

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p><b>A</b> This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan</p> <p><input type="checkbox"/> a single-employer plan</p> <p><b>B</b> This return/report is:</p> <p><input type="checkbox"/> the first return/report</p> <p><input type="checkbox"/> an amended return/report</p> <p><b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/></p> <p><b>D</b> Check box if filing under:</p> <p><input type="checkbox"/> Form 5558</p> <p><input type="checkbox"/> special extension (enter description)</p> <p><b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/></p>	<p><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input checked="" type="checkbox"/> a DFE (specify) <u>P</u></p> <p><input checked="" type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><input type="checkbox"/> automatic extension</p> <p><input type="checkbox"/> the DFVC program</p>

<b>Part II Basic Plan Information</b> —enter all requested information	
<p><b>1a</b> Name of plan <u>SECURIAN AM MFS MID CAP VAL</u></p> <p><b>2a</b> 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>MINNESOTA LIFE INSURANCE COMPANY</u></p> <p><u>PO BOX 64787</u> <u>ST PAUL, MN 55164-0787</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>782</u></p> <p><b>1c</b> Effective date of plan</p> <p><b>2b</b> Employer Identification Number (EIN) <u>41-0417830</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>651-665-3500</u></p> <p><b>2d</b> Business code (see instructions)</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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2023</u>	<u>THEODORE SCHMELZLE</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>6a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>  <b>6a(2)</b>  <b>6b</b>  <b>6c</b>  <b>6d</b>  <b>6e</b>  <b>6f</b>  <b>6g</b>  <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

---

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

---

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

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

---

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

---

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection.**

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

<b>A</b> Name of plan <u>SECURIAN AM MFS MID CAP VAL</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>782</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MINNESOTA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>41-0417830</u>

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	CAPP INDUSTRIES PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CAPP INDUSTRIES, INCORPORATED	<b>c</b> EIN-PN 41-0642231-001
<b>a</b>	Plan name	RAE-ANN HOLDINGS, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAE-ANN HOLDINGS, INC.	<b>c</b> EIN-PN 34-1713705-001
<b>a</b>	Plan name	QUAD HOLDING COMPANY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUAD HOLDING COMPANY INC.	<b>c</b> EIN-PN 42-1241448-001
<b>a</b>	Plan name	AWR, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AWR, INC.	<b>c</b> EIN-PN 41-1536214-001
<b>a</b>	Plan name	ELECTRIC MOTOR SALES & SERVICE CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ELECTRIC MOTORS SALES & SERVICE, INC.	<b>c</b> EIN-PN 64-0508039-001
<b>a</b>	Plan name	PHILADELPHIA INDUSTRIAL DEVELOPMENT CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIDC	<b>c</b> EIN-PN 23-6050858-001
<b>a</b>	Plan name	GRIFFIN MARKETING DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GRIFFIN MARKETING GROUP, INC.	<b>c</b> EIN-PN 56-1041692-001
<b>a</b>	Plan name	NORTH STAR RESOURCE GROUP SALARY SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NORTH STAR CONSULTANTS, INC.	<b>c</b> EIN-PN 41-0948436-001
<b>a</b>	Plan name	FOX PLAN/THRIFT	
<b>b</b>	Name of plan sponsor	FUCHS LUBRICANTS CO.	<b>c</b> EIN-PN 36-3166087-002
<b>a</b>	Plan name	EUROPA EYEWEAR CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EUROPA EYEWEAR CORPORATION	<b>c</b> EIN-PN 36-2963301-001
<b>a</b>	Plan name	SIGN-ZONE, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SIGN-ZONE, LLC	<b>c</b> EIN-PN 41-1326410-002
<b>a</b>	Plan name	PIONEER ENGINEERING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PIONEER ENGINEERING	<b>c</b> EIN-PN 41-1599776-002

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	DUPRE INVESTMENTS, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	DUPRE INVESTMENTS, INC.	<b>c</b> EIN-PN 72-1088545-001
<b>a</b> Plan name	U.S. EMPLOYEES CREDIT UNION MONEY PURCHASE PLAN	
<b>b</b> Name of plan sponsor	U.S. EMPLOYEES CREDIT UNION	<b>c</b> EIN-PN 74-0695417-001
<b>a</b> Plan name	ASPRO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ASPRO, INC.	<b>c</b> EIN-PN 42-1011512-001
<b>a</b> Plan name	MEMBERSALLIANCE CREDIT UNION RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MEMBERSALLIANCE CREDIT UNION	<b>c</b> EIN-PN 36-6066647-002
<b>a</b> Plan name	PLANT/ALLISON CORPORATION PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	PLANT/ALLISON CORPORATION	<b>c</b> EIN-PN 94-3116685-001
<b>a</b> Plan name	FARRIS ELECTRIC, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	FARRIS ELECTRIC, INC.	<b>c</b> EIN-PN 77-0083792-001
<b>a</b> Plan name	CONFERENCE CENTER - METRO RETIREMENT SALARY SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CONFERENCE CENTER CONSULTING GROUP	<b>c</b> EIN-PN 06-1576368-001
<b>a</b> Plan name	HAWS-KM, P.A. EMPLOYEES SAVINGS & RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	HAWS-KM, P.A.	<b>c</b> EIN-PN 41-1735964-002
<b>a</b> Plan name	CARUSO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CARUSO, INC.	<b>c</b> EIN-PN 31-0595848-001
<b>a</b> Plan name	EASY LIVING STORE PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	A TECH, INC. DBA EASY LIVING STORE	<b>c</b> EIN-PN 42-1322145-001
<b>a</b> Plan name	CALLANDER ASSOCIATES PROFIT SHARING & 401(K) PLAN	
<b>b</b> Name of plan sponsor	CALLANDER ASSOCIATES LANDSCAPE	<b>c</b> EIN-PN 94-3349947-001
<b>a</b> Plan name	CONSULTING RADIOLOGISTS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CONSULTING RADIOLOGISTS, LTD.	<b>c</b> EIN-PN 41-0974675-002

<b>Part II Information on Participating Plans (to be completed by DFEs)</b>		
<small>(Complete as many entries as needed to report all participating plans)</small>		
<b>a</b> Plan name	PALADIN CAPITAL MANAGEMENT, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	PALADIN CAPITAL MANAGEMENT, L.L.C.	<b>c</b> EIN-PN 52-2306752-001
<b>a</b> Plan name	OAKS CONCRETE PRODUCTS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	OAKS CONCRETE PRODUCTS INC.	<b>c</b> EIN-PN 02-0584031-001
<b>a</b> Plan name	CATHOLIC UNITED FINANCIAL 401(K) PLAN	
<b>b</b> Name of plan sponsor	CATHOLIC UNITED FINANCIAL	<b>c</b> EIN-PN 41-0182070-002
<b>a</b> Plan name	THE BRADSHAW GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	THE BRADSHAW GROUP, INC.	<b>c</b> EIN-PN 41-1329260-002
<b>a</b> Plan name	PAW ARCHITECTURAL WOODWORK, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	PAW ARCHITECTURAL WOODWORK, INC	<b>c</b> EIN-PN 68-0531794-001
<b>a</b> Plan name	MCKINESS EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MCKINESS EXCAVATING, INC.	<b>c</b> EIN-PN 42-0842004-001
<b>a</b> Plan name	ARGUS CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ARGUS CORPORATION	<b>c</b> EIN-PN 38-2907601-001
<b>a</b> Plan name	GULF COAST COMMUNITY FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b> Name of plan sponsor	GULF COAST COMMUNITY FEDERAL CU	<b>c</b> EIN-PN 64-0310432-002
<b>a</b> Plan name	SOURCELINK 401(K) DEFERRED INCOME PLAN	
<b>b</b> Name of plan sponsor	SOURCELINK ACQUISITION, LLC	<b>c</b> EIN-PN 36-4168426-001
<b>a</b> Plan name	DISTINCTIVE PLASTICS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DISTINCTIVE PLASTICS, INC.	<b>c</b> EIN-PN 33-0309491-001
<b>a</b> Plan name	STABIO NORTH AMERICA LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	STABIO NORTH AMERICA LLC	<b>c</b> EIN-PN 39-1335899-001
<b>a</b> Plan name	NORTHWOODS DENTISTRY, PLLC DBA GRAND RAPIDS DENTAL CARE	
<b>b</b> Name of plan sponsor	GRAND RAPIDS DENTAL CARE	<b>c</b> EIN-PN 41-1454708-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	WINSOR LEARNING RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	WINSOR LEARNING, INC.	<b>c</b> EIN-PN 41-1793450-001
<b>a</b> Plan name	KS DENTAL GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	KS MANAGEMENT, PLLC	<b>c</b> EIN-PN 88-0621447-001
<b>a</b> Plan name	COLLINS ELECTRICAL CONSTRUCTION CO. PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	COLLINS ELECTRICAL CONSTRUCTION CO.	<b>c</b> EIN-PN 41-1385244-001
<b>a</b> Plan name	FIRST PRIORITY, INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FIRST PRIORITY, INC.	<b>c</b> EIN-PN 36-3597112-001
<b>a</b> Plan name	NVPOOLS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	NVPOOLS, INC.	<b>c</b> EIN-PN 54-1445744-001
<b>a</b> Plan name	PAK TECHNOLOGIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	PAK TECHNOLOGIES HOLDING CO. INC.	<b>c</b> EIN-PN 39-1370134-001
<b>a</b> Plan name	J & H HEATING 401(K) PLAN	
<b>b</b> Name of plan sponsor	J & H HEATING	<b>c</b> EIN-PN 39-1024912-003
<b>a</b> Plan name	ITR GROUP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ITR GROUP	<b>c</b> EIN-PN 41-1881754-001
<b>a</b> Plan name	SOUTHSIDE MACHINE WORKS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SOUTHSIDE MACHINE WORKS, INC.	<b>c</b> EIN-PN 72-0919504-001
<b>a</b> Plan name	VILLA MARIN HOMEOWNERS ASSN PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	VILLA MARIN HOMEOWNERS ASSOCIATION	<b>c</b> EIN-PN 68-0040871-002
<b>a</b> Plan name	COMPREHENSIVE INVENTORY SOLUTION LLC 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	COMPREHENSIVE INVENTORY SOLUTION	<b>c</b> EIN-PN 41-1885259-001
<b>a</b> Plan name	KASCO MARINE, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KASCO MARINE, INC.	<b>c</b> EIN-PN 41-1422015-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	COASTAL DESIGN & CONSTRUCTION 401K SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COASTAL DESIGN & CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-1071834-001
<b>a</b>	Plan name	ORRCO INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ORRCO INTERNATIONAL, INC.	<b>c</b> EIN-PN 75-1544248-001
<b>a</b>	Plan name	SCOTT BUONANNO, DMD EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	C. SCOTT BUONANNO, DMD & ASSOCIATES	<b>c</b> EIN-PN 06-1027141-001
<b>a</b>	Plan name	BANISTER-LIEBLONG CLINIC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BANISTER-LIEBLONG CLINIC	<b>c</b> EIN-PN 20-1950947-001
<b>a</b>	Plan name	PULSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PULSE PRODUCTS, INC.	<b>c</b> EIN-PN 41-1906447-001
<b>a</b>	Plan name	ARC COMMUNITY SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARC COMMUNITY SERVICES, INC.	<b>c</b> EIN-PN 51-0163796-001
<b>a</b>	Plan name	K & H CONCRETE CUTTING OF LANSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K & H CONCRETE CUTTING OF LANSING	<b>c</b> EIN-PN 38-3547627-001
<b>a</b>	Plan name	RIVER VALLEY HOME CARE, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RIVER VALLEY HOME CARE, INC.	<b>c</b> EIN-PN 41-1926339-001
<b>a</b>	Plan name	LAKE ELMO INN EMPLOYEES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LAKE ELMO INN, INC.	<b>c</b> EIN-PN 41-1462570-001
<b>a</b>	Plan name	ENDODONTIC PROFESSIONALS P.A. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENDODONTIC PROFESSIONALS, P.A.	<b>c</b> EIN-PN 41-1750197-001
<b>a</b>	Plan name	JACKSON ACADEMY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACKSON ACADEMY, INC.	<b>c</b> EIN-PN 64-6012819-001
<b>a</b>	Plan name	JOES SPORTING GOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOES SPORTING GOODS	<b>c</b> EIN-PN 41-1318660-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	SCHMIDT SIDING AND WINDOW, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHMIDT SIDING AND WINDOW, INC.	<b>c</b> EIN-PN 41-1367042-001
<b>a</b>	Plan name	VIKSNINS HARRIS PADYS MALEN LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIKSNINS HARRIS PADYS MALEN LLP	<b>c</b> EIN-PN 83-0422198-001
<b>a</b>	Plan name	NEWS MEDIA CORPORATION 401(K) RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEWS MEDIA CORPORATION	<b>c</b> EIN-PN 36-3048484-001
<b>a</b>	Plan name	PICKENS-KANE MOVING & STORAGE CO 401(K) RETIREMENT & SAVINGS P LAN	
<b>b</b>	Name of plan sponsor	PICKENS-KANE MOVING & STORAGE CO.	<b>c</b> EIN-PN 36-2259540-001
<b>a</b>	Plan name	MIDWEST CERTIFIED INS. AGENCY, LTD. 401K RETIRE & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST CERTIFIED INSURANCE AGENCY	<b>c</b> EIN-PN 36-3050926-001
<b>a</b>	Plan name	PICKENS-KANE MOVING & STORAGE IN C. 401(K) RETIREMENT & SAVING S P	
<b>b</b>	Name of plan sponsor	PICKENS-KANE MOVING & STORAGE CO.	<b>c</b> EIN-PN 36-2259540-003
<b>a</b>	Plan name	JEWISH COMMUNITY CENTER OF ST. LOUIS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JEWISH COMM. CENTER OF ST LOUIS	<b>c</b> EIN-PN 43-0681477-002
<b>a</b>	Plan name	HEAT N SWEEP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEAT N SWEEP	<b>c</b> EIN-PN 38-2279791-001
<b>a</b>	Plan name	KATO ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KATO ROOFING, INC.	<b>c</b> EIN-PN 41-1730975-001
<b>a</b>	Plan name	VISTARA CONSTRUCTION SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VISTARA CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 36-3993183-002
<b>a</b>	Plan name	BRAZEAL MASONRY, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAZEAL MASONRY, INC.	<b>c</b> EIN-PN 73-0966910-001
<b>a</b>	Plan name	MIDLAND HILLS COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDLAND HILLS COUNTRY CLUB	<b>c</b> EIN-PN 41-0409720-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b>	Plan name	BUXBAUM LOGGIA & ASSOCIATES 401(K) PLAN
<b>b</b>	Name of plan sponsor	BUXBAUM LOGGIA & ASSOCIATES, INC.
<b>c</b>	EIN-PN	33-0892676-001
<b>a</b>	Plan name	TERRY/PETERSON RESIDENTIAL COMPANIES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TERRY/PETERSON RESIDENTIAL COS, LLC
<b>c</b>	EIN-PN	54-1735222-001
<b>a</b>	Plan name	TORGERSONS LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TORGERSONS, LLC
<b>c</b>	EIN-PN	81-0539079-001
<b>a</b>	Plan name	WHITE OAK DEVELOPERS, INC. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	WHITE OAK DEVELOPERS, INC.
<b>c</b>	EIN-PN	74-1890643-001
<b>a</b>	Plan name	SYBARITIC, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SYBARITIC, INC.
<b>c</b>	EIN-PN	41-1667974-001
<b>a</b>	Plan name	LW MANAGEMENT, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	L.W. MANAGEMENT, INC.
<b>c</b>	EIN-PN	20-2596828-001
<b>a</b>	Plan name	METAGENICS MIDWEST, INC. 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	METAGENICS MIDWEST, INC.
<b>c</b>	EIN-PN	37-1096176-001
<b>a</b>	Plan name	TRINITY COLLEGE OF FLORIDA RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	TRINITY COLLEGE OF FLORIDA
<b>c</b>	EIN-PN	59-6155069-001
<b>a</b>	Plan name	GULF LOGISTICS OPERATING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GULF LOGISTICS OPERATING, INC.
<b>c</b>	EIN-PN	72-1470087-001
<b>a</b>	Plan name	THE ENGINEERING STUDIO, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE ENGINEERING STUDIO, INC.
<b>c</b>	EIN-PN	36-4357755-002
<b>a</b>	Plan name	EVOLUTION BROADBAND, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	EVOLUTION BROADBAND, LLC
<b>c</b>	EIN-PN	20-3681564-001
<b>a</b>	Plan name	INDUSTRIAL MAINTENANCE, WELDING & MACHINING 401(K) PLAN
<b>b</b>	Name of plan sponsor	INDUSTRIAL MAINTENANCE
<b>c</b>	EIN-PN	35-1347953-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	AHF SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	AIDS HEALTHCARE FOUNDATION	<b>c</b> EIN-PN 95-4112121-001
<b>a</b>	Plan name	SUPERIOR WALLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR WALLS OF CENTRAL VA, INC.	<b>c</b> EIN-PN 02-0604044-001
<b>a</b>	Plan name	PROGRESSIVE ENGINEERING TECHNOLOGY, INC. EMP RET PLAN	
<b>b</b>	Name of plan sponsor	SGJB BUSINESS HOLDINGS, INC. DBA	<b>c</b> EIN-PN 20-4012230-001
<b>a</b>	Plan name	THREEWILL, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THREEWILL, LLC.	<b>c</b> EIN-PN 58-2645651-001
<b>a</b>	Plan name	SELECT COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SELECT COMMUNICATIONS	<b>c</b> EIN-PN 41-1965171-001
<b>a</b>	Plan name	MARINE CREDIT UNION 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MARINE CREDIT UNION	<b>c</b> EIN-PN 39-0827305-002
<b>a</b>	Plan name	SOLE TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOLE TECHNOLOGY, INC.	<b>c</b> EIN-PN 33-0698517-001
<b>a</b>	Plan name	DESIGNATED MARKET MEDIA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DESIGNATED MARKET MEDIA, INC.	<b>c</b> EIN-PN 46-4520702-001
<b>a</b>	Plan name	MASTER PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MASTER PLUMBING	<b>c</b> EIN-PN 42-1282809-001
<b>a</b>	Plan name	SUMMIT COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SFP HOLDING, INC.	<b>c</b> EIN-PN 20-5225425-001
<b>a</b>	Plan name	BIG COUNTRY AUTO OF MADISON COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMMC DBA BIG COUNTRY AUTO	<b>c</b> EIN-PN 83-0410655-001
<b>a</b>	Plan name	OKLAND 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OKLAND MANAGEMENT CORPORATION	<b>c</b> EIN-PN 20-0582832-002

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b>	Plan name	MCGOUGH COMPANIES 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MCGOUGH CONSTRUCTION CO., LLC
<b>c</b>	EIN-PN	41-0774787-001
<b>a</b>	Plan name	BREAUX MACHINE WORKS, LP 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BREAUX MACHINE WORKS, L.P.
<b>c</b>	EIN-PN	74-2056535-001
<b>a</b>	Plan name	PREMIER PLASTERING SUPPLY 401K AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PREMIER PLASTERING SUPPLY, INC.
<b>c</b>	EIN-PN	76-0404097-001
<b>a</b>	Plan name	ENVIRONMENT & ARCHAEOLOGY PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ENVIRONMENT & ARCHAEOLOGY, LLC
<b>c</b>	EIN-PN	31-1535204-001
<b>a</b>	Plan name	MIAMI POSTAL SERVICE CREDIT UNION 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MIAMI POSTAL SERVICE CREDIT UNION
<b>c</b>	EIN-PN	59-0359710-002
<b>a</b>	Plan name	CENTER FOR DERMATOLOGY 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	CENTER FOR DERMATOLOGY
<b>c</b>	EIN-PN	20-4191371-001
<b>a</b>	Plan name	RITALKA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	RITALKA, INCORPORATED
<b>c</b>	EIN-PN	41-1897814-001
<b>a</b>	Plan name	TEXAS SHEET METAL & STAINLESS STEEL FABRICATORS EES 401K PSP
<b>b</b>	Name of plan sponsor	TEXAS SHEET METAL
<b>c</b>	EIN-PN	74-1687177-001
<b>a</b>	Plan name	MARVIN R. WINTER, D.D.S. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MARVIN R. WINTER, D.D.S.
<b>c</b>	EIN-PN	30-0844423-002
<b>a</b>	Plan name	SOUTHLAND TRUCK GROUP, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOUTHLAND TRUCK GROUP, LLC
<b>c</b>	EIN-PN	26-1394085-001
<b>a</b>	Plan name	MAXAIR MECHANICAL 401(K) PLAN
<b>b</b>	Name of plan sponsor	MAXAIR MECHANICAL, LLC
<b>c</b>	EIN-PN	58-1773064-001
<b>a</b>	Plan name	DONE RIGHT CARPET RESTORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	DONE RIGHT CARPET
<b>c</b>	EIN-PN	04-3821956-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b>		
(Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	LITERACY MINNESOTA 401(K) PLAN	
<b>b</b> Name of plan sponsor	LITERACY MINNESOTA	<b>c</b> EIN-PN 23-7217182-001
<b>a</b> Plan name	SUSPENDED SYSTEMS II, INC. 401(K) PSP AND TRUST	
<b>b</b> Name of plan sponsor	SUSPENDED SYSTEMS II, INC.	<b>c</b> EIN-PN 71-0817391-001
<b>a</b> Plan name	AMTECH 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMTECH	<b>c</b> EIN-PN 23-2163927-001
<b>a</b> Plan name	FUTURA SERVICES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMTECH	<b>c</b> EIN-PN 23-2683785-001
<b>a</b> Plan name	CAPITOL BEVERAGE SALES EMPLOYEE 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAPITOL BEVERAGE SALES, LP	<b>c</b> EIN-PN 41-1788827-002
<b>a</b> Plan name	CAPITOL BEVERAGE SALES INCENTIVE 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAPITOL BEVERAGE SALES, LP	<b>c</b> EIN-PN 41-1788827-001
<b>a</b> Plan name	AANEM 401(K) PLAN	
<b>b</b> Name of plan sponsor	AANEM	<b>c</b> EIN-PN 41-6036691-002
<b>a</b> Plan name	EDUPHORIA 401(K) PLAN	
<b>b</b> Name of plan sponsor	EDUPHORIA INCORPORATED	<b>c</b> EIN-PN 90-0183845-001
<b>a</b> Plan name	G2 DENTAL RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	G2 DENTAL	<b>c</b> EIN-PN 41-1925879-001
<b>a</b> Plan name	S3H 401(K) PLAN	
<b>b</b> Name of plan sponsor	S3H, INC.	<b>c</b> EIN-PN 71-0993758-001
<b>a</b> Plan name	COVENANT MEDICAL GROUP, LLC 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	COVENANT MEDICAL GROUP, LLC	<b>c</b> EIN-PN 26-1093600-001
<b>a</b> Plan name	TOM LANGE COMPANY 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TOM LANGE COMPANY, INC.	<b>c</b> EIN-PN 43-0961120-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	HELLYER GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HELLYER GROUP, LLC	<b>c</b> EIN-PN 82-5103550-001
<b>a</b>	Plan name	RUNNING ACES CASINO & RACETRACK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH METRO HARNESS INITIATIVE	<b>c</b> EIN-PN 20-0045013-001
<b>a</b>	Plan name	HIGH POINT CHURCH 401(K) CHURCH PENSION PLAN	
<b>b</b>	Name of plan sponsor	HIGH POINT CHURCH, INC.	<b>c</b> EIN-PN 23-7134962-001
<b>a</b>	Plan name	CITY CHURCH, MADISON 401(K) CHURCH PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY CHURCH, MADISON, INC.	<b>c</b> EIN-PN 39-1214456-001
<b>a</b>	Plan name	CENTRAL MINNESOTA LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL MINNESOTA LOGISTICS, INC.	<b>c</b> EIN-PN 20-4956167-001
<b>a</b>	Plan name	TRU-FORM FOUNDATIONS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRU-FORM FOUNDATIONS, INC.	<b>c</b> EIN-PN 02-0388431-001
<b>a</b>	Plan name	MASTER MACHINE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MASTER MACHINE	<b>c</b> EIN-PN 41-1296922-001
<b>a</b>	Plan name	COLLEGE PHARMACY 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	COLLEGE PHARMACY INCORPORATED	<b>c</b> EIN-PN 84-1152794-001
<b>a</b>	Plan name	CIRCLE, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CIRCLE, LLC	<b>c</b> EIN-PN 72-0545030-001
<b>a</b>	Plan name	R. C. CONSTRUCTION CO., INC. 401(K) SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	R.C. CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 59-2667481-001
<b>a</b>	Plan name	CHEVY CHASE PEDIATRIC CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHEVY CHASE PEDIATRIC CENTER	<b>c</b> EIN-PN 52-0970462-003
<b>a</b>	Plan name	VIKING PLASTIC PACKAGING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIKING PLASTIC PACKAGING, INC.	<b>c</b> EIN-PN 41-0940933-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	ENVIRONMENTAL BUSINESS SPECIALISTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL BUSINESS SPECIALISTS	<b>c</b> EIN-PN 64-0898278-001
<b>a</b>	Plan name	REFORMED THEOLOGICAL SEMINARY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REFORMED THEOLOGICAL SEMINARY	<b>c</b> EIN-PN 64-0428676-001
<b>a</b>	Plan name	PEDIATRIC CARE OF OGDEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC CARE OF OGDEN	<b>c</b> EIN-PN 87-0555165-001
<b>a</b>	Plan name	TRI-STATE ENVELOPE CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRI-STATE ENVELOPE CORPORATION	<b>c</b> EIN-PN 23-1675116-004
<b>a</b>	Plan name	MURGITROYD & COMPANY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MURGITROYD & COMPANY	<b>c</b> EIN-PN 98-0524965-001
<b>a</b>	Plan name	NRC REALTY ADVISORS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NRC REALTY & CAPITAL ADVISORS, LLC	<b>c</b> EIN-PN 38-3686466-001
<b>a</b>	Plan name	COLORADO ENGINEERING, INC. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLORADO ENGINEERING, INC.	<b>c</b> EIN-PN 74-3087464-001
<b>a</b>	Plan name	BARRINGTON ORTHOPEDIC SPECIALISTS, LTD 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	BARRINGTON ORTHOPEDIC SPECIALISTS	<b>c</b> EIN-PN 36-3062013-003
<b>a</b>	Plan name	JAM CITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAM CITY	<b>c</b> EIN-PN 27-1995808-001
<b>a</b>	Plan name	METRO CONSTRUCTION, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METRO CONSTRUCTION, LLC	<b>c</b> EIN-PN 80-0857986-001
<b>a</b>	Plan name	GRUND & LEAVITT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRUND & LEAVITT, P.C.	<b>c</b> EIN-PN 01-0758791-001
<b>a</b>	Plan name	GILMORE ENTERTAINMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GILMORE ENTERTAINMENT GROUP, LLC	<b>c</b> EIN-PN 58-2383482-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	LADISH VALVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LADISH VALVE COMPANY, LLC	<b>c</b> EIN-PN 27-3902473-001
<b>a</b>	Plan name	CITIZENS STATE BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CITIZENS STATE BANK	<b>c</b> EIN-PN 39-0210300-002
<b>a</b>	Plan name	MOLZAHN, REED & ROUSE RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOLZAHN, REED & ROUSE, LLC	<b>c</b> EIN-PN 36-3801767-001
<b>a</b>	Plan name	SUMMIT CHILDRENS CLINIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT CHILDRENS CLINIC PA	<b>c</b> EIN-PN 74-2945663-002
<b>a</b>	Plan name	GRACE MEDICAL GROUP INC.	
<b>b</b>	Name of plan sponsor	GRACE MEDICAL GROUP INC	<b>c</b> EIN-PN 43-2020348-001
<b>a</b>	Plan name	THE PRUET COMPANIES SALARIED REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PRUET PRODUCTION COMPANY	<b>c</b> EIN-PN 64-0621524-001
<b>a</b>	Plan name	M H EQUIPMENT CORPORATION UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M H LOGISTICS CORPORATION	<b>c</b> EIN-PN 37-1323716-003
<b>a</b>	Plan name	GT FINANCIAL ADVISORS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOODBURY FINANCIAL SERVICES INC	<b>c</b> EIN-PN 26-0256134-001
<b>a</b>	Plan name	B & B THREADED COMPONENTS, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	B & B THREADED COMPONENTS, INC.	<b>c</b> EIN-PN 06-1198011-001
<b>a</b>	Plan name	SPIEGEL ZAMECNIK & SHAH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPIEGEL ZAMECNIK & SHAH	<b>c</b> EIN-PN 06-0874667-001
<b>a</b>	Plan name	ARTIFEX MILLWORK INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ARTIFEX MILLWORK, INC.	<b>c</b> EIN-PN 41-1748312-001
<b>a</b>	Plan name	HERITAGE INSURANCE HOLDINGS, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE INSURANCE HOLDINGS, INC.	<b>c</b> EIN-PN 45-5338504-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	VISTA PRAIRIE COMMUNITIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VISTA PRAIRIE COMMUNITIES	<b>c</b> EIN-PN 62-1691489-001
<b>a</b>	Plan name	STAR AUTO AUTHORITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAR AUTO AUTHORITY, INC.	<b>c</b> EIN-PN 36-4451221-001
<b>a</b>	Plan name	MOEDER OIL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOEDER OIL CO., INC.	<b>c</b> EIN-PN 48-1185563-001
<b>a</b>	Plan name	DESIGN TEAM SIGN COMPANY 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	DESIGN TEAM SIGN COMPANY	<b>c</b> EIN-PN 62-1608291-001
<b>a</b>	Plan name	SECURITY FIRST BENEFITS CORP. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SECURITY FIRST BENEFITS	<b>c</b> EIN-PN 38-2916188-001
<b>a</b>	Plan name	CRITICAL CARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRITICAL CARE SERVICES, INC.	<b>c</b> EIN-PN 41-1518013-001
<b>a</b>	Plan name	INUKSHUK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INUKSHUK ENTERPRISES LLC	<b>c</b> EIN-PN 98-0503695-001
<b>a</b>	Plan name	SOLOMON BUILDERS INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOLOMON BUILDERS INC.	<b>c</b> EIN-PN 62-1451862-001
<b>a</b>	Plan name	TOWN & COUNTRY GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOWN & COUNTRY GROUP	<b>c</b> EIN-PN 38-2756673-001
<b>a</b>	Plan name	PIVOT INTERMEDIARY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PIVOT INTERMEDIARY, INC.	<b>c</b> EIN-PN 48-1153843-001
<b>a</b>	Plan name	MILES CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILES CONSTRUCTION	<b>c</b> EIN-PN 88-0502612-001
<b>a</b>	Plan name	STATCOMM, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STATCOMM INC.	<b>c</b> EIN-PN 94-3154103-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	KV POWER 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KV POWER, LLC	<b>c</b> EIN-PN 36-4739586-001
<b>a</b>	Plan name	LIBERTY TITLE CO. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LIBERTY TITLE AGENCY, INC.	<b>c</b> EIN-PN 38-2031938-001
<b>a</b>	Plan name	OPTIMITY ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPTIMITY ADVISORS	<b>c</b> EIN-PN 27-0907950-001
<b>a</b>	Plan name	ANESTHESIA AND PAIN CONSULTANTS OF SOUTHWEST FLORIDA 401(K) PSP	
<b>b</b>	Name of plan sponsor	ANESTHESIA & PAIN CONSULT OF SWFL	<b>c</b> EIN-PN 59-1783920-003
<b>a</b>	Plan name	WPT CAPITAL ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WPT CAPITAL ADVISORS, LLC	<b>c</b> EIN-PN 87-2964216-001
<b>a</b>	Plan name	GENESYS AEROSYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S-TEC CORPORATION	<b>c</b> EIN-PN 75-1638834-002
<b>a</b>	Plan name	KEPLEY-FRANK HARDWOOD COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEPLEY-FRANK HARDWOOD CO. INC.	<b>c</b> EIN-PN 56-0773749-002
<b>a</b>	Plan name	CATERED TOO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CATERED TOO, INC.	<b>c</b> EIN-PN 46-4627233-001
<b>a</b>	Plan name	PENTALON CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PENTALON CONSTRUCTION, INC.	<b>c</b> EIN-PN 87-1519362-001
<b>a</b>	Plan name	U.S.A. CHECKS CASHED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MS MANAGEMENT CORPORATION	<b>c</b> EIN-PN 36-3025471-001
<b>a</b>	Plan name	GRACE ELECTRIC, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GRACE ELECTRIC, INC.	<b>c</b> EIN-PN 02-0447530-001
<b>a</b>	Plan name	STR PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STR PARTNERS, LLC	<b>c</b> EIN-PN 36-4281470-003

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	WALDEN GROUP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	SOCAL WALDEN, INC.	<b>c</b> EIN-PN 30-0028379-001
<b>a</b> Plan name	SESSIONS, ISRAEL & SHARTLE, LLC RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	SESSIONS, ISRAEL & SHARTLE, LLC	<b>c</b> EIN-PN 47-2102132-001
<b>a</b> Plan name	FRONTIER AG, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	FRONTIER AG, INC.	<b>c</b> EIN-PN 20-8325734-001
<b>a</b> Plan name	QUALITY TOOLS AND ABRASIVES 401(K) PLAN	
<b>b</b> Name of plan sponsor	QUALITY TOOLS AND ABRASIVES	<b>c</b> EIN-PN 36-2921935-001
<b>a</b> Plan name	MN NEONATAL PHYSICIANS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MN NEONATAL PHYSICIANS, P.A.	<b>c</b> EIN-PN 41-1438410-002
<b>a</b> Plan name	MEDCRAFT 401(K) PLAN	
<b>b</b> Name of plan sponsor	MEDCRAFT 401(K) PLAN	<b>c</b> EIN-PN 77-0693128-001
<b>a</b> Plan name	SILBERT & GARON, L.L.P. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	SILBERT & GARON, L.L.P.	<b>c</b> EIN-PN 72-1285347-001
<b>a</b> Plan name	ABPMR 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ABPMR	<b>c</b> EIN-PN 41-6029315-001
<b>a</b> Plan name	BAUMAN CRANE / CRANE AND TREE 401(K) PLAN	
<b>b</b> Name of plan sponsor	BAUMAN CRANE / CRANE AND TREE	<b>c</b> EIN-PN 84-1938957-001
<b>a</b> Plan name	TOUCHPOINT MEDIA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TOUCHPOINT MEDIA, INC.	<b>c</b> EIN-PN 41-1892078-001
<b>a</b> Plan name	CMSWILLOWBROOK, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CMSWILLOWBROOK, INC.	<b>c</b> EIN-PN 26-4396174-001
<b>a</b> Plan name	PACA, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PACA, INC	<b>c</b> EIN-PN 41-1931259-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b>		
<small>(Complete as many entries as needed to report all participating plans)</small>		
<b>a</b>	Plan name	GLOBALSIGN, INC. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	GLOBALSIGN, INC.
<b>c</b>	EIN-PN	45-0563843-001
<b>a</b>	Plan name	SANDSTONE CONSTRUCTION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SANDSTONE CONSTRUCTION, INC.
<b>c</b>	EIN-PN	26-2523829-001
<b>a</b>	Plan name	OUR HOMES SOUTH, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	OUR HOMES SOUTH, INC.
<b>c</b>	EIN-PN	41-1759791-001
<b>a</b>	Plan name	KYNETEC USA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KYNETEC USA, INC.
<b>c</b>	EIN-PN	81-1254487-001
<b>a</b>	Plan name	NATIONAL SUPPLY 401(K) PLAN
<b>b</b>	Name of plan sponsor	NATIONAL SUPPLY, LLC
<b>c</b>	EIN-PN	74-3062691-001
<b>a</b>	Plan name	RANCHO PACIFIC ELECTRIC, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	RANCHO PACIFIC ELECTRIC, INC.
<b>c</b>	EIN-PN	95-3867037-001
<b>a</b>	Plan name	NISSHINBO AUTOMOTIVE 401(K) PLAN
<b>b</b>	Name of plan sponsor	NISSHINBO AUTOMOTIVE MFG., INC.
<b>c</b>	EIN-PN	58-2305517-001
<b>a</b>	Plan name	CORPORATE MANAGEMENT, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CORPORATE MANAGEMENT, INC.
<b>c</b>	EIN-PN	20-0463966-001
<b>a</b>	Plan name	WEALTHPARTNERS, LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	WEALTHPARTNERS, LLP
<b>c</b>	EIN-PN	20-1828413-001
<b>a</b>	Plan name	SECURITY FIRST MANAGERS LLC 401K PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	SECURITY FIRST MANAGERS LLC
<b>c</b>	EIN-PN	75-3176413-001
<b>a</b>	Plan name	G.Y.M.W.L. CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	G.Y.M.W.L. CORPORATION
<b>c</b>	EIN-PN	94-2711339-001
<b>a</b>	Plan name	MAGNOLIA PHYSICIAN SERVICES INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MAGNOLIA PHYSICIAN SERVICES
<b>c</b>	EIN-PN	27-2818726-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	NEWTEL MANAGEMENT 401(K) PLAN	
<b>b</b> Name of plan sponsor	NEWTEL MANAGEMENT LLC	<b>c</b> EIN-PN 36-3427776-001
<b>a</b> Plan name	MAGNOLIA PHYSICIAN SERVICES INC. 457(B) DEF COMP PLAN	
<b>b</b> Name of plan sponsor	MAGNOLIA PHYSICIAN SERVICES	<b>c</b> EIN-PN 27-2818726-002
<b>a</b> Plan name	ADVANCED COLDFORMING CO., INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b> Name of plan sponsor	ADVANCED COLDFORMING CO., INC.	<b>c</b> EIN-PN 62-1242834-001
<b>a</b> Plan name	KRESSLER, WOLFF & MILLER 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KRESSLER, WOLFF & MILLER ACCEPTANCE CORPORATION	<b>c</b> EIN-PN 24-0636000-002
<b>a</b> Plan name	AMERICAN INDIAN HEALTH & SVCS CORPORATION 401(K) PSP	
<b>b</b> Name of plan sponsor	AMERICAN INDIAN HEALTH & SERVICES CORPORATION	<b>c</b> EIN-PN 77-0398793-001
<b>a</b> Plan name	BERNARD, CASSISA, ELLIOTT & DAVIS APLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BERNARD, CASSISA, ELLIOTT & DAVIS APLC	<b>c</b> EIN-PN 72-0844620-001
<b>a</b> Plan name	MAGNOLIA STAFFING SOLUTIONS, INC. 457(B) DEFERRED COMP PLAN	
<b>b</b> Name of plan sponsor	MAGNOLIA PHYSICIAN SERVICES	<b>c</b> EIN-PN 81-3207762-002
<b>a</b> Plan name	MAGNOLIA STAFFING SOLUTIONS, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MAGNOLIA PHYSICIAN SERVICES	<b>c</b> EIN-PN 81-3207762-001
<b>a</b> Plan name	BAILEYS MOTOR SALES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	BAILEYS MOTOR SALES, INC.	<b>c</b> EIN-PN 05-0306995-002
<b>a</b> Plan name	SCHADEGG MECHANICAL, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SCHADEGG MECHANICAL, INC	<b>c</b> EIN-PN 41-1891992-001
<b>a</b> Plan name	PI KAPPA ALPHA 401(K) PLAN	
<b>b</b> Name of plan sponsor	OAK SERVICE CORPORATION	<b>c</b> EIN-PN 47-2411265-001
<b>a</b> Plan name	MELCO STEEL, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MELCO STEEL, INC.	<b>c</b> EIN-PN 95-2680979-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	CLEAR VIEW ENTERPRISES, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLEAR VIEW ENTERPRISES, LLC	<b>c</b> EIN-PN 56-2435999-001
<b>a</b>	Plan name	AGILE MIND EDUCATIONAL HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGILE MIND EDUCATIONAL HOLDINGS	<b>c</b> EIN-PN 27-0008203-001
<b>a</b>	Plan name	FARRIS BOBANGO BRANAN PLC. 401(K) PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FARRIS BOBANGO BRANAN PLC	<b>c</b> EIN-PN 62-1666769-001
<b>a</b>	Plan name	CTI 401K PLAN	
<b>b</b>	Name of plan sponsor	CTI 401K PLAN	<b>c</b> EIN-PN 42-1502977-001
<b>a</b>	Plan name	GLOBAL HOLDINGS TULSA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GLOBAL HOLDINGS TULSA LLC	<b>c</b> EIN-PN 20-5089199-001
<b>a</b>	Plan name	ESCH CONSTRUCTION SUPPLY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ESCH CONSTRUCTION SUPPLY, INC.	<b>c</b> EIN-PN 03-0377007-001
<b>a</b>	Plan name	AAMSI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED AIRCRAFT MANUFACTURING & SALES, INC.	<b>c</b> EIN-PN 52-0682586-001
<b>a</b>	Plan name	FIRSTPIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRSTPIC, INC.	<b>c</b> EIN-PN 52-2235238-001
<b>a</b>	Plan name	BANK OF KILMICHAEL PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANK OF KILMICHAEL	<b>c</b> EIN-PN 64-0185570-001
<b>a</b>	Plan name	PRIORITY ONE HOLDING COMPANY EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	PRIORITY ONE HOLDING COMPANY	<b>c</b> EIN-PN 62-1681253-001
<b>a</b>	Plan name	RYLKO BUILDERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RYLKO BUILDERS, INC.	<b>c</b> EIN-PN 88-0727024-001
<b>a</b>	Plan name	RICH MOE ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICH MOE ENTERPRISES, LLC	<b>c</b> EIN-PN 52-2322758-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	LS3 401(K)	
<b>b</b> Name of plan sponsor	LS3 TECHNOLOGIES, INC.	<b>c</b> EIN-PN 52-2341292-001
<b>a</b> Plan name	WELSH CONSTRUCTION 401(K) PLAN	
<b>b</b> Name of plan sponsor	WELSH CONSTRUCTION, LLC	<b>c</b> EIN-PN 13-4083340-001
<b>a</b> Plan name	CURA RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CURA, LLC	<b>c</b> EIN-PN 82-0668589-001
<b>a</b> Plan name	ACG RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ACG SYSTEMS, INC.	<b>c</b> EIN-PN 52-1913653-001
<b>a</b> Plan name	KELLY INSURANCE & INVESTMENTS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KELLY INSURANCE & INVESTMENTS, INC.	<b>c</b> EIN-PN 52-2145906-001
<b>a</b> Plan name	LEOS VACATION CENTER RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	LEOS VACATION CENTER, INC.	<b>c</b> EIN-PN 52-1152115-001
<b>a</b> Plan name	WARNERS STELLIAN CO., INC. 401(K) PSP AND TRUST	
<b>b</b> Name of plan sponsor	WARNERS STELLIAN CO., INC.	<b>c</b> EIN-PN 41-0971741-002
<b>a</b> Plan name	SANIBEL INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SANIBEL INVESTMENTS INC.	<b>c</b> EIN-PN 48-1251641-001
<b>a</b> Plan name	PHYSICAL THERAPY & REHAB CLINIC, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PHYSICAL THERAPY & REHABILITATION CLINIC, INC.	<b>c</b> EIN-PN 59-1802009-001
<b>a</b> Plan name	JAT HOME SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	JAT HOME SERVICES, INC.	<b>c</b> EIN-PN 27-1408185-001
<b>a</b> Plan name	WHITAKER CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WHITAKER CONSTRUCTION COMPANY	<b>c</b> EIN-PN 87-0274152-001
<b>a</b> Plan name	MEMPHIS CONSUMER CREDIT ASSOCIATION, INC. 401(K) PSP	
<b>b</b> Name of plan sponsor	MEMPHIS CONSUMER CREDIT ASSOCIATION, INC.	<b>c</b> EIN-PN 62-0465584-002

<b>Part II Information on Participating Plans (to be completed by DFEs)</b>		
<small>(Complete as many entries as needed to report all participating plans)</small>		
<b>a</b>	Plan name	SPIRIT MARKETING NORTH 401(K) PLAN
<b>b</b>	Name of plan sponsor	SPIRIT MARKETING NORTH
<b>c</b>	EIN-PN	26-0038162-001
<b>a</b>	Plan name	COLEMAN-RUSSELL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COLEMAN-RUSSELL & ASSOCIATES, INC.
<b>c</b>	EIN-PN	63-0715324-001
<b>a</b>	Plan name	OFFICE OF NANCY J. WHALEY 401(K) PLAN
<b>b</b>	Name of plan sponsor	OFFICE OF NANCY J. WHALEY, STANDING CHAPTER 13 TRUSTEE
<b>c</b>	EIN-PN	14-4854129-001
<b>a</b>	Plan name	DIVERSIFIED THERMAL SERVICE INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DIVERSIFIED THERMAL SERVICES, INC.
<b>c</b>	EIN-PN	33-0399022-001
<b>a</b>	Plan name	INTERSTATE AUTO GROUP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INTERSTATE AUTO GROUP, INC.
<b>c</b>	EIN-PN	75-3246503-001
<b>a</b>	Plan name	LEE MAR BUILDING AND CONSTRUCTION 401(K) PLAN
<b>b</b>	Name of plan sponsor	LEE MAR BUILDING AND CONSTRUCTION CORPORATION
<b>c</b>	EIN-PN	59-1354021-001
<b>a</b>	Plan name	CREATIVE SOLUTIONS IN HEALTHCARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	CREATIVE SOLUTIONS IN HEALTHCARE
<b>c</b>	EIN-PN	75-2909094-001
<b>a</b>	Plan name	SP INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SP INTERNATIONAL, INC.
<b>c</b>	EIN-PN	20-1082647-001
<b>a</b>	Plan name	LANCASTER RETIREMENT & SAVINGS PLAN
<b>b</b>	Name of plan sponsor	LANCASTER, LTD.
<b>c</b>	EIN-PN	36-3838340-002
<b>a</b>	Plan name	GRADECAM 401(K) PLAN
<b>b</b>	Name of plan sponsor	GRADECAM, LLC
<b>c</b>	EIN-PN	47-1309447-001
<b>a</b>	Plan name	TORREY PINES ORAL AND MAXILLOFACIAL SURGERY 401(K) PLA
<b>b</b>	Name of plan sponsor	TORREY PINES ORAL AND MAXILLOFACIAL SURGERY
<b>c</b>	EIN-PN	47-3466719-001
<b>a</b>	Plan name	LOOKOUT FEDERAL CREDIT UNION 401(K) PLAN
<b>b</b>	Name of plan sponsor	LOOKOUT FEDERAL CREDIT UNION 401(K) PLAN
<b>c</b>	EIN-PN	82-0230779-002

<b>Part II Information on Participating Plans (to be completed by DFEs)</b>		
<small>(Complete as many entries as needed to report all participating plans)</small>		
<b>a</b> Plan name	SABER BUILDING SERVICES, INC. 401(K) PS PLAN & TRUST	
<b>b</b> Name of plan sponsor	SABER BUILDING SERVICES, INC.	<b>c</b> EIN-PN 38-3460680-001
<b>a</b> Plan name	OPPORTUNITY FINANCIAL, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	OPPORTUNITY FINANCIAL, LLC	<b>c</b> EIN-PN 27-1601911-001
<b>a</b> Plan name	HORIZONTAL INTEGRATION CONSULTANT RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	HORIZONTAL INTEGRATION, INC.	<b>c</b> EIN-PN 36-3986047-002
<b>a</b> Plan name	HORIZONTAL INTEGRATION RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HORIZONTAL INTEGRATION, INC.	<b>c</b> EIN-PN 36-3986047-001
<b>a</b> Plan name	M & M REFRIGERATION, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	M & M REFRIGERATION, LLC	<b>c</b> EIN-PN 52-2061155-001
<b>a</b> Plan name	PROCARE SOFTWARE LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	PROCARE SOFTWARE LLC	<b>c</b> EIN-PN 93-1098604-002
<b>a</b> Plan name	MID-KANSAS MANAGEMENT INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MID-KANSAS MANAGEMENT INC	<b>c</b> EIN-PN 83-0963986-001
<b>a</b> Plan name	HEALTHCARE STRATEGIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	HEALTHCARE STRATEGIES, INC.	<b>c</b> EIN-PN 52-1874471-001
<b>a</b> Plan name	TOWN OF EASTON AND EASTON UTILITIES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	THE TOWN OF EASTON AND EUC	<b>c</b> EIN-PN 52-6000787-001
<b>a</b> Plan name	LEAD TECHNOLOGIES SALARY SAVINGS PLAN	
<b>b</b> Name of plan sponsor	LEAD TECHNOLOGIES INC.	<b>c</b> EIN-PN 56-1737731-001
<b>a</b> Plan name	INTEGRATED FINANCIAL SETTLEMENTS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTEGRATED FINANCIAL SETTLEMENTS, INC.	<b>c</b> EIN-PN 20-4029426-001
<b>a</b> Plan name	SOUTHEAST PIPE SURVEY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SOUTHEAST PIPE SURVEY, INC.	<b>c</b> EIN-PN 58-1664594-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b>	Plan name	GRACE T. LO 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TPS GROUP
<b>c</b>	EIN-PN	46-2194489-003
<b>a</b>	Plan name	VUECREST WEALTH MANAGEMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	VUECREST WEALTH MANAGEMENT
<b>c</b>	EIN-PN	81-5321484-001
<b>a</b>	Plan name	CLINTON MACHINE 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CLINTON MACHINE, INC.
<b>c</b>	EIN-PN	38-1747716-004
<b>a</b>	Plan name	KEYES COVERAGE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KEYES COVERAGE, INC.
<b>c</b>	EIN-PN	59-1678136-003
<b>a</b>	Plan name	HOLLADAY PROPERTY SERVICES MIDWEST, INC. 401(K) PSP
<b>b</b>	Name of plan sponsor	HOLLADAY PROPERTY SERVICES
<b>c</b>	EIN-PN	52-2128493-001
<b>a</b>	Plan name	PIONEER SAND COMPANY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PIONEER SAND COMPANY, INC.
<b>c</b>	EIN-PN	84-0636660-001
<b>a</b>	Plan name	ACPB 401(K) PLAN
<b>b</b>	Name of plan sponsor	ANESTHESIOLOGY CONSULTANTS OF THE PALM BEACHES, P.A.
<b>c</b>	EIN-PN	65-0295084-001
<b>a</b>	Plan name	GEMINI CONCEPTUAL, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GEMINI CONCEPTUAL INC.
<b>c</b>	EIN-PN	20-1244076-001
<b>a</b>	Plan name	NEXT TRUCKING 401(K) PLAN
<b>b</b>	Name of plan sponsor	NEXT TRUCKING, INC.
<b>c</b>	EIN-PN	81-4645546-001
<b>a</b>	Plan name	LAMARSH GLOBAL 401K PLAN
<b>b</b>	Name of plan sponsor	LAMARSH GLOBAL
<b>c</b>	EIN-PN	82-3510335-001
<b>a</b>	Plan name	HEINEMANN AMERICAS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	HEINEMANN AMERICAS, INC.
<b>c</b>	EIN-PN	45-3072494-001
<b>a</b>	Plan name	SUN COAST REMODELERS 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUN COAST REMODELERS
<b>c</b>	EIN-PN	45-3124091-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	BEACHSIDE VACATIONS LLC 401(K) PSP AND TRUST	
<b>b</b> Name of plan sponsor	BEACHSIDE VACATIONS, LLC	<b>c</b> EIN-PN 20-4351273-001
<b>a</b> Plan name	UNITED AMERICAN MORTGAGE CORPORATION 401(K) RETIREMENT	
<b>b</b> Name of plan sponsor	UNITED AMERICAN MORTGAGE COMPANY	<b>c</b> EIN-PN 33-0547244-001
<b>a</b> Plan name	MN NEONATAL SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MINNESOTA NEONATAL SPECIALISTS, PLLC	<b>c</b> EIN-PN 85-0689638-001
<b>a</b> Plan name	MAX INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	MAX INTERNATIONAL 401K	<b>c</b> EIN-PN 30-0382685-001
<b>a</b> Plan name	IGENOMIX USA LLC 401K PLAN	
<b>b</b> Name of plan sponsor	IGENOMIX USA LLC	<b>c</b> EIN-PN 46-2512132-001
<b>a</b> Plan name	JAD HOLDING COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	JAD HOLDINGS	<b>c</b> EIN-PN 81-5041461-001
<b>a</b> Plan name	TIMBERLAKE CONSTRUCTION CO., INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TIMBERLAKE CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 73-0999516-001
<b>a</b> Plan name	KIDS FIRST EDUCATION, LLC RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	KIDS FIRST EDUCATION, LLC	<b>c</b> EIN-PN 85-0894546-001
<b>a</b> Plan name	EVANS LEGAL GROUP PLLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	EVANS LEGAL GROUP PLLC	<b>c</b> EIN-PN 84-4332809-001
<b>a</b> Plan name	WEST COAST FITNESS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	OTF SERVICE LLC DBA WEST COAT FITNESS LLC	<b>c</b> EIN-PN 81-4962263-001
<b>a</b> Plan name	THE LITTLE POTATO COMPANY USA, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE LITTLE POTATO COMPANY USA, INC.	<b>c</b> EIN-PN 47-4247349-001
<b>a</b> Plan name	BAE SYSTEMS APPLIED INTELLIGENCE GCS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BAE SYSTEMS APPLIED INTELLIGENCE, INC.	<b>c</b> EIN-PN 54-1585773-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	TEAM PUBLIC CHOICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	TEAM PUBLIC CHOICES	<b>c</b> EIN-PN 82-2887085-001
<b>a</b> Plan name	ELM PLATING COMPANY SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	ELM PLATING	<b>c</b> EIN-PN 38-1956395-001
<b>a</b> Plan name	GRACE MANAGEMENT 401(K) PLAN	
<b>b</b> Name of plan sponsor	GRACE MANAGEMENT, INC.	<b>c</b> EIN-PN 76-0117314-002
<b>a</b> Plan name	HORIZON AGENCY, INC. PROFIT SHARING & SALARY REDUCTION PLAN	
<b>b</b> Name of plan sponsor	HORIZON AGENCY, INC.	<b>c</b> EIN-PN 41-1231784-002
<b>a</b> Plan name	RICHER POORER, LLC 401(K)	
<b>b</b> Name of plan sponsor	RICHER POORER, LLC	<b>c</b> EIN-PN 81-0793795-001
<b>a</b> Plan name	LAUREN FREEDMAN - REALTOR 401(K) PLAN	
<b>b</b> Name of plan sponsor	LAUREN FREEDMAN - REALTOR	<b>c</b> EIN-PN 81-1477423-001
<b>a</b> Plan name	MICHELE E. STAHL 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MICHELE E. STAHL	<b>c</b> EIN-PN 86-3209900-001
<b>a</b> Plan name	AIR FLOW DESIGNS RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	AIR FLOW DESIGNS, INC.	<b>c</b> EIN-PN 59-1606701-001
<b>a</b> Plan name	LIST PSYCHOLOGICAL SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	LIST PSYCHOLOGICAL SERVICES PLC	<b>c</b> EIN-PN 38-3206926-002
<b>a</b> Plan name	TODD HENON PROPERTIES LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TODD HENON PROPERTIES	<b>c</b> EIN-PN 46-2335127-001
<b>a</b> Plan name	CENTER FOR AUDIOLOGY 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE CENTER FOR AUDIOLOGY PLCC	<b>c</b> EIN-PN 38-3771873-001
<b>a</b> Plan name	COMMUNICATE NOW 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMMUNICATE NOW	<b>c</b> EIN-PN 20-2071780-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b>	Plan name	U.S. LAWNS - TX 401(K) PLAN
<b>b</b>	Name of plan sponsor	BLUE GREEN SERVICES DBA US LAWNS
<b>c</b>	EIN-PN	76-0665518-001
<b>a</b>	Plan name	TITAN PRO SCI INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TITAN PRO SCI
<b>c</b>	EIN-PN	27-0673024-001
<b>a</b>	Plan name	BWIN.PARTY (USA) INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BWIN PARTY (USA) INC.
<b>c</b>	EIN-PN	80-0904033-001
<b>a</b>	Plan name	GILBERT CONTRACTING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	GILBERT CONTRACTING, INC.
<b>c</b>	EIN-PN	26-0389731-001
<b>a</b>	Plan name	ENVISION LANDSCAPE STUDIO, INC. PROFIT SHARING AND 401(K) PLAN
<b>b</b>	Name of plan sponsor	ENVISION LANDSCAPE STUDIO, INC.
<b>c</b>	EIN-PN	45-3260632-001
<b>a</b>	Plan name	TRAVERSE CITY CONVENTION & VISITORS BUREAU 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRAVERSE CITY CONVENTION & VISITORS BUREAU
<b>c</b>	EIN-PN	38-2582585-002
<b>a</b>	Plan name	GRIFFIN MARKETING GROUP RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GRIFFIN MARKETING GROUP, INC.
<b>c</b>	EIN-PN	52-1041692-001
<b>a</b>	Plan name	ALASKA ORTHOPEDIC SPECIALISTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ALASKA ORTHOPEDIC SPECIALISTS
<b>c</b>	EIN-PN	20-5515193-001
<b>a</b>	Plan name	BENEFITS.ONE, LLC RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	BENEFITS.ONE, LLC
<b>c</b>	EIN-PN	82-1248388-001
<b>a</b>	Plan name	PARADIGM PLUMBING & MECHANICAL INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PARADIGM PLUMBING
<b>c</b>	EIN-PN	80-0225454-001
<b>a</b>	Plan name	BAT LOGISTICS 401(K) PLAN
<b>b</b>	Name of plan sponsor	BACKHAUL AND TRACK LOGISTICS, INC. DBA BAT LOGISTICS
<b>c</b>	EIN-PN	26-1204914-001
<b>a</b>	Plan name	TRI-COUNTY FORD MERCURY 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRI-COUNTY FORD MERCURY, INC.
<b>c</b>	EIN-PN	61-1032578-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	CIRQUE CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CIRQUE CORPORATION	<b>c</b> EIN-PN 87-0485726-001
<b>a</b>	Plan name	MILANS MACHINING & GEAR MFG. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILANS MACHINING & MFG. CO., INC.	<b>c</b> EIN-PN 36-2779541-001
<b>a</b>	Plan name	TRACTION SPORTS PERFORMANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPORTS EXCELLENCE, LLC	<b>c</b> EIN-PN 32-0187413-001
<b>a</b>	Plan name	JORDAN TRANSFORMER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JORDAN TRANSFORMER, LLC	<b>c</b> EIN-PN 05-0607614-001
<b>a</b>	Plan name	BLUE RIVER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLUE RIVER FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 03-0502830-001
<b>a</b>	Plan name	FIRST COMMERCIAL BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST COMMERCIAL BANK	<b>c</b> EIN-PN 64-0922862-001
<b>a</b>	Plan name	HPMB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HPMB CONSULTING ENGINEERS INC.	<b>c</b> EIN-PN 20-5970287-001
<b>a</b>	Plan name	WLAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHUCK WAUGH, CLU, CHFC	<b>c</b> EIN-PN 73-1505569-001
<b>a</b>	Plan name	LAV/PINNACLE 401K	
<b>b</b>	Name of plan sponsor	LAV ENGINEERING	<b>c</b> EIN-PN 47-2652449-001
<b>a</b>	Plan name	WILLIFORD INSURANCE GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIFORD INSURANCE GROUP INC.	<b>c</b> EIN-PN 56-1708341-001
<b>a</b>	Plan name	TRAVELPRO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAVELPRO PRODUCTS, INC.	<b>c</b> EIN-PN 81-2409139-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>	
<b>A</b> Name of plan <b>SECURIAN AM MFS MID CAP VAL</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>782</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MINNESOTA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0417830</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	
<b>(3)</b> Other.....	<b>1b(3)</b>	14312
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	54404729
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	0
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	54419041	0
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	54419041	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		-3984831
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-3984831
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>	388929	
(4) Other .....	<b>2i(4)</b>		
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		388929
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		388929
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-4373760
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		50045281

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

	Yes	No	Amount
<b>4a</b>			

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

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

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

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

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