

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<p>1a Name of plan <u>SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN & TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SHINHAN BANK AMERICA</u></p> <p><u>475 PARK AVENUE SOUTH</u> <u>4TH FLOOR</u> <u>NEW YORK, NY 10016</u></p>	<p>1c Effective date of plan <u>01/01/2000</u></p> <p>2b Employer Identification Number (EIN) <u>13-3581762</u></p> <p>2c Plan Sponsor's telephone number <u>646-843-5313</u></p> <p>2d Business code (see instructions) <u>522110</u></p>

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.	10/02/2025	UHYUN NAM
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	335
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)	335
	6a(2)	217
	6b	0
	6c	193
	6d	410
	6e	0
	6f	410
	6g(1)	221
6g(2)	393	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN & TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SHINHAN BANK AMERICA</p>	<p>D Employer Identification Number (EIN) 13-3581762</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE 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	GAP-CP-LL7M	410	01/01/2024	12/31/2024

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

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

(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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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
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(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	914520
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 1299672

c Additions: (1) Contributions deposited during the year	7c(1)	85145
	7c(2)	105
	7c(3)	24232
	7c(4)	0
	7c(5)	2498
▶ GIO		

(6) Total additions **7c(6)** 111980

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1411652

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	117089
	7e(2)	2960
	7e(3)	0
	7e(4)	377083
▶ GIO		

(5) Total deductions **7e(5)** 497132

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 914520

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHINHAN BANK AMERICA	D Employer Identification Number (EIN) 13-3581762	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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 37 63 49 59 60	NONE	36850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVISTA ADVISORS

350 LEAVELL
MONTGOMERY, AL 36117

63-1204395

(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?
28 59	NONE	32984	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SNOWDEN CAPITAL ADVISORS LLC

540 MADISON AVE FL 9
NEW YORK, NY 10022

45-0997570

(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?
28 59	NONE	21981	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

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	NONE	2082	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONWIDE RETIREMENT PLANS

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

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	NONE	768	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(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?
26	NONE	600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INDIRECT COMP
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE RETIREMENT PLANS	15	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE RETIREMENT PLANS	10 W NATIONWIDE BLVD COLUMBUS, OH 43215	INDIRECT COMP
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SNOWDEN CAPITAL ADVISORS LLC	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SNOWDEN CAPITAL ADVISORS LLC	540 MADISON AVE FL 9 NEW YORK, NC 10022 45-0997570	INDIRECT COMP

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
INVISTA ADVISORS	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation INVISTA ADVISORS 350 LEAVELL MONTGOMERY, AL 36117 63-1204395	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INDIRECT COMP	
(a) Enter service provider name as it appears on line 2 PROACCOUNT	(b) Service Codes (see instructions) 26	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation PROACCOUNT 10 W NATIONWIDE BLVD COLUMBUS, OH 43215 73-0988442	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INDIRECT COMP	
(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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHINHAN BANK AMERICA	D Employer Identification Number (EIN) 13-3581762

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	374612	379259
(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)	17568354	21501119
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1117718	808436
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	19060684	22688814
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	19060684	22688814

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)	848594	
(B) Participants.....	2a(1)(B)	1885704	
(C) Others (including rollovers).....	2a(1)(C)	20547	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2754845
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)	35348	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		35348
(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)	3354	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		3354
(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)	75869	
(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)		2958485
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5827901

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2141033	
(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)		2141033
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)	58738	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		58738
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2199771

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3628130
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: **KLICHES LLP**

(2) EIN: **46-2608003**

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHINHAN BANK AMERICA</u>	D Employer Identification Number (EIN) <u>13-3581762</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-4156830

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702763A.

**SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST**

Financial Statements
and Supplemental Schedule

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)



SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Financial Statements and Supplemental Schedule

December 31, 2024 and 2023

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Note: All other schedules are omitted since they are not applicable or are not required based upon the disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulations issued by the Department of Labor.

Independent Auditors' Report

The Participants and Plan Administrator
SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST:

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

We have performed audits of the financial statements of SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN AND TRUST (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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditors' 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 *Auditors' 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 available to be issued.

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our 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 audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 was 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 agrees to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, 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 agrees to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).



Englewood Cliffs, New Jersey
September 15, 2025

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, as certified by the trustee (Notes 2, 3, 5 and 6):		
Investments at fair value	\$ 21,501,119	\$ 17,568,354
Investment at contract value	<u>914,520</u>	<u>1,299,671</u>
Total investments	22,415,639	18,868,025
Receivables:		
Notes receivable from participants (Notes 2 and 7)	<u>379,259</u>	<u>374,612</u>
Net assets available for benefits	<u>\$ 22,794,898</u>	<u>\$ 19,242,637</u>

See accompanying independent auditors' report and notes to financial statements.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions to net assets attributed to:

Investment income, as certified by the trustee (Notes 2, 3 and 4):

Net appreciation in fair value of investments	\$ 2,958,485
Dividends	3,354

Net investment income	2,961,839
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Interest income on notes receivable from participants (Notes 2 and 7)	35,348
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Contributions (Note 2):

Employer	848,594
Participants	1,885,704
Rollover	20,547

Total contributions	2,754,845
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Total additions	5,752,032
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Deductions from net assets attributed to:

Benefit payments to participants and beneficiaries (Note 2)	2,141,033
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Administrative expenses (Note 2)	58,738
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Total deductions	2,199,771
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Net increase in net assets	3,552,261
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Net assets available for benefits:

Beginning of year	19,242,637
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End of year	\$ 22,794,898
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See accompanying independent auditors' report and notes to financial statements.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of Plan

The following description of SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN AND TRUST (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering substantially all full-time employees of SHINHAN BANK AMERICA (the “Company” or the “Plan Sponsor”), other than union employees, nonresident aliens and employees earning income subject to the Puerto Rican tax code, who have at least 3 months of service and are at age 18 or older. The administration of the Plan is the responsibility of the administrator appointed by the board of directors of the Company. The Plan’s trustee and record keeper is Nationwide Trust Company (“Nationwide”). The Plan began on January 1, 2000 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

(b) Contributions

Each year, participant may contribute up to 96% of his or her eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to \$7,500 in 2024. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“Rollover”). The total contributions in any taxable year may not exceed the dollar limit set by the Internal Revenue Service (“IRS”), which is \$23,000 for 2024.

The Company may make a matching contribution equal to 100% of the first 5% of eligible compensation that a participant contributes to the Plan. Additional profit sharing contributions may be made at the option of the Company’s board of directors. To become eligible for the Company’s matching contributions and profit sharing contributions, participant must complete 6 months and 1 year of service, respectively. For the year ended December 31, 2024, no profit sharing contributions were made by the Company.

(c) Participant Accounts

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a group annuity contract as investment options for participants.

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

(d) Vesting

Participants are always 100% vested in their employee pretax contributions, rollover contributions, matching contributions and profit sharing contributions, plus actual earnings thereon.

(e) Notes Receivable from Participants

Participants may borrow funds from their accounts a minimum of \$1,000 up to the lesser of 50% of their vested account balance or \$50,000, whichever is less, and may have one loan outstanding at any

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

time. The loan is secured by balance in the participant's account and bear interest rate which is determined as the prime rate published in the Wall Street Journal plus 2% per annum. Loans along with interest must be fully repaid ratably through semi-monthly payroll deductions for from one to five (up to fifteen only if loan for principal residence) years. Participants have to repay any outstanding loan before a new loan can be made, and repayment of the loan is secured by participants' account balances.

(f) *Distribution of Benefits*

On termination of service due to death, all amounts credited to participant's account become fully vested and distribution will be made to the designated beneficiary in a single lump-sum payment. If death benefit exceeds \$5,000, however, beneficiary may elect to have the benefit paid in a single lump-sum payment in cash or annual installments at least equal to the required minimum distribution amount.

On termination of service due to other reasons, including attainment of normal retirement age of 65, a participant may receive the value of the vested interest pursuant to the election of the participant or beneficiary. Participants will become 100% vested in all of the accounts under the Plan if employed on or after your normal retirement age. If the vested account balance exceeds \$5,000, participant consent is required to distribute account balance before reaching normal retirement age. If the vested account balance does not exceed \$5,000, however, a distribution of your account balance will be made to participants, regardless of whether to consent, as soon as administratively feasible following termination of employment.

For termination of service due to disability, all amounts credited to participant's account become fully vested and distribution will be made to the participant or beneficiary. The Plan will distribute account balance in the same manner as for any other non-death related termination.

If a participant is a more than 5% owner, distributions are required to begin by the April 1st following the year in which a participant reaches age 73, even if he or she is still employed at the time. If a participant is not a 5% owner, he or she must begin to receive benefits no later than the April 1st following the later of the year in which a participant reaches age 73 or terminate employment.

Participants may withdraw all or part of their vested account balance once an age of 59 ½ is reached. Participants may also withdraw any or part of their rollover contribution account that may be held in their account in the Plan at any time and at any age.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying statements of net assets available for benefits and changes in net assets available for benefits have been prepared on the accrual basis of accounting.

(b) *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires the Plan administrator to make estimates and assumptions that affect the reported amounts of the Plan assets and liabilities at the financial statement date. Accordingly, actual results may differ from those estimates.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

(c) *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value, except for the group annuity contract. Shares of mutual funds are valued using quoted prices. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net appreciation (depreciation) in fair value of investments consists of realized gains and losses and the change in unrealized gains and losses in the Plan's investments. Realized gains and losses from the sales of investments are computed using the participant's cost basis in the investments aggregated at the Plan level. Net changes in unrealized appreciation (depreciation) in investments represents the difference between the fair values of investments held at year-end and the cost of investments purchased in the current fiscal year or the fair value of investments held at the end of the preceding year.

Investments held by a defined contribution plan are generally required to be reported at fair value. However, contract value can be also a relevant measurement attributed to that 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 would receive if they were to initiate permitted transactions under the terms of the plan. The Plan invests in a fully benefit-responsive investment contract held in the group annuity contract. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

(d) *Notes Receivable from Participants*

Participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent loans are treated as distributions based upon the terms of the Plan document.

(e) *Excess Contributions Payable*

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan recorded no excess contributions payable as of December 31, 2024 and 2023.

(f) *Contributions*

Contributions from Plan participants and the matching contributions from the Plan Sponsor are recorded in the year in which the participants contributions are withheld from compensation. The Plan recorded no employer contributions receivable and participants contributions receivable related to employee withholdings in the statements of net assets available for benefits as of December 31, 2024 and 2023.

(g) *Payments of Benefits*

Benefit payments to participants and beneficiaries are recorded when paid.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

(h) *Administrative Expenses*

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Expenses paid by the Plan include investment management fees, recordkeeping fees, and other costs not paid by the Company. Fees related to the administration of notes receivable from participants are charged directly to the participants' account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

(i) *Risks and Uncertainties*

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

The Plan may indirectly invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

(j) *Recently Issued Accounting Standards*

All applicable accounting standards have been adopted by the Plan. There are no issued accounting standards that will require adoption in future periods.

(3) *Certified Investments*

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, dividends for the year ended December 31, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide (the trustee of the Plan).

(4) *Investments*

For the year ended December 31, 2024, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,958,485.

(5) *Fair Value Measurements*

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and disclosure*, establishes a framework for measuring fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to those valuation techniques used to measure fair value. The

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and to minimize the use of unobservable inputs. The three levels of the fair value hierarchy under the FASB ASC 820-10 are described as follows:

Level 1 measurements	Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access
Level 2 measurements	Inputs are inputs other than quoted prices within Level 1 that are observable, either directly or indirectly. These inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals
Level 3 measurements	Inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related assets or liability

Fair value estimates are made at a specific point in time, based on available market information and other observable inputs. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the ultimate settlement of the financial asset as these values do not represent any premium or discount that could result from selling an entire holding of a particular financial asset at one time. Other expenses that would be incurred in an actual sale or settlement are not included in the amounts disclosed.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in methodologies to determine the fair value of investments at December 31, 2024 and 2023.

The following table presents the fair value hierarchy levels of the Plan's investments measured at fair value on a recurring basis as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 21,501,119	\$ —	\$ —	\$ 21,501,119
Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 17,568,354	\$ —	\$ —	\$ 17,568,354

The Plan does not have any liabilities that are measured at fair value on a recurring basis as of December 31, 2024 and 2023.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

(6) Group Annuity Contract

As discussed in Note 2(c), the Plan invests in a fully benefit-responsive investment contract held in the group annuity contract. The contributions were maintained in general accounts of Nationwide as of December 31, 2024 and 2023, respectively. Because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the group annuity contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and expenses.

The contract value of the group annuity contract at December 31, 2024 and 2023 was \$914,520 and \$1,299,671 respectively. The guaranteed annual minimum interest rate was 2.10% for the year ended December 31, 2024. The one-year total return and the yield credited to participants are net of annual fees. The crediting interest rate is calculated on a daily basis. Under the group annuity contract that supports the products, there are no unfunded commitments and participants may ordinarily direct a permitted withdrawals or transfer of all or a portion of their account balance at contract value.

(7) Notes Receivable from Participants

The notes receivable from participants bear interest at a rate between 4.50% and 10.50% as of December 31, 2024 and 2023, and have original maturities that range from one to fifteen years. For the year ended December 31, 2024, interest income on notes receivable from participants amounted to \$35,348.

(8) Related Party Transactions

Certain Plan investments are managed by affiliates of Nationwide. Nationwide is the trust company as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibited of party-in-transactions under ERISA.

(9) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

(10) Tax Status

The Plan document is a prototype document that the Company adopted with specific provisions customized to meet the needs of the Plan Sponsor and the participants. The prototype document has received a favorable opinion letter from the IRS that the form of the Plan is acceptable under Section 401 of the Internal Revenue Code ("IRC") for use by employers for the benefit of their employees. Although the Plan has been amended since receiving the original opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires 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 be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The IRS is one of the primary tax oversight bodies of the Plan and generally has the ability to examine the Plan's

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2024 and 2023

income tax returns for the years 2021 through 2024; however, there are currently no audits for any tax periods in progress.

(11) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as presented in these financial statements as of December 31, 2024 and 2023 to Schedule H per Form 5500:

Descriptions	2024	2023
Net assets available for benefits	\$ 22,794,898	\$ 19,242,637
Adjustment from contract value to fair value for fully benefit-responsive investment contract	(106,084)	(181,953)
Net assets – Line 11, Part I, Form 5500	\$ 22,688,814	\$ 19,060,684

The following is a reconciliation of changes in net assets available for benefits as presented in these financial statements for the year ended December 31, 2024 to Schedule H per Form 5500:

Descriptions	
Net increase in net assets	\$ 3,552,261
Adjustment from contract value to fair value for fully benefit-responsive investment contract	75,869
Net income – Line 2k, Part II, Form 5500	\$ 3,628,130

(12) Subsequent Events

The Plan Sponsor has evaluated subsequent events from the balance sheet date through September 15, 2025, the date at which the financial statements were available to be issued and has determined that there are no other items to disclose.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

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

December 31, 2024

Identity of issue	Description of investments	Cost	Current value
As certified by Nationwide Trust Company:			
Shares of mutual funds:			
Vanguard	Vanguard 500 Index Fund Admiral Shares	**	\$ 3,500,158
Vanguard	Vanguard Information Technology Index Fund Admiral Shares	**	3,000,208
TIAA-CREF	TIAA-CREF Lifecycle Index 2040 Fund Institutional Class	**	1,895,666
Vanguard	Vanguard Balanced Index Fund Admiral Shares	**	1,481,477
TIAA-CREF	TIAA-CREF Lifecycle Index 2030 Fund Institutional Class	**	1,454,007
TIAA-CREF	TIAA-CREF Lifecycle Index 2045 Fund Institutional Class	**	936,024
TIAA-CREF	TIAA-CREF Lifecycle Index 2035 Fund Institutional Class	**	787,820
Fidelity	Fidelity Multi-Asset Index Fund	**	740,899
Fidelity	Fidelity Advisor Asset Manager 85% Class I	**	703,463
Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	632,970
Vanguard	Vanguard Value Index Fund Admiral Shares	**	572,304
TIAA-CREF	TIAA-CREF Lifecycle Index 2050 Fund Institutional Class	**	557,661
Fidelity	Fidelity 500 Index Fund	**	506,543
TIAA-CREF	TIAA-CREF Lifecycle Index 2060 Fund Institutional Class	**	499,893
TIAA-CREF	TIAA-CREF Lifecycle Index 2025 Fund Institutional Class	**	483,648
AllianceBernstein	AB Large Cap Growth Fund Class I	**	476,050
Vanguard	Vanguard Tax-Managed Small Cap Fund Admiral Shares	**	410,256
Vanguard	Vanguard Energy Index Fund Admiral Shares	**	400,800
BlackRock	BlackRock Health Sciences Opportunities Portfolio Institutional Shares	**	244,196
Victory	Victory Government Securities Fund Institutional Shares	**	227,364
TIAA-CREF	TIAA-CREF Lifecycle Index 2055 Fund Institutional Class	**	187,758
JP Morgan	JPMorgan Large Cap Growth Fund Class R6	**	176,685
Vanguard	Vanguard Wellesley Income Fund Admiral Shares	**	166,785
PIMCO	PIMCO StocksPLUS International Fund Institutional Class	**	151,559
Allspring	Allspring Large Company Growth Fund Institutional Class	**	127,865
TIAA-CREF	TIAA-CREF Real Estate Securities Fund Institutional Class	**	127,127
Invesco	Invesco Oppenheimer Gold & Special Minerals Fund Class Y	**	124,646
DFA	DFA Global Allocation 25/75 Portfolio Institutional Class	**	108,133
BlackRock	BlackRock Inflation Protected Bond Fund Class K	**	70,432
PIMCO	PIMCO International Bond Fund (U.S. Dollar-Hedged) Institutional Class	**	67,265
Guggenheim	Guggenheim Total Return Bond Fund Institutional Class	**	47,254
BlackRock	BlackRock High Yield Bond Portfolio Class K	**	46,663
PGIM	PGIM Jennison Natural Resources Class R6	**	46,601
American Century	American Century Real Estate Fund R6 Class	**	38,124
Vanguard	Vanguard Explorer Fund Admiral Shares	**	35,267
* Nationwide	Nationwide Loomis All Cap Growth Fund Class R6	**	30,887
Janus	Janus Henderson Global Technology and Innovation Fund Class N	**	29,125
T. Rowe Price	T. Rowe Price Communications & Technology Fund Investor Class	**	28,216
Macquarie	Macquarie Systematic Emerging Markets Equity Fund Class I	**	23,403
Vanguard	Vanguard Long-Term Treasury Index Fund Admiral Shares	**	18,177
Fidelity	Fidelity International Index Fund	**	16,010
Dodge & Cox	Dodge & Cox International Stock Fund	**	15,540
Goldman Sachs	Goldman Sachs GQG Partners International Opportunities Fund Class R6	**	15,293
Avantis	Avantis U.S. Large Cap Value Fund Institutional Class	**	13,547
PGIM	PGIM Jennison Growth Fund Class R6	**	12,887
Avantis	Avantis Emerging Markets Equity Fund Institutional Class	**	12,232
JP Morgan	JPMorgan Equity Income Fund Class R5	**	11,907
Macquarie	Macquarie Healthcare Fund Class I	**	11,495
Vanguard	Vanguard Long-Term Investment-Grade Fund Admiral Shares	**	11,488
Baron	Baron Partners Fund Institutional Shares	**	11,098
Morgan Stanley	Morgan Stanley Insight Fund Class I	**	8,792

(Continued)

See accompanying independent auditors' report.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

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

December 31, 2024

Identity of issue	Description of investments	Cost	Current value
As certified by Nationwide Trust Company (continued):			
Shares of mutual funds (continued):			
MFS	MFS Mid Cap Growth Fund Class R6	**	7,867
Fund FamilyDiamond Hill	Diamond Hill Mid Cap Fund Class I	**	7,765
Royce	Royce Small-Cap Opportunity Fund Investment Class	**	7,309
TIAA-CREF	TIAA-CREF Lifecycle Index Retirement Income Fund Institutional Class	**	7,296
PGIM	PGIM Total Return Bond Fund - Class R6	**	6,814
Legal & General	Legal & General Commodity Strategy Fund Institutional Shares	**	5,602
DFA	DFA Emerging Markets Value Portfolio Institutional Class	**	5,353
Fidelity	Fidelity Select Semiconductors Portfolio	**	5,236
Guggenheim	Rydex NASDAQ-100 2x Strategy Fund Class H	**	5,090
Fidelity	Fidelity Select Brokerage and Investment Management Portfolio	**	5,053
Baron	Baron Fifth Avenue Growth Fund Institutional Class	**	5,052
Morgan Stanley	Morgan Stanley Institutional Fund, Inc. Growth Portfolio Class I	**	4,983
Guggenheim	Rydex S&P 500 2x Strategy Fund Class H	**	4,971
Morgan Stanley	Morgan Stanley Institutional Fund Trust Discovery Portfolio Class I	**	4,924
T. Rowe Price	T. Rowe Price Dividend Growth Fund	**	4,421
Fidelity	Fidelity U.S. Bond Index Fund	**	4,246
PIMCO	PIMCO Real Return Fund Institutional Class	**	3,950
Avantis	Avantis U.S. Small Cap Value Fund Institutional Class	**	3,916
Vanguard	Vanguard Small Cap Value Index Fund Admiral Shares	**	3,509
TIAA-CREF	TIAA-CREF Lifecycle Index 2020 Fund Institutional Class	**	2,820
Baron	Baron Opportunity Fund Institutional Class	**	2,634
MFS	MFS Technology Fund Class R6	**	2,613
American Century	American Century Focused Dynamic Growth Fund Investor Class	**	2,611
Virtus	Virtus AllianzGI Technology Fund Institutional Class	**	2,587
Fidelity	Fidelity Blue Chip Growth Fund - Class K6	**	2,587
Virtus	Virtus AllianzGI Technology Fund Class A	**	2,586
Fidelity	Fidelity Growth Company K6 Fund	**	2,584
American	American Funds The Income Fund of America Class R6	**	2,577
Macquarie	Macquarie Science and Technology Fund Class R6	**	2,575
Macquarie	Macquarie Science and Technology Fund Class Y	**	2,574
Fidelity	Fidelity Advisor Growth Opportunities Fund Institutional Class	**	2,572
Fidelity	Fidelity Advisor Growth Opportunities Fund Class A	**	2,572
Fidelity	Fidelity Advisor Growth Opportunities Fund Class Z	**	2,572
BlackRock	BlackRock Technology Opportunities Fund Institutional Shares	**	2,568
BlackRock	BlackRock Technology Opportunities Fund Class K	**	2,568
Alger	Alger Spectra Fund Class Z	**	2,565
Alger	Alger Capital Appreciation Portfolio Class I2	**	2,560
Virtus	Virtus AllianzGI Focused Growth Fund Class A	**	2,559
Lord Abbett	Lord Abbett Growth Leaders Fund Class R5	**	2,551
Morgan Stanley	Morgan Stanley Institutional Fund, Inc. Advantage Portfolio Class I	**	2,520
Allspring	Allspring Premier Large Company Growth Fund Institutional Class	**	2,512
Fidelity	Fidelity Advisor Biotechnology Fund Institutional Class	**	2,494
Fidelity	Fidelity Advisor Biotechnology Fund Class Z	**	2,492
Victory	Victory RS Science and Technology Fund Class Y	**	2,467
Fidelity	Fidelity Advisor Industrials Fund Institutional Class	**	2,466
Hood River	Hood River Small-Cap Growth Fund Institutional Class	**	2,462
Allspring	Allspring Precious Metals Fund Institutional Class	**	2,445
Allspring	Allspring Precious Metals Fund Class A	**	2,445
VanEck	VanEck International Investors Gold Fund Class I	**	2,438
PIMCO	PIMCO StocksPLUS Long Duration Fund Institutional Class	**	2,437
VanEck	VanEck International Investors Gold Fund Class A	**	2,436

(Continued)

See accompanying independent auditors' report.

SHINHAN BANK AMERICA
401(K) PROFIT SHARING PLAN AND TRUST

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

December 31, 2024

Identity of issue	Description of investments	Cost	Current value
As certified by Nationwide Trust Company (continued):			
Shares of mutual funds (continued):			
Franklin Templeton	Franklin Gold and Precious Metals Fund Advisor Class	**	2,421
Guggenheim	Rydex Dow 2x Strategy Fund Class H	**	2,394
Macquarie	Macquarie Mid Cap Growth Fund Institutional Class	**	2,302
DFA	DFA Emerging Markets Core Equity Portfolio Institutional Class	**	1,102
Hennessy	Hennessy Focus Fund Institutional Class	**	975
AllianceBernstein	AB Global Bond Fund Class Z	**	824
PIMCO	PIMCO CommodityRealReturn Strategy Fund Institutional Class	**	652
BlackRock	BlackRock Total Return Fund Class K Shares	**	597
iShares	iShares MSCI EAFE International Index Fund Class K	**	548
AllianceBernstein	AB Global Bond Fund Class I	**	158
JP Morgan	JPMorgan U.S. Large Cap Core Plus Fund Class R5	**	136
Fidelity	Fidelity Large Cap Growth Index Fund	**	135
Fidelity	Fidelity NASDAQ Composite Index Fund	**	135
Fidelity	Fidelity Small Cap Growth K6 Fund	**	134
Fidelity	Fidelity Growth Strategies K6 Fund	**	132
			21,501,119
Group annuity contract:			
* Nationwide	Fixed Account Fund	**	808,436
* Participant loans	23 loans at interest rates ranging from 4.50% to 10.50% and maturity dates through June 2035		379,259
			\$ 22,688,814

* Represents a party-in-interest to the Plan as defined by ERISA.

** Historical cost is not required for participant directed investments.

See accompanying independent auditors' report.

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

Name of Plan:

► SHINHAN BANK AMERICA 401(K) PROFIT SHARING PLAN & TRUST

Employer Identification Number: 13-3581762

For plan year (beginning/ending): 01/01/2024 - 12/31/2024

Plan number: 001

(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 GLBL BD 1		POOLED SEPARATE ACCOUNT		\$158.00
AB LGCAP GR I		POOLED SEPARATE ACCOUNT		\$476,050.00
ALGER CAP APP I2		POOLED SEPARATE ACCOUNT		\$2,560.00
ALGER SPECTRA Z		POOLED SEPARATE ACCOUNT		\$2,565.00
VIRTUS ALLNZGI TECH INST		POOLED SEPARATE ACCOUNT		\$2,587.00
AMCENT FOC5 DYNMC		POOLED SEPARATE ACCOUNT		\$2,611.00
AMCENT REALEST R6		POOLED SEPARATE ACCOUNT		\$36,124.00
AMFDS INC FD AM R6		POOLED SEPARATE ACCOUNT		\$2,577.00
BARON FIFTH AVE GR INST		POOLED SEPARATE ACCOUNT		\$5,052.00
BARON OPRR INST		POOLED SEPARATE ACCOUNT		\$2,634.00
BARON PTNRS INST		POOLED SEPARATE ACCOUNT		\$11,098.00
BLACKROCK HIGH YIELD PORTFOLIO - CLASS K		POOLED SEPARATE ACCOUNT		\$46,663.00
BLKRR HLTH SCAC OPRR INST		POOLED SEPARATE ACCOUNT		\$244,196.00
BLKRR INFL PRCTCT BD K		POOLED SEPARATE ACCOUNT		\$70,432.00
BLKRR ISMSCIEAFEINTND K		POOLED SEPARATE ACCOUNT		\$548.00
BLKRR TTL RTN K		POOLED SEPARATE ACCOUNT		\$597.00
MACQUARIE HEALTHCARE FND - INSTITUTIONAL		POOLED SEPARATE ACCOUNT		\$11,495.00
DFA EMRG MKTS CORE EQ 2 PORTFOLIO - INST		POOLED SEPARATE ACCOUNT		\$1,102.00
DFA EMRG MKT VAL		POOLED SEPARATE ACCOUNT		\$5,353.00
DFA GLBL ALLOC 25 75 INST		POOLED SEPARATE ACCOUNT		\$108,133.00
DIAMOND HILL MDCAP I		POOLED SEPARATE ACCOUNT		\$7,785.00
DODGCOX INTL STK CLASS I		POOLED SEPARATE ACCOUNT		\$15,540.00
FID 500 INDX		POOLED SEPARATE ACCOUNT		\$506,543.00
FIDELITY MULTI-ASSET INDEX FUND		POOLED SEPARATE ACCOUNT		\$740,899.00
FID INTL INDX		POOLED SEPARATE ACCOUNT		\$16,010.00
FID LG CAP GR INDX		POOLED SEPARATE ACCOUNT		\$135.00
FID NSDQ CMPST INDX		POOLED SEPARATE ACCOUNT		\$135.00
FID US BD INDX		POOLED SEPARATE ACCOUNT		\$4,246.00
FIDADV ASST MGR R5 I		POOLED SEPARATE ACCOUNT		\$703,463.00
FIDADV BIO INST		POOLED SEPARATE ACCOUNT		\$2,494.00
FIDADV GR OPRR INST		POOLED SEPARATE ACCOUNT		\$2,572.00
FIDADV INSTRSL I		POOLED SEPARATE ACCOUNT		\$2,466.00
FNKLN GOLD PREC MTL5 ADV		POOLED SEPARATE ACCOUNT		\$2,421.00
GDMNSCS GOGPTNINTLPPR R6		POOLED SEPARATE ACCOUNT		\$15,293.00
GUGHM TTL RTN BD INST		POOLED SEPARATE ACCOUNT		\$47,254.00
HENESY FOC5 INST		POOLED SEPARATE ACCOUNT		\$975.00
INVSOC GOLDSPECMNRL5 Y		POOLED SEPARATE ACCOUNT		\$124,646.00
MACQUARIE EMERGING MARKETS EQUITY - INST		POOLED SEPARATE ACCOUNT		\$23,403.00
MACQUARIE SCIENCE TECHNOLOGY FUND - R6		POOLED SEPARATE ACCOUNT		\$2,575.00
JNSHNDRSN GLBLTECH INNOV N		POOLED SEPARATE ACCOUNT		\$29,125.00
JPM EQ INC R5		POOLED SEPARATE ACCOUNT		\$11,907.00
JPM LGCAP GR R6		POOLED SEPARATE ACCOUNT		\$176,686.00
JPM US LGCAP COR PLS R5		POOLED SEPARATE ACCOUNT		\$136.00
LRDABT GR LD5S R5		POOLED SEPARATE ACCOUNT		\$2,851.00
MSIF MDCAP GR R6		POOLED SEPARATE ACCOUNT		\$7,987.00
MS INSIGHT I		POOLED SEPARATE ACCOUNT		\$8,792.00
MSIF DISC I		POOLED SEPARATE ACCOUNT		\$4,924.00
MSIF INST GR I		POOLED SEPARATE ACCOUNT		\$4,983.00
NW LOOMIS ALLCAP GR R6		POOLED SEPARATE ACCOUNT		\$30,887.00
PGIM JNISH GR R6		POOLED SEPARATE ACCOUNT		\$12,887.00
PGIM JNISH NATL RSRC R6		POOLED SEPARATE ACCOUNT		\$46,601.00
PGIM TTL RTN BD R6		POOLED SEPARATE ACCOUNT		\$6,814.00
PIMCO INTL BDUSDLRHDGINST		POOLED SEPARATE ACCOUNT		\$67,265.00
PIMCO REAL RTN INST		POOLED SEPARATE ACCOUNT		\$3,950.00
PIMCO STKPLSINTDLRHDG INST		POOLED SEPARATE ACCOUNT		\$151,559.00
PIMCO STKPLUS LG DUR INST		POOLED SEPARATE ACCOUNT		\$2,437.00
PIMCO MIDREALTINST		POOLED SEPARATE ACCOUNT		\$653.00
PRNCP L GLBL REALEST R6		POOLED SEPARATE ACCOUNT		\$7,309.00
NUVEEN LIFECYCLE INDEX 2020 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$2,820.00
NUVEEN LIFECYCLE INDEX 2025 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$483,648.00
NUVEEN LIFECYCLE INDEX 2030 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$1,454,008.00
NUVEEN LIFECYCLE INDEX 2035 FUND - CL R6		POOLED SEPARATE ACCOUNT		\$787,820.00
NUVEEN LIFECYCLE INDEX 2040 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$1,895,667.00
NUVEEN LIFECYCLE INDEX 2045 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$936,024.00
NUVEEN LIFECYCLE INDEX 2050 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$557,661.00
NUVEEN LIFECYCLE INDEX 2055 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$187,758.00
NUVEEN LIFECYCLE INDEX 2060 FUND - CLASS		POOLED SEPARATE ACCOUNT		\$499,893.00
NUVEEN LIFECYCLE INDEX RETIREMENT INCOME		POOLED SEPARATE ACCOUNT		\$7,296.00
NUVEEN REAL ESTATE SECURITIES FUND - CLA		POOLED SEPARATE ACCOUNT		\$127,127.00
TROWEPR COMM TECH		POOLED SEPARATE ACCOUNT		\$28,216.00
TROWEPR DIVD GR		POOLED SEPARATE ACCOUNT		\$4,421.00
VICTORY GOVT SEC FUND INSTNL SHARES		POOLED SEPARATE ACCOUNT		\$227,364.00
VANECK INTL INV GOLD INST		POOLED SEPARATE ACCOUNT		\$2,438.00
VIC RS SCNCTECH Y		POOLED SEPARATE ACCOUNT		\$2,467.00
VNGRD 500 INDEX FD AS		POOLED SEPARATE ACCOUNT		\$3,500,159.00
VNGRD BAL INDX ADML		POOLED SEPARATE ACCOUNT		\$1,481,478.00
VNGRD ENRGY INDX ADML		POOLED SEPARATE ACCOUNT		\$400,800.00
VNGRD EXPLR ADML		POOLED SEPARATE ACCOUNT		\$35,267.00
VNGRD INFO TECH INDX ADML		POOLED SEPARATE ACCOUNT		\$3,000,209.00
VNGRD LT INVMT GRD ADML		POOLED SEPARATE ACCOUNT		\$11,488.00
VNGRD LT TRSRV INDX ADML		POOLED SEPARATE ACCOUNT		\$18,177.00
VNGRD MID-CAP IX FD AS		POOLED SEPARATE ACCOUNT		\$632,970.00
VNGRD SMCAP VAL INDX ADML		POOLED SEPARATE ACCOUNT		\$3,509.00
VNGRD TAXMGD SMCAP ADML		POOLED SEPARATE ACCOUNT		\$410,256.00
VNGRD VAL INDX ADML		POOLED SEPARATE ACCOUNT		\$572,304.00
VNGRD WLSLY INC ADML		POOLED SEPARATE ACCOUNT		\$166,785.00
AS LG CO GR INST		POOLED SEPARATE ACCOUNT		\$127,865.00
AS PREC MTL5 INST		POOLED SEPARATE ACCOUNT		\$2,445.00
AS PRMR LG CO GR INST		POOLED SEPARATE ACCOUNT		\$2,512.00
AB GLBL BD Z		POOLED SEPARATE ACCOUNT		\$824.00
AVNTS EMRG MKT EQ INST		POOLED SEPARATE ACCOUNT		\$12,232.00
AVNTS US SMCAP VAL INST		POOLED SEPARATE ACCOUNT		\$3,916.00
MSIF ADTVG I		POOLED SEPARATE ACCOUNT		\$2,520.00
HOODRVR SMCAP GR INST		POOLED SEPARATE ACCOUNT		\$2,462.00
BLKRR TECH OPRR INST		POOLED SEPARATE ACCOUNT		\$2,568.00
FID SMCAP GR K6		POOLED SEPARATE ACCOUNT		\$134.00
AVNTS US LGCAP VAL INST		POOLED SEPARATE ACCOUNT		\$13,547.00
FIDADV GR OPRR A		POOLED SEPARATE ACCOUNT		\$2,572.00
FID GR CO K6		POOLED SEPARATE ACCOUNT		\$2,584.00
FID GR STRAT K6		POOLED SEPARATE ACCOUNT		\$132.00
FID BLUE CHIP GR K6		POOLED SEPARATE ACCOUNT		\$2,587.00
MACQUARIE SCIENCE AND TECH FND - CLASS Y		POOLED SEPARATE ACCOUNT		\$2,574.00
MACQUARIE MDCP GRWTH FND - INSTITUTIONAL		POOLED SEPARATE ACCOUNT		\$2,302.00
RYDEXSGI DOW 2X STRAT H		POOLED SEPARATE ACCOUNT		\$2,394.00
RYDEXSGINASDAQ100 2XSTRATH		POOLED SEPARATE ACCOUNT		\$5,090.00
RYDEXSGI S P 500 2X STRATH		POOLED SEPARATE ACCOUNT		\$4,971.00
VANECK INTL INV GOLD A		POOLED SEPARATE ACCOUNT		\$2,436.00
VIRTUS ALLNZGI FOC5 GR A		POOLED SEPARATE ACCOUNT		\$2,559.00
VIRTUS ALLNZGI TECH A		POOLED SEPARATE ACCOUNT		\$2,586.00
WF PREC MTL5 A		POOLED SEPARATE ACCOUNT		\$2,445.00
NW FIXED SELECT OPTION		UNALLOCATED INSURANCE CONTRACTS		\$808,436.00
FIDELITY SELECT SEMICONDUCTORS PORTFOLIO		POOLED SEPARATE ACCOUNT		\$5,236.00
MF'S TECHNOLOGY FUND CLASS R6		POOLED SEPARATE ACCOUNT		\$2,613.00
FIDELITY ADVISOR GROWTH OPPR FUND Z		POOLED SEPARATE ACCOUNT		\$2,572.00
LEGAL & GENERAL COMMODITY STRAT FD INSTL		POOLED SEPARATE ACCOUNT		\$5,602.00
BLACKROCK TECHNOLOGY OPRR FUND - CLASS K		POOLED SEPARATE ACCOUNT		\$2,568.00
FID ADVISOR BIOTECHNOLOGY FUND - CLASS Z		POOLED SEPARATE ACCOUNT		\$2,492.00
COLUMBIA GLOBAL TECHNOLOGY FUND - INST		POOLED SEPARATE ACCOUNT		\$0.00
FID SELECT BRKRG AND INVMT MNG PORTFOLIO		POOLED SEPARATE ACCOUNT		\$5,053.00
FED HRMS GOV OBL GTNS PRMR		POOLED SEPARATE ACCOUNT		\$3.00
PARTICIPANT LOANS		LOW-HIGH INTEREST RATE, 4.50% - 10.50%		\$379,259.00