

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 12/16/1992
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) GULF COAST BANK & TRUST COMPANY 200 ST CHARLES AVE NEW ORLEANS, LA 70130-2903
2b	Employer Identification Number (EIN) 72-1167423
2c	Plan Sponsor's telephone number 504-581-4561
2d	Business code (see instructions) 522110

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.	10/15/2024	KIM CARVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 701
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 701 6a(2) 873 6b 0 6c 49 6d 922 6e 0 6f 922 6g(1) 811 6g(2) 814 6h 33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 GULF COAST BANK & TRUST COMPANY	D Employer Identification Number (EIN) 72-1167423

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

(a) Name of insurance carrier
NAATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	063-87107	814	01/01/2023	12/31/2023

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL LLC
ATTN COMMISSIONS DEPT.
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 5536048**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3938015**c** Additions: (1) Contributions deposited during the year **7c(1)** 274478(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 121088(4) Transferred from separate account **7c(4)** 1720437(5) Other (specify below) **7c(5)** 3784▶ **FIXED ACCOUNT**(6) Total additions **7c(6)** 2119787**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 6057802**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 368087(2) Administration charge made by carrier **7e(2)** 347(3) Transferred to separate account **7e(3)** 151437(4) Other (specify below) **7e(4)** 1883▶ **FIXED ACCOUNT**(5) Total deductions **7e(5)** 521754**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5536048

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

x

 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

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

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

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

NATIONWIDE INSURANCE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 99	TRUST RECORDKEEPER	7470	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GULF COAST BANK & TRUST COMPANY	D Employer Identification Number (EIN) 72-1167423	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	129357	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43187745	53998062
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3938015	5536048
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47255117	59534110
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47255117	59534110

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)	696287	
(B) Participants	2a(1)(B)	5148400	
(C) Others (including rollovers)	2a(1)(C)	1196897	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7041584
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	121088	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		121088
(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)	1286	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1286
(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)		7461091
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14625049

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2338586	
(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)		2338586
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7470	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7470
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2346056

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12278993
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HANNIS T BOURGEOIS**

(2) EIN: **72-0636725**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GULF COAST BANK & TRUST COMPANY	D Employer Identification Number (EIN) 72-1167423	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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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
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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.
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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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703244A</u> .	

GULF COAST BANK AND TRUST COMPANY
SAVINGS INCENTIVE PLAN

NEW ORLEANS, LOUISIANA

DECEMBER 31, 2023

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Independent Auditor's Report

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

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

We have performed audits of the financial statements of Gulf Coast Bank and Trust Company Savings Incentive Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 7 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 accounting principles generally accepted in the United States of America.

- 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

Respectfully submitted,

Hannia T. Bourgeois, LLP

Baton Rouge, Louisiana
October 9, 2024

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2023 AND 2022

	<u>ASSETS</u>	
	<u>2023</u>	<u>2022</u>
Investments, at Fair Value:		
Mutual Funds	\$ 52,918,622	\$ 42,592,307
Self Directed Brokerage Accounts	<u>1,079,440</u>	<u>724,795</u>
	<u>53,998,062</u>	<u>43,317,102</u>
Investments, at Contract Value:		
Guaranteed Investment Contracts	5,536,048	3,938,015
	<u> </u>	<u> </u>
Net Assets Available for Benefits	<u><u>\$ 59,534,110</u></u>	<u><u>\$ 47,255,117</u></u>

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

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2023

Additions to Net Assets Attributed to:

Investment Income:

Net Investment Income - Mutual Funds	\$ 7,240,780
Net Investment Income - Dividends	1,286
Net Investment Income - Fixed Select Contract	122,108
Net Investment Income - Self Directed Brokerage Accounts	219,291
	7,583,465

Contributions:

Participants	5,148,400
Employer	696,287
Rollover	1,196,897
	7,041,584

Total Additions	
	14,625,049

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	2,338,586
Administrative Expenses	7,470
Total Deductions	2,346,056

Net Increase	
	12,278,993

Net Assets Available for Benefits:

Beginning of Year	
	47,255,117
End of Year	
	\$ 59,534,110

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

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

Note 1 - Description of Plan -

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

Description of Plan

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

Contributions

Participants may contribute a percentage of their annual compensation as defined in the Plan up to the maximum amount set by the Internal Revenue Service each year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions in various investment options offered by the Plan. The Company contributes an amount equal to 50% of a participant's elective deferrals, up to a maximum matching contribution of \$1,000. The Company may, at its discretion, make additional profit sharing contributions to the Plan. The Company’s matching contributions were \$696,287 for the year ended December 31, 2023.

Participant Accounts

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

Vesting

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

Payment of Benefits

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

Forfeitures

Any forfeiture of a non-vested account is deposited to the cash account and may be used to reduce the Company's contributions. During 2023, the Company used no forfeited funds. At December 31, 2023 and 2022, there was \$42,020 and \$3,148, respectively, in forfeited non-vested accounts.

Note 2 - Summary of Significant Accounting Policies -

Basis of Accounting

The financial statements of the Plan are prepared in accordance with the accrual basis of accounting. At December 31, 2023 and 2022, all assets of the Plan are participant directed.

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

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates, and such differences may be material.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Net investment income (loss) includes gains and losses on investments sold during the year as well as appreciation and depreciation of the investments held at the end of the year. Benefits are recorded when paid.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Expenses

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

Reclassifications

Certain items in the 2022 financial statements may have been reclassified for comparative purposes to conform to the presentation in the current year financial statements. The reclassification had no effect on the net assets as previously reported.

Risks and Uncertainties

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

Subsequent Events

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 9, 2024, the date which the financial statements were available to be issued.

Note 3 - Plan Termination -

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

Note 4 - Tax Status -

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

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the plan is no longer subject to income tax examinations for years prior to 2020.

Note 5 - Fair Value Measurements -

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

Self-Directed Brokerage Accounts - The fair values of these investments are based on the closing price reported on the active market on which the individual securities are traded and include common stocks, interest bearing cash, mutual fund, exchange traded funds, and other listed securities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$52,918,622	\$ -	\$ -	\$52,918,622
Self Directed Brokerage Accounts	1,079,440	-	-	1,079,440
	<u>\$ 53,998,062</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 53,998,062</u>

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$42,592,307	\$ -	\$ -	\$42,592,307
Self Directed Brokerage Accounts	724,795	-	-	724,795
	<u>\$ 43,317,102</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 43,317,102</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2023, are reported in Investment Income (Loss).

Note 6 – Guaranteed Investment Contract –

The Plan holds a group annuity investment contract (Nationwide Fixed Select Contract) with Nationwide Insurance Company which totaled \$5,536,048 and \$3,938,015 at December 31, 2023 and 2022, respectively. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

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

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

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

Note 7 - Information Prepared and Certified by the Trustee -

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

	<u>2023</u>	<u>2022</u>
Investments at Fair Value:		
Mutual Funds	\$ 52,918,622	\$ 42,592,307
Self Directed Brokerage Accounts	1,079,440	724,795
Investments at Contract Value:		
Guaranteed Investment Contracts	<u>5,536,048</u>	<u>3,938,015</u>
	<u>\$ 59,534,110</u>	<u>\$ 47,255,117</u>
 Net Investment Income	 <u>\$ 7,583,465</u>	

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

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

SUPPLEMENTAL INFORMATION

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT

AS OF DECEMBER 31, 2023

Issuer	Investment Description	Cost	Current Value
Mutual Funds:			
Alliance Bernstein	Ab Bd Infl Strat I	*	\$ 306,122
Alliance Bernstein	Ab Core Oppr I	*	344
Alliance Bernstein	Ab Eq Inc I	*	345
Alliance Bernstein	Ab Glbrealstinvm I	*	1,771
Alliance Bernstein	Ab HI Inc I	*	335
Alliance Bernstein	Ab LgCap Gr I	*	356
Alliance Bernstein	Ab Rel Val I	*	334
Alliance Bernstein	Ab Smcap Gr Adv	*	2,015
Alps	Alps Ktk India ESG I	*	345
AMG	Amg Beutlgdmn Cor Pls Bd I	*	319
AMG	Amg Bstn Cmn Gbl Impct I	*	330
AMG	Amggw&K Smcap Cor I	*	15,639
AMG	Amgmgrs Ycktmn Focs I	*	11,344
AQR	Aqr Lng Shrt Eq I	*	17,695
AQR	Aqr Mgd Ftr Strat I	*	13,863
Alger	Alger Cap App I2	*	52,468
Alger	Alger Spectra Z	*	1,397,677
Allspring	Allspr Prec Mtls Inst	*	49,499
Allspring	Allspr Spec Smcap Val Inst	*	7,978
American Century	Amcent Gbl Realest R6	*	108,835
American Century	Amcent Hertg R6	*	29,190
American Century	Amcent Intl Oppr I	*	6,508
American Century	Amcent Mdcap Val R6	*	2,127
American Century	Amcent Smcap Val R6	*	163,987
American Century	Amcent Ultra R6	*	49,261
American Funds	Amfds Cap Inc Bldr R6	*	22,478
American Funds	Amfds Cap Wld Gr Inc R6	*	2,008,498
Amana	Amana Gr Inv	*	1,734
Artisan	Artisan Intl Val Inv	*	108,197
Bnymel	Bnymel Smmcap Gr I	*	1,317
Baron Funds	Baron Disc Inst	*	194,709
Baron Funds	Baron Gr Inst	*	4,536,688
Baron Funds	Baron Ptnrs Inst	*	68,316
Baron Funds	Baron Ptnrs R6	*	12,396
Baron Funds	Baron Realest Inst	*	11,100
Blackrock	Blkrk Comdty Strat Inst	*	131,085
Blackrock	Blkrk Emrg Mkt Inst	*	52,975
Blackrock	Blkrk Hi Yld Bd Inst	*	14,459
Blackrock	Blkrk Hlth Scnc Oppr Inst	*	114,792
Blackrock	Blkrk Mdcap Gr Eq Inst	*	338,322
Blackrock	Blkrk Natrl Rsrc Tr Inst	*	123
Blackrock	Blkrk Is Rsl2000smcpind K	*	1,256
Blackrock	Blkrk Is S P 500 Indx K	*	51,153
Blackrock	Blkrk Uncnstrnd Eq Inst	*	23,905
Brown Advisory	Brwnadv Sustnbl Gr Inst	*	1,315
Conestoga	Cnstga Sm Cap Inst	*	1,148
Cohen & Steers	Cohenstrs Intl Real Inst	*	32,114
Cohen & Steers	Cohenstrs Prfrd Sec Inc I	*	26,693

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2023

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds (Continued):</i>			
Columbia Seligman	Col Gbl Tech Adv	*	18,950
Columbia Seligman	Col Seligman Gbl Tech A	*	4,732
Columbia Seligman	Col Thrmt Inst2	*	1,128
Cr Suisse	CrSuisseTrComdtyRtnStrat 1	*	95
De Ivy	De Ivy Climate Sdtns R6	*	63,861
De Ivy	De Ivy Mdcap Gr R6	*	671,366
De Ivy	De Ivy Realest Sec I	*	73,587
De Ivy	De Ivy Scnc Tech R6	*	5,533
De Ivy	De Ivy Smcap Gr R6	*	11,301
DFA	Dfa Infl Prtct Sec Inst	*	1,075
DFA	Dfa Us Vectr Eq Inst	*	107,787
Dodge Cox	Dodgecox Inc	*	32,797
Davenport	Dvnprt Smcap Focs	*	1,283
Eaton Vance	Ev Lgcap Val L	*	114,885
Emerald	Emerald Fin Bk Innov Inst	*	145,781
Federated Hermes	Fed Hrms Gov Oblgtns Prmr	*	42,020
Federated Hermes	Fed Hrms Kaufman Smcap R6	*	18,454
Fidelity	Fid 500 Indx	*	310,118
Fidelity	Fid Emrg Mkt Indx	*	660,187
Fidelity	Fid Govt Mnymkt K6	*	120,888
Fidelity	Fid Mdcap Indx	*	752
Fidelity	Fid Sel Smicndtr	*	11,177
Fidelity	Fid Sel Tech	*	211,519
Fidelity Advisor	Fidadv China Reg Inst	*	801
Fidelity Advisor	Fidadv Emrg Asia Inst	*	846
Fidelity Advisor	Fidadv Enrgy I	*	83,407
Fidelity Advisor	Fidadv Free 2035 Inst	*	12,135
Fidelity Advisor	Fidadv Free 2040 Inst	*	27,519
Fidelity Advisor	Fidadv Gr Oppr Inst	*	587,417
Fidelity Advisor	Fidadv Levrr Co Stk I	*	24,339
Fidelity Advisor	Fidadv SmCap Val I	*	9,079
Fidelity Advisor	Fidadv Strat Inc I	*	48,273
Franklin Templeton	Fnkln Bio Disc A	*	5,131
Franklin Templeton	Fnkln Dynatech Adv	*	35,208
Franklin Templeton	Fnkln Gold Prec Mtls Adv	*	46,133
Goldman Sachs	Gdmnscls Comdty Strat Inst	*	62,441
Goldman Sachs	Gdmnscls Govt Inc Inst	*	493,258
Goldman Sachs	Gdmnscls Mdcap Val Inst	*	442,978
Goldman Sachs	Gdmnscls Strat Inc Inst	*	200,741
InvSCO	InvSCO Comstk R5	*	2,140,389
InvSCO	InvSCO Devl Mkt A	*	6,953
InvSCO	InvSCO Disc Mdcapgr Y	*	512,940
InvSCO	InvSCO Divrs Divd R5	*	37,896
InvSCO	InvSCO EQV Euro Eq Y	*	156,891
InvSCO	InvSCO Eq Inc R5	*	6,688,955
InvSCO	InvSCO Gbl Oppr Y	*	6,864
InvSCO	InvSCO Goldspecmnrsls Y	*	19,247

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2023

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds (Continued):</i>			
Invsco	Invsco Intl Bd Y	*	137,845
Invsco	Invsco Intl Smmd Co A	*	55,470
Invsco	Invsco Opp Intl Gr Y	*	41,860
Invsco	Invsco SmCap Val Y	*	2,591
Invsco	Invsco Snr Flotng Rt Y	*	35,526
Invsco	Invsco Stlpthmlp Inc Y	*	63,565
Invsco	Invsco Stlpmlpalphls Y	*	489,952
JP Morgan Chase	Jpm Emrg Mkt Eq R6	*	4,665
JP Morgan Chase	Jpm Eq Inc R5	*	220,496
JP Morgan Chase	Jpm Gr Advtg R6	*	2,400
JP Morgan Chase	Jpm Hdg Eq R6	*	73,647
JP Morgan Chase	Jpm Lgcap Gr R6	*	4,436
JP Morgan Chase	Jpm Lgcap Val R5	*	574,110
JP Morgan Chase	Jpm Smcap Eq R5	*	6,832
JP Morgan Chase	Jpm Smcap Gr R6	*	987
JP Morgan Chase	Jpm Um Behval Fd R6	*	77,187
JP Morgan Chase	Jpm Us Eq R5	*	9,366
JP Morgan Chase	Jpmorgan Usrsrchenhcdq R6	*	5,918
John Hancock	Jnhnck Dscpid Val I	*	1,000,699
John Hancock	Jnhnck Dscpld Val Mdcap R6	*	61,132
John Hancock	Jnhnck Intl Gr I	*	390,257
Janus Henderson	Jnshndrsn Entrp N	*	53,735
Janus Henderson	Jnshndrsn Frty N	*	2,298,745
Janus Henderson	Jnshndrsn Gbltech Innov N	*	10,212
Janus Henderson	Jnshndrsn Triton N	*	413,344
Leggm	Leggm Clrbdr Intl Gr I	*	735
Loomis	Gllomis Gr Y	*	5,545
Lrdabt	Lrdabt Devl Gr R5	*	27,107
MFS	Mfs Intl Divrs R6	*	1,084
Morgan Stanley	Ms Insight I	*	1,318
Morgan Stanley	Msif Disc I	*	1,430
Morgan Stanley	Msif Gbl Oppr I	*	1,064
Morgan Stanley	Msif Incptn I	*	4,924
** Nationwide Investments	Nw Dest 2025 R6	*	532,772
** Nationwide Investments	Nw Dest 2030 R6	*	537,888
** Nationwide Investments	Nw Dest 2035 R6	*	618,033
** Nationwide Investments	Nw Dest 2040 R6	*	817,836
** Nationwide Investments	Nw Dest 2045 R6	*	635,932
** Nationwide Investments	Nw Dest 2050 R6	*	570,764
** Nationwide Investments	Nw Dest 2055 R6	*	556,985
** Nationwide Investments	Nw Dest 2060 R6	*	191,051
** Nationwide Investments	Nw Dest 2065 R6	*	173,032
** Nationwide Investments	Nw Dest Rtrmt R6	*	244,377
** Nationwide Investments	Nw Inv Dest Aggr R6	*	2,086,253
** Nationwide Investments	Nw Inv Dest Cnsrv R6	*	205,108
** Nationwide Investments	Nw Inv Dest Mod Aggr R6	*	4,738,060
** Nationwide Investments	Nw Inv Dest Mod Cnsrv R6	*	1,318,921

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2023

Issuer	Investment Description	Cost	Current Value
<i>Mutual Funds (Continued):</i>			
** Nationwide Investments	Nw Inv Dest Mod R6	*	3,899,066
Natixis	Natixis Gateway A	*	469
Neuber	Neuber Lgcp Val Inst	*	1,124
Nuveen	Nuvm Glbl Infr R6	*	42,483
Nuveen	Nuvm Prfrd Sec Inc I	*	29,595
Nuveen	Nuvm Realest Sec R6	*	23,707
Oakmark	Okmrk Intl Inv	*	40,494
PGIM	Pgim Glbl Realest R6	*	4,998
PGIM	Pgim Jnism Fin Svc A	*	3,326
PGIM	Pgim Jnism Natrl Rsrc A	*	58,237
PIMCO	Pimco Inc Inst	*	148,559
PIMCO	Pimco Ttl Rtn Inst	*	1,398,828
Parnassus	Parnassus Val Eq Inst	*	1,179
Putnam	Ptnm Smcap Gr Y	*	181,005
Swan	Swan Dfnd Rsk I	*	713
T Rowe Price	Trowepr Blue Chip Gr	*	4,315
T Rowe Price	Trowepr Hlth Scnc	*	27,829
T Rowe Price	Trowepr Intgrtdussmcp Eq I	*	1,184
T Rowe Price	Trowepr Intl Disc	*	106,295
T Rowe Price	Trowepr Jpn	*	860
T Rowe Price	Trowepr Rtrmt I 2060 I	*	2,358
Victory	Vic Nasdaq 100 Indx R6	*	99,076
Victory	Vic Rs Scnctech Y	*	73,063
Virtus	Virtus Crdex Lgcpvaleq R6	*	586,338
Virtus	Virtus KAR MdCap Cor R6	*	190,261
Virtus	Virtus Nfj Mdcapval Inst	*	158,520
Virtus	Virtus Zevbrginnovgrstk I	*	947
Vanguard	Vngrd 500 Index Fd As	*	212,638
Vanguard	Vngrd Bal Indx Adml	*	255,848
Vanguard	Vngrd Cnsmr Stpls Adml	*	25,577
Vanguard	Vngrd Divd Gr Inv	*	405,689
Vanguard	Vngrd Divrs Eq Inv	*	26,758
Vanguard	Vngrd Enrgy Adml	*	66,729
Vanguard	Vngrd Eq Inc Adml	*	21,094
Vanguard	Vngrd Gr Inc Adml	*	4,019
Vanguard	Vngrd Gr Indx Adml	*	86,260
Vanguard	Vngrd Lgcap Val Indx Adml	*	11,345
Vanguard	Vngrd Sm Cap Indx Fd As	*	2,482
Vanguard	Vngrd Smcap Gr Indx Adml	*	1,236
Vanguard	Vngrd Smcap Val Indx Adml	*	1,048,894
Vanguard	Vngrd Ttl StMkt Indx Fd As	*	16,613
Vanguard	Vngrd Us Gr Adml	*	27,589
Vanguard	Vngrd Wlnmtn Adml	*	43,249
			52,918,622
<i>Guaranteed Investment Contracts:</i>			
** Nationwide Investments	Fixed Select Contract	*	5,536,048

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2023

Issuer	Investment Description	Cost	Current Value
<i>Self-Directed Brokerage</i>			
<i>Accounts-Common Stock:</i>			
3M Co	3M Co	*	6,102
10X Cap Venture	10X Cap Venture Acqu Warrant 6/30/28	*	11
Acasti Pharma Inc	Acasti Pharma Inc Co	*	58
Alcoa Corp	Alcoa Corp	*	11,900
Altria Group Inc	Altria Group Inc	*	1,009
Amazon Com Inc	Amazon Com Inc Com	*	33,427
Amercian Express Co	American Express Co	*	6,557
American Oncology	American Oncology NE Warrant 3/31/28	*	400
Apple Inc	Apple Inc	*	90,176
Aquabounty Technolog	Aquabounty Technolog	*	71
ARS Pharmaceuticals	ARS Pharmaceuticals	*	1,041
Atea Pharmaceuticals	Atea Pharmaceuticals	*	397
Avrobio Inc	Avrobio Inc	*	612
Axalta Coating System	Axalta Coating System	*	374
Bank Of America Corp	Bank Of America Corp	*	6,532
Benson Hill Inc	Benson Hill Inc	*	791
Berkshire Hathaway I	Berkshire Hathaway I	*	42,443
BCE Inc	BCE Inc	*	1,969
Bionano Genomics Inc	Bionano Genomics Inc	*	38
Black Diamond Therap	Black Diamond Therap	*	632
Blink Charging Co	Blink Charging Co Co	*	102
Bowflex Inc	Bowflex Inc	*	15
C3.Ai Inc	C3.Ai Inc Com Cl A	*	11,656
Capital Southwest Co	Capital Southwest Co	*	1,778
CareTrust REIT Inc REIT	CareTrust REIT Inc REIT	*	67
Chevron Corp	Chevron Corp	*	10,401
Clearmind Medicine I	Clearmind Medicine I	*	410
Coinbase Global Inc A	Coinbase Global Inc A	*	174
Cubesmart TRS Inc. REIT	Cubesmart TRS Inc. REIT	*	2,318
CXAPP Inc A	CXAPP Inc A	*	1
Danimer Scientific I	Danimer Scientific I	*	5
Devon Energy Corp	Devon Energy Corp	*	2,718
DraftKings Inc New A	DraftKings Inc New A	*	21,291
Drone Delivery Cand	Drone Delivery Cand	*	88
Electra Battery Matl	Electra Battery Matl	*	365
Esports Entertainment	Esports Entertainment	*	545
Etsy Inc Com	Etsy Inc Com	*	81
Exxon Mobil Corp	Exxon Mobil Corp	*	16,297
Fedex Corp	Fedex Corp	*	5,312
Freeport-Mcmoran Inc	Freeport-Mcmoran Inc	*	11,920
HHG Capital Corp	HHG Capital Corp Warrant 2/25/26	*	21
Home Depot Inc	Home Depot Inc	*	12,550
Inozyme Pharma Inc	Inozyme Pharma Inc C	*	852
Invivo Thera Hldgs	Invivo Thera Hldgs C	*	51
Lilly Eli & Co	Lilly Eli & Co	*	13,433
Livent Corp	Livent Corp	*	16,182
LQR Hse Inc	LQR Hse Inc	*	4
Lumen Technologies	Lumen Technologies	*	10,980
Marathon Oil Corp	Marathon Oil Corp	*	30,341

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2023

Issuer	Investment Description	Cost	Current Value
<i>Self-Directed Brokerage</i>			
<i>Accounts-Common Stock</i>			
<i>(Continued):</i>			
Marathon Pete Corp	Marathon Pete Corp	*	29,843
Medical Marijuana In	Medical Marijuana In	*	389
Meta Platforms Inc A	Meta Platforms Inc A	*	1,770
Microsoft Corp	Microsoft Corp	*	35,796
MP Matls Corp	MP Matls Corp A	*	4,963
Mullen Automotive In	Mullen Automotive In	*	300
Nano X Imaging Ltd	Nano X Imaging Ltd	*	255
Nextcure Inc Com	Nextcure Inc Com	*	217
Nvidia Corp	Nvidia Corp	*	19,809
Origin Bancorp Inc	Origin Bancorp Inc	*	4,980
Peakstone Realty CL REIT	Peakstone Realty CL REIT	*	11,958
Pfizer Inc	Pfizer Inc	*	28,790
Phunware Inc	Phunware Inc	*	38
PNC Finl Services	PNC Finl Services	*	15,485
Quantumscape Corp	Quantumscape Corp Co	*	35
Quidelortho Corp	Quidelortho Corp	*	590
Sndl Inc Com	Sndl Inc Com	*	98
Snowflake Inc A	Snowflake Inc A	*	1,990
Solid Biosciences In	Solid Biosciences In	*	282
Southwestern Energy	Southwestern Energy	*	163,750
Sportradar Group Ag	Sportradar Group Ag	*	1,658
Tellurian Investment	Tellurian Investment	*	839
Tesla Inc	Tesla Inc	*	3,727
The Coca-Cola Co	The Coca-Cola Co	*	7,425
Tortoiseecofin Acui	Tortoiseecofin Acqui Warrant 7/22/28	*	117
Transocean Inc New	Transocean Inc New	*	11,760
T Stamp Inc	T Stamp Inc	*	138
Uber Technologies Inc	Uber Technologies Inc	*	12,314
United States Steel	United States Steel	*	19,168
Unity Software Inc	Unity Software Inc	*	30,668
Verizon Communications	Verizon Communications	*	5,655
Vertex Pharmaceutical	Vertex Pharmaceutical	*	8,138
Vyne Therapeutics Inc	Vyne Therapeutics Inc	*	30
Wheeler REIT REIT	Wheeler REIT REIT	*	129
			<u>797,602</u>
<i>Self-Directed Brokerage</i>			
<i>Accounts-Interest Bearing</i>			
<i>Cash:</i>			
Nationwide	Interest Bearing Cash		<u>111,966</u>
			111,966
<i>Self-Directed Brokerage</i>			
<i>Accounts-Mutual Funds:</i>			
Schwab Funds	Schwab Funds S&P 500	*	<u>13,650</u>
			13,650

(CONTINUED)

GULF COAST BANK AND TRUST COMPANY SAVINGS INCENTIVE PLAN

SCHEDULE H, LINE 4i

EIN: 72-1167423 Plan Number: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

AS OF DECEMBER 31, 2023

Issuer	Investment Description	Cost	Current Value
<i>Self-Directed Brokerage</i>			
<i>Accounts-Exchange Traded</i>			
<i>Funds:</i>			
Direxion	Direxion Daily Techno Bull 3X ETF	*	26,684
Invesco	Invsc QQQ Trust SRS 1 Etf IV	*	92,552
Ishares	Ishares Biotechnology ETF	*	2,853
JPMorgan Ghase	JP Morgan Nasdaq Eqt Prm Inc Etf V	*	300
PSHR	PSHR Ultrapro ETF DV	*	4,056
Proshares Trust	Proshares Ultra Bloom Crude ETF	*	1,331
Proshares Trust	Proshares TR II Ultra Bloom Nat Gas ETF	*	995
SPDR	SPDR S&P Bank ETF	*	1,104
Vanguard	Vanguard S&P 500 Etf	*	6,552
			<u>136,427</u>
<i>Self-Directed Brokerage</i>			
<i>Accounts-Other Listed</i>			
<i>Securities:</i>			
Adaptimmune Therapeu Adr	Adaptimmune Therapeu Adr	*	299
Amarin Corp Adr Spon	Amarin Corp Adr Spon	*	2,005
Aslan Pharmaceutical	Aslan Pharmaceutical	*	21
Bhp Group Ltd Adr Sp	Bhp Group Ltd Adr Sp	*	2,732
Nano Dimension Ltd	Nano Dimension Ltd A	*	84
Novo-Nordisk As Vorm Adr	Novo-Nordisk As Vorm Adr	*	13,449
Sociedad Quimica Y M	Sociedad Quimica Y M	*	1,205
			<u>19,795</u>
<i>Total Self-Directed Brokerage</i>			
<i>Accounts</i>			<u>1,079,440</u>
<i>Total Assets Held for</i>			
<i>Investment</i>			<u><u>\$ 59,534,110</u></u>

*Cost information omitted for participant directed investments.

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

See independent auditor's report.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Gulf Coast Bank And Trust Company Savings Incentive Plan

Employer Identification Number:► 72-1167423

For plan year (beginning/ending):► 1/1/2023-12/31/2023

Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB BD INFL STRAT I	MUTUAL FUNDS		306,122.00
	AB CORE OPPR I	MUTUAL FUNDS		344.00
	AB EQ INC I	MUTUAL FUNDS		345.00
	AB GLBREALESTINVT I	MUTUAL FUNDS		1,771.00
	AB HI INC I	MUTUAL FUNDS		335.00
	AB LGCAP GR I	MUTUAL FUNDS		356.00
	AB REL VAL I	MUTUAL FUNDS		334.00
	AB SMCAP GR ADV	MUTUAL FUNDS		2,015.00
	ALGER CAP APP I2	MUTUAL FUNDS		52,468.00
	ALGER SPECTRA Z	MUTUAL FUNDS		1,397,677.00
	VIRTUS NFJ MDCAPVAL INST	MUTUAL FUNDS		158,520.00
	ALPS KTK INDIA GR I	MUTUAL FUNDS		345.00
	AMANA GR INV	MUTUAL FUNDS		1,734.00
	AMCENT GLBL REALEST R6	MUTUAL FUNDS		108,835.00
	AMCENT HERTG R6	MUTUAL FUNDS		29,190.00
	AMCENT MDCAP VAL R6	MUTUAL FUNDS		2,127.00
	AMCENT SMCAP VAL R6	MUTUAL FUNDS		163,987.00
	AMCENT ULTRA R6	MUTUAL FUNDS		49,261.00
	AMFDS CAP INC BLDR R6	MUTUAL FUNDS		22,478.00
	AMFDS CAP WLD GR INC R6	MUTUAL FUNDS		2,008,498.00
	AMGGW&K SMCAP COR I	MUTUAL FUNDS		15,639.00
	AMGMGRS BW FD I	MUTUAL FUNDS		330.00
	AMGMGRS DBLINE CORPLSBD I	MUTUAL FUNDS		319.00
	AMGMGRS YCKTMN FOCS I	MUTUAL FUNDS		11,344.00
	AQR LNG SHRT EQ I	MUTUAL FUNDS		17,695.00
	AQR MGD FTR STRAT I	MUTUAL FUNDS		13,863.00
	BARON DISC INST	MUTUAL FUNDS		194,709.00
	BARON GR INST	MUTUAL FUNDS		4,536,688.00
	BARON PTNRS INST	MUTUAL FUNDS		68,316.00
	BARON REALEST INST	MUTUAL FUNDS		11,100.00
	BLKRK COMDTY STRAT INST	MUTUAL FUNDS		131,085.00
	BLKRK EMRG MKT INST	MUTUAL FUNDS		52,975.00
	BLKRK HI YLD BD INST	MUTUAL FUNDS		14,459.00
	BLKRK HLTH SCNC OPPR INST	MUTUAL FUNDS		114,792.00
	BLKRK IS RSL2000SMCPIND K	MUTUAL FUNDS		1,256.00
	BLKRK IS S P 500 INDX K	MUTUAL FUNDS		51,153.00
	BLKRK UNCNSRND EQ INST	MUTUAL FUNDS		23,905.00
	BLKRK MDCAP GR EQ INST	MUTUAL FUNDS		338,322.00
	BLKRK NATRL RSRC TR INST	MUTUAL FUNDS		123.00
	BNYMEL SMMDCAP GR I	MUTUAL FUNDS		1317
	CNSTGA SM CAP INST	MUTUAL FUNDS		1148
	COHENSTRS INTL REAL INST	MUTUAL FUNDS		32114
	COHENSTRS PRFRD SEC INC I	MUTUAL FUNDS		26693
	COL GLBL TECH ADV	MUTUAL FUNDS		18950
	COL THRMST INST2	MUTUAL FUNDS		1128
	CRSUISSETR COMDTY RTNSTRAT	MUTUAL FUNDS		95
	DFA INFL PRTCT SEC INST	MUTUAL FUNDS		1075
	DFA US VECTR EQ INST	MUTUAL FUNDS		107787
	DVNPRT SMCAP FOCS	MUTUAL FUNDS		1283
	EMERALD BK FIN INST	MUTUAL FUNDS		145781
	EV LGCAP VAL L	MUTUAL FUNDS		114885
	FED HRMS KAUFMAN SMCAP R6	MUTUAL FUNDS		18454
	FID 500 INDX	MUTUAL FUNDS		310118
	FID EMRG MKT INDX	MUTUAL FUNDS		660187
	FID MDCAP INDX	MUTUAL FUNDS		752
	FIDADV CHINA REG INST	MUTUAL FUNDS		801
	FIDADV EMRG ASIA INST	MUTUAL FUNDS		846
	FIDADV ENRGY I	MUTUAL FUNDS		83407
	FIDADV FREE 2035 INST	MUTUAL FUNDS		12135
	FIDADV FREE 2040 INST	MUTUAL FUNDS		27519
	FIDADV GR OPPR INST	MUTUAL FUNDS		587417
	FIDADV LEVR CO STK I	MUTUAL FUNDS		24339
	FIDADV SMCAP VAL I	MUTUAL FUNDS		9079
	FIDADV STRAT INC I	MUTUAL FUNDS		48273
	FNKLN DYNATECH ADV	MUTUAL FUNDS		35208
	FNKLN GOLD PREC MTLS ADV	MUTUAL FUNDS		46133
	GDMNSCS COMDTY STRAT INST	MUTUAL FUNDS		62441
	GDMNSCS GOVT INC INST	MUTUAL FUNDS		493258
	GDMNSCS MDCAP VAL INST	MUTUAL FUNDS		442978
	GDMNSCS STRAT INC INST	MUTUAL FUNDS		200741
	INVSCO COMSTK R5	MUTUAL FUNDS		2140389
	INVSCO DISC MDCAPGR Y	MUTUAL FUNDS		512940
	INVSCO DIVRS DIVD R5	MUTUAL FUNDS		37896
	INVSCO EQ INC R5	MUTUAL FUNDS		6688956
	INVSCO EURO GR Y	MUTUAL FUNDS		156891
	INVSCO GLBL OPPR Y	MUTUAL FUNDS		6864
	INVSCO GOLDSPECNMRLS Y	MUTUAL FUNDS		19247
	INVSCO INTL BD Y	MUTUAL FUNDS		137845
	INVSCO OPP INTL GR Y	MUTUAL FUNDS		41,860.00
	INVSCO SMCAP VAL Y	MUTUAL FUNDS		2,591.00
	INVSCO SNR FLOTNG RT Y	MUTUAL FUNDS		35,526.00

INVSCO STLP THMLP INC Y	MUTUAL FUNDS	63,565.00
INVSCOSTLPMLPALPHPLS Y	MUTUAL FUNDS	489,952.00
DE IVY CLIMATE SOLTNS R6	MUTUAL FUNDS	63,861.00
IVY MDCAP GR N	MUTUAL FUNDS	671,366.00
IVY SCNC TECH N	MUTUAL FUNDS	5,533.00
DE IVY REAL EST SEC I	MUTUAL FUNDS	73,587.00
IVY SMCAP GR N	MUTUAL FUNDS	11,301.00
JNHNCK DSCPID VAL I	MUTUAL FUNDS	1,000,699.00
JNHNCK DSCPLD VAL MDCAP R6	MUTUAL FUNDS	61,132.00
JNSHNDRSN ENTRP N	MUTUAL FUNDS	53,735.00
JNSHNDRSN FRTY N	MUTUAL FUNDS	2,298,745.00
JNSHNDRSN GLBLTECH INNOV N	MUTUAL FUNDS	10,212.00
JNSHNDRSN TRITON N	MUTUAL FUNDS	413,344.00
JPM EMRG MKT EQ R6	MUTUAL FUNDS	4,665.00
JPM EQ INC R5	MUTUAL FUNDS	220,496.00
JPM GR ADVTG R6	MUTUAL FUNDS	2,400.00
JPM HDG EQ R6	MUTUAL FUNDS	73,647.00
JPM LGCAP GR R6	MUTUAL FUNDS	4,436.00
JPM LGCAP VAL R5	MUTUAL FUNDS	574,110.00
JPM SMCAP EQ R5	MUTUAL FUNDS	6,832.00
JPM SMCAP GR R6	MUTUAL FUNDS	987.00
JPM UM BEHVAL FD R6	MUTUAL FUNDS	77,187.00
JPM US EQ R5	MUTUAL FUNDS	9,366.00
JPMORGAN USRSRCHENHCDEQ R6	MUTUAL FUNDS	5,918.00
LEGGM CLRBRDG INTL GR I	MUTUAL FUNDS	735.00
LRDABT DEVL GR R5	MUTUAL FUNDS	27,107.00
MS INSIGHT I	MUTUAL FUNDS	1,318.00
MSIF DISC I	MUTUAL FUNDS	1,430.00
MSIF GLBL OPPI I	MUTUAL FUNDS	1,064.00
MSIF INCPIN I	MUTUAL FUNDS	4,924.00
NEUBER LGCP VAL INST	MUTUAL FUNDS	1,124.00
NUVN GLBL INFR R6	MUTUAL FUNDS	42,483.00
NUVN PRFRD SEC INC I	MUTUAL FUNDS	29,595.00
NUVN REALEST SEC R6	MUTUAL FUNDS	23,707.00
NW DEST 2025 R6	MUTUAL FUNDS	532,772.00
NW DEST 2030 R6	MUTUAL FUNDS	537,888.00
NW DEST 2035 R6	MUTUAL FUNDS	618,033.00
NW DEST 2040 R6	MUTUAL FUNDS	817,836.00
NW DEST 2045 R6	MUTUAL FUNDS	635,932.00
NW DEST 2050 R6	MUTUAL FUNDS	570,764.00
NW DEST 2055 R6	MUTUAL FUNDS	556,985.00
NW DEST 2060 R6	MUTUAL FUNDS	191,051.00
NW DEST 2065 R6	MUTUAL FUNDS	173,032.00
NW DEST RTRMT R6	MUTUAL FUNDS	244,377.00
NW INV DEST AGGR R6	MUTUAL FUNDS	2,086,253.00
NW INV DEST CNSRV R6	MUTUAL FUNDS	205,108.00
NW INV DEST MOD AGGR R6	MUTUAL FUNDS	4,738,060.00
NW INV DEST MOD CNSRV R6	MUTUAL FUNDS	1,318,921.00
NW INV DEST MOD R6	MUTUAL FUNDS	3,899,067.00
OKMRK INTL I	MUTUAL FUNDS	40,494.00
PARNASSUS VALUE EQUITY FUND INST SHARES	MUTUAL FUNDS	1,179.00
PGIM GLBL REALEST R6	MUTUAL FUNDS	4,998.00
PIMCO INC INST	MUTUAL FUNDS	148,559.00
PIMCO TTL RTN INST	MUTUAL FUNDS	1,398,828.00
PTNM SMCAP GR Y	MUTUAL FUNDS	181,005.00
SWAN DFND RSK I	MUTUAL FUNDS	713.00
TROWEPR BLUE CHIP GR	MUTUAL FUNDS	4,315.00
TROWEPR HLTH SCNC	MUTUAL FUNDS	27,829.00
TROWEPR JPN	MUTUAL FUNDS	860.00
TRP INTEGRATED US SMALLCAP GR EQ CLASS I	MUTUAL FUNDS	1,184.00
TROWEPR RTRMT I 2060 I	MUTUAL FUNDS	2,358.00
VICTORY NASDAQ-100 INDEX FUND R6 SHARES	MUTUAL FUNDS	99,076.00
VIC RS SCNCTECH Y	MUTUAL FUNDS	73,063.00
VIRTUS CRDEX LGCPVALEQ R6	MUTUAL FUNDS	586,338.00
VIRTUS KAR MDCAP COR R6	MUTUAL FUNDS	190,261.00
VNGRD 500 INDEX FD AS	MUTUAL FUNDS	212,638.00
VNGRD BAL INDX ADML	MUTUAL FUNDS	255,848.00
VNGRD CNSMR STPLS ADML	MUTUAL FUNDS	25,577.00
VNGRD DMD GR INV	MUTUAL FUNDS	405,689.00
VNGRD DIVRS EQ INV	MUTUAL FUNDS	26,758.00
VNGRD ENRGY INDX ADML	MUTUAL FUNDS	66,729.00
VNGRD EQ INC ADML	MUTUAL FUNDS	21,094.00
VNGRD GR INC ADML	MUTUAL FUNDS	4,019.00
VNGRD GR INDX ADML	MUTUAL FUNDS	86,260.00
VNGRD LGCAP INDX ADML	MUTUAL FUNDS	11,345.00
VNGRD SM CAP INDX FD AS	MUTUAL FUNDS	2,482.00
VNGRD SMCAP GR INDX ADML	MUTUAL FUNDS	1,236.00
VNGRD SMCAP VAL INDX ADML	MUTUAL FUNDS	1,048,894.00
VNGRD TTL STMTK INDX FD AS	MUTUAL FUNDS	16,613.00
VNGRD US GR ADML	MUTUAL FUNDS	27,590.00
AS PREC MTLN INST	MUTUAL FUNDS	49,499.00
AS SPEC SMCAP VAL INST	MUTUAL FUNDS	7,978.00
ARTISAN INTL VAL INV	MUTUAL FUNDS	108,197.00
BRWNADV SUSTNBL GR INST	MUTUAL FUNDS	1,315.00
SELF DIRECTED BROKERAGE ACCOUNT	MUTUAL FUNDS	1,079,440.00
DODGE & COX INCOME FUND	MUTUAL FUNDS	32,797.00
BARON PTNRS R6	MUTUAL FUNDS	12,396.00
FID GOVT MNYMKT K6	MUTUAL FUNDS	120,888.00
FID SEL TECH	MUTUAL FUNDS	211,519.00
NATXIS GATEWAY A	MUTUAL FUNDS	469.00
INVSCO DEVL MKT A	MUTUAL FUNDS	6,953.00
INVSCO INTL SMMD CO A	MUTUAL FUNDS	55,470.00
AMCENT INTL OPPI INST	MUTUAL FUNDS	6,508.00

COL SELIGMAN GLBL TECH A	MUTUAL FUNDS	4,732.00
FNKLN BIO DISC A	MUTUAL FUNDS	5,131.00
JNHNCK INTL GR I	MUTUAL FUNDS	390,257.00
LOOMIS GR Y	MUTUAL FUNDS	5,545.00
MFS INTL NEW DISC R6	MUTUAL FUNDS	1,084.00
PRUDNTL JNISN NATRL RSRC A	MUTUAL FUNDS	58,237.00
PRUDNTL FIN SVC A	MUTUAL FUNDS	3,326.00
TROWEPR INTL DISC	MUTUAL FUNDS	106,295.00
VNGRD WLNGTN ADML	MUTUAL FUNDS	43,248.00
PUB-RDGWR AGGR GRTH STK I	MUTUAL FUNDS	947.00
NW FIXED SELECT OPTION	MUTUAL FUNDS	5,536,048.00