
Pooled Separate Accounts	2,682,427			
Total investments measured at fair value	\$ 2,682,427			

DOUGLASS NISSAN, INC. 401(K) PLAN
Index to Financial Statements
December 31, 2022

<u>December 31, 2021</u>				
<u>Description</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments in the fair value hierarchy:				
None	\$ -	\$ -	-	-
Total investments in the fair value hierarchy	-	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value**				
Pooled Separate Accounts	<u>3,225,062</u>			
Total investments measured at fair value	<u>\$ 3,225,062</u>			

** In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

5. 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 will become 100% vested.

6. Party-in-interest transactions

Certain Plan investments are pooled separate accounts with Ohio National Life Insurance, the custodian and recordkeeper of the Plan. Plan assets also include notes receivable from participants. All of these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules under ERISA.

DOUGLASS NISSAN, INC. 401(K) PLAN
Index to Financial Statements
December 31, 2022

7. Tax status

The Plan sponsor has adopted a pre-approved profit sharing plan and is relying on the pre-approved plan's IRS opinion letter for qualification. In the pre-approved plan's opinion letter dated June 30, 2020 the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Plan management is required to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2019.

8. Plan administration

Certain administrative functions are performed by officers or employees of the plan sponsor. No such officer or employee receives compensation from the Plan. Administrative expenses are paid by the Plan.

9. Risks and uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit 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.

10. Subsequent event

As of March 2023, the custodian for the Douglass Nissan, Inc. 401(k) Plan was changed from Ohio National Financial Services to Voya Financial.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... 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: Douglass Nissan, Inc. 401(K) Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan): Douglass Nissan, Inc.
2b Employer Identification Number (EIN): 74-2491321
2c Plan Sponsor's telephone number: 254-776-8016
2d Business code (see instructions): 441110

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Signature of plan administrator, 10/12/2023, Levi Douglass. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2022) v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:90%; text-align: right;">168</td> </tr> </table>	5	168																		
5	168																				
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> <tr> <td>6a(1)</td> <td style="text-align: right;">141</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">134</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">29</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">163</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">163</td> </tr> <tr> <td>6g</td> <td style="text-align: right;">77</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">9</td> </tr> </table>			6a(1)	141	6a(2)	134	6b	0	6c	29	6d	163	6e	0	6f	163	6g	77	6h	9
6a(1)	141																				
6a(2)	134																				
6b	0																				
6c	29																				
6d	163																				
6e	0																				
6f	163																				
6g	77																				
6h	9																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
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 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

DOUGLASS NISSAN, INC. 401(K) PLAN
 EIN 74-2491321 PN 001
 Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
 December 31, 2022

Schedule I

(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
*	Ohio National Life Insurance	Forfeitures - cash account	**	\$ 14,297
*	Ohio National Life Insurance - Pooled separate accounts	AB Global Risk Allocation-Moderate	**	5,351
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice In Ret	**	84,160
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2025	**	120,901
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2030	**	6,171
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2035	**	297,430
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2040	**	17,173
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2045	**	210,673
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2050	**	12,154
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2055	**	231,115
*	Ohio National Life Insurance - Pooled separate accounts	American Century One Choice 2060	**	37,988
*	Ohio National Life Insurance - Pooled separate accounts	Delaware Ivy VIP Asset Strategy	**	11,373
*	Ohio National Life Insurance - Pooled separate accounts	Delaware Ivy VIP Science and Tech	**	38,785
*	Ohio National Life Insurance - Pooled separate accounts	Federated Hermes Mid-Cap Index	**	12,606
*	Ohio National Life Insurance - Pooled separate accounts	Federated Hermes Kaufmann II	**	24,406
*	Ohio National Life Insurance - Pooled separate accounts	Fidelity VIP Equity-Income	**	16,929
*	Ohio National Life Insurance - Pooled separate accounts	Fidelity VIP Govt Money Market	**	50,219
*	Ohio National Life Insurance - Pooled separate accounts	Fidelity VIP Growth Portfolio	**	56,283
*	Ohio National Life Insurance - Pooled separate accounts	Franklin Income VIP Fund	**	11,668
*	Ohio National Life Insurance - Pooled separate accounts	Fidelity VIP Mid Cap Portfolio	**	2,653
*	Ohio National Life Insurance - Pooled separate accounts	Fidelity VIP Real Estate	**	1,253
*	Ohio National Life Insurance - Pooled separate accounts	Fidelity VIP Target Volatility	**	5,365
*	Ohio National Life Insurance - Pooled separate accounts	Goldman Sach Large Cap Value	**	7,471
*	Ohio National Life Insurance - Pooled separate accounts	Goldman Sachs US Eqty Insight	**	12,764
*	Ohio National Life Insurance - Pooled separate accounts	Invesco VI Balanced-Risk Alloc	**	3,499
*	Ohio National Life Insurance - Pooled separate accounts	Invesco V.I. Intl Growth Fund	**	11,500
*	Ohio National Life Insurance - Pooled separate accounts	JanusHenderson Balanced VIT	**	12,081
*	Ohio National Life Insurance - Pooled separate accounts	Lazard Global Dyn Multi-Asset	**	6,792
*	Ohio National Life Insurance - Pooled separate accounts	Lazard U.S. Small-Mid Cap	**	2,448
*	Ohio National Life Insurance - Pooled separate accounts	Legg Mason ClrBrg Dividend Stra	**	3,382
*	Ohio National Life Insurance - Pooled separate accounts	Legg Mason ClrBrg Large Cp Val	**	1,547
*	Ohio National Life Insurance - Pooled separate accounts	MFS New Discovery Series	**	25,147
*	Ohio National Life Insurance - Pooled separate accounts	Moringstar Aggressive Grw ETF	**	15,935
*	Ohio National Life Insurance - Pooled separate accounts	Neuberger Berman Mid Cap Val	**	16,946
*	Ohio National Life Insurance - Pooled separate accounts	ON AB Mid Cap Core	**	1,446
*	Ohio National Life Insurance - Pooled separate accounts	ON AB Small Cap	**	38,665
*	Ohio National Life Insurance - Pooled separate accounts	ON BlackRock Balanced Alloc	**	5,648
*	Ohio National Life Insurance - Pooled separate accounts	ON BlackRock International Eq	**	1,559
*	Ohio National Life Insurance - Pooled separate accounts	ON BlackRock Large Cap Core	**	1,431
*	Ohio National Life Insurance - Pooled separate accounts	ON BlackRock Large Cap Growth	**	3,989
*	Ohio National Life Insurance - Pooled separate accounts	ON Federated High Income Bond	**	287,400
*	Ohio National Life Insurance - Pooled separate accounts	ON iShares Man Risk Bal (BR)	**	16,671
*	Ohio National Life Insurance - Pooled separate accounts	ON JanusHenderson Forty	**	290
*	Ohio National Life Insurance - Pooled separate accounts	ON Nasdaq-100 Index (Geode)	**	397,250
*	Ohio National Life Insurance - Pooled separate accounts	ON S&P 500 Index (Geode)	**	473,630
*	Ohio National Life Insurance - Pooled separate accounts	PIMCO Total Return Portfolio	**	587
*	Ohio National Life Insurance - Pooled separate accounts	PIMCO Global Bond Opp Unhedged	**	15,341
*	Ohio National Life Insurance - Pooled separate accounts	PIMCO Commodity Real Return	**	997
*	Ohio National Life Insurance - Pooled separate accounts	PSF Jennison Growth	**	3,835
*	Ohio National Life Insurance - Pooled separate accounts	Royce Micro-Cap Portfolio	**	43,487
*	Ohio National Life Insurance - Pooled separate accounts	Templeton Foreign VIP Fund	**	10,071
*	Ohio National Life Insurance - Pooled separate accounts	ON S&P 400 Index (Geode)	**	499
*	Ohio National Life Insurance - Pooled separate accounts	MSF Mid Cap Growth Series	**	1,080
*	Ohio National Life Insurance - Pooled separate accounts	Goldman Sachs Small Cap Value	**	1,097
*	Ohio National Life Insurance - Pooled separate accounts	ON Blackrock Large Cap Value	**	3,054
*	Ohio National Life Insurance - Pooled separate accounts	ON Risk Managed Balanced (AB)	**	232
*	Participant Loans	Rate: 5.25% - 9.00%	-	37,127
		Maturity: Various dates up to June 1, 2025		
		Collateral: Participant account balance		

* Denotes Party-in-Interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.