

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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) P

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
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1a Name of plan <u>OPPENHEIMER INTERNATIONAL BOND RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>089</u> 1c Effective date of plan
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>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
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:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>OPPENHEIMER INTERNATIONAL BOND RET OPT</u>	B Three-digit plan number (PN)	<u>089</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
a	Plan name COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name CUTHBERTSON RESTORATION, INC. 401(K) PLAN	
b	Name of plan sponsor CUTHBERTSON RESTORATION, INC.	c EIN-PN 26-2059511-001
a	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
a	Plan name FALAFEL SOFTWARE 401(K) PLAN & TRUST	
b	Name of plan sponsor FALAFEL SOFTWARE INC.	c EIN-PN 83-0355417-001
a	Plan name FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
b	Name of plan sponsor FALCON BRIDGE CAPITAL, LLC	c EIN-PN 32-0206781-001
a	Plan name FAMILY COUNSELING SERVICE OF TUSCALOOSA COUNTY, INC. MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor FAMILY COUNSELING SERVICE OF TUSCALOOSA COUNTY, INC.	c EIN-PN 63-0523406-001
a	Plan name FAMILY PLANNING COUNCIL PENSION PLAN	
b	Name of plan sponsor ACCESSMATTERS	c EIN-PN 23-1878446-002
a	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name FRANKLIN-SUMMER INSURANCE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor FRANKLIN-SUMMER INSURANCE INC.	c EIN-PN 85-3878610-001
a	Plan name J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor J. MCLOUGHLIN ENGINEERING CO., INC.	c EIN-PN 33-0570155-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KEITH A. COHRS D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor KEITH A. COHRS D.D.S., P.C.	c EIN-PN 20-2818829-001
a	Plan name METALLIC RECOVERY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor METALLIC RECOVERY GROUP, INC.	c EIN-PN 23-2949661-001
a	Plan name MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor MONROE URGENT CARE, INC.	c EIN-PN 26-0188188-001
a	Plan name MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN BUSINESS PRODUCTS, INC.	c EIN-PN 41-1423060-001
a	Plan name PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROPOINT TECHNOLOGY, INC	c EIN-PN 20-2925475-001
a	Plan name RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIC-MAN INTERNATIONAL, INC.	c EIN-PN 59-2300398-001
a	Plan name TEXARKANA FUNERAL HOME, INC. RETIREMENT PLAN	
b	Name of plan sponsor TEXARKANA FUNERAL HOME, INC.	c EIN-PN 75-0601897-001
a	Plan name AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AIR CLEANING TECHNOLOGIES, INC.	c EIN-PN 54-2003736-001
a	Plan name FREESTYLES, LLC 401(K) PLAN	
b	Name of plan sponsor FREESTYLES, LLC	c EIN-PN 51-0357477-001
a	Plan name JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JAG, INC.	c EIN-PN 20-4383697-001
a	Plan name METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001
a	Plan name	MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	MOXY MANAGEMENT COMPANY, LLC	c EIN-PN 99-0431387-002
a	Plan name	NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001
a	Plan name	PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C.	c EIN-PN 23-2704845-002
a	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001
a	Plan name	ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
a	Plan name	ZAWADSKI HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAWADSKI HOMES, INC.	c EIN-PN 47-0885206-001
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name	CANYON SPRINGS DENTAL 401(K) PLAN	
b	Name of plan sponsor	CANYON SPRINGS DENTAL	c EIN-PN 20-2396223-001
a	Plan name	CHASE BUILDING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHASE BUILDING GROUP, INC.	c EIN-PN 63-1256300-001
a	Plan name	COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCLELLAND LAW GROUP	c EIN-PN 26-0787424-001
a	Plan name	MRG CASH BALANCE PLAN	
b	Name of plan sponsor	METALLIC RECOVERY GROUP, INC.	c EIN-PN 23-2949661-002
a	Plan name	PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	MAT SERVICES, INC. DBA PK ELECTRIC	c EIN-PN 91-2180582-001
a	Plan name	PLENTY CONSULTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PLENTY CONSULTING, INC.	c EIN-PN 46-4085839-001
a	Plan name	WARNER CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	WARNER CONSTRUCTION, INC.	c EIN-PN 82-0524180-001
a	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name	ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name	CHIRCO TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	CHIRCO TEAM LLC	c EIN-PN 26-3741789-001
a	Plan name	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COWBOY DODGE, INC.	c EIN-PN 83-0254068-001
a	Plan name	EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & C DBA H & C CORPORATION, INC.	c EIN-PN 57-0785805-777
a	Plan name H. BRAUNING COMPANY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor H. BRAUNING COMPANY, INC.	c EIN-PN 54-1328776-001
a	Plan name H3O, INC. 401(K) PLAN	
b	Name of plan sponsor H3O, INC.	c EIN-PN 26-3221103-001
a	Plan name HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS RETIREMENT PLAN	
b	Name of plan sponsor ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS	c EIN-PN 23-7147401-001
a	Plan name JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor JOHNSON FINANCIAL SOLUTIONS, INC.	c EIN-PN 20-8464483-001
a	Plan name JOHNSON QUARRIES 401(K) PLAN	
b	Name of plan sponsor JOHNSON QUARRIES, INC.	c EIN-PN 23-2976143-001
a	Plan name LIBERTY GLASS & METAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY GLASS & METAL, INC.	c EIN-PN 20-2134457-001
a	Plan name LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN	
b	Name of plan sponsor LIFESPAN FINANCIAL STRATEGIES, INC.	c EIN-PN 65-0741655-001
a	Plan name OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001
a	Plan name POE & CRONK 401(K) PLAN AND TRUST	
b	Name of plan sponsor POE & CRONK REAL ESTATE GROUP, INC.	c EIN-PN 54-1212380-002
a	Plan name POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POINDEXTER NUT COMPANY	c EIN-PN 94-2074522-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PONDERA ADVISORS 401(K) PLAN	
b	Name of plan sponsor	PONDERA ADVISORS, LLC	c EIN-PN 20-4885252-001
a	Plan name	TRUTECH, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	TRUTECH, L.L.C.	c EIN-PN 82-0509464-001
a	Plan name	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001
a	Plan name	AC CRANE & SIGN SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AC CRANE & SIGN SERVICE, INC.	c EIN-PN 52-1914457-001
a	Plan name	ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name	ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ARTERIOCYTE, INC.	c EIN-PN 26-1272740-001
a	Plan name	BOOTHWYN PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor	BPI HOLDINGS, LLC	c EIN-PN 23-2774727-001
a	Plan name	CAPRI & ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPRI & ASSOCIATES INC.	c EIN-PN 23-3095696-002
a	Plan name	CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTOPHER M. PENNISI, DDS, PLLC	c EIN-PN 26-3030636-001
a	Plan name	DAKEM & ASSOCIATES, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAKEM & ASSOCIATES, LLC.	c EIN-PN 86-0864545-001
a	Plan name	DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name	FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor	FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	c EIN-PN 77-0489033-001
a	Plan name GRAYCO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor GRAYCO ENTERPRISES, INC.	c EIN-PN 36-4322896-001
a	Plan name HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor HELIX CONSTRUCTION SERVICES, INC.	c EIN-PN 52-1889574-001
a	Plan name HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a	Plan name LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name O'BRIEN LAW FIRM, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor O'BRIEN LAW FIRM, P.C.	c EIN-PN 20-1935235-001
a	Plan name PASCARELLA EYE CARE AND CONTACT LENSES 401(K) PLAN	
b	Name of plan sponsor PASCARELLA EYE CARE AND CONTACT LENSES	c EIN-PN 27-1874057-001
a	Plan name POWERSCREEN OF FLORIDA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POWERSCREEN OF FLORIDA, INC.	c EIN-PN 59-2316750-001
a	Plan name QMSI 401(K) PLAN	
b	Name of plan sponsor QMSI	c EIN-PN 62-1539705-001
a	Plan name SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.	c EIN-PN 39-1317185-001
a	Plan name WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor WEATHER ENGINEERS, INC.	c EIN-PN 59-3076169-004
a	Plan name FLOURISH, INC. 401(K) PLAN	
b	Name of plan sponsor FLOURISH, INC.	c EIN-PN 34-1938082-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor MACOMB NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3587490-001
a	Plan name PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRIMO MEDICAL GROUP, INC.	c EIN-PN 04-2224896-002
a	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001
a	Plan name HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEALS ON WHEELS, ETC., INC.	c EIN-PN 59-2977907-001
a	Plan name REGAL ELECTRONICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REGAL ELECTRONICS, INC.	c EIN-PN 77-0297406-001
a	Plan name ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	c EIN-PN 94-3295212-002
a	Plan name VANQUISH WORLDWIDE, LLC 401(K)PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395487-001
a	Plan name VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-002
a	Plan name VARSITY STRIPING & CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VARSITY STRIPING & CONSTRUCTION, CO.	c EIN-PN 37-1094788-002
a	Plan name AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor AUGUSTA ONCOLOGY ASSOCIATES, P.C.	c EIN-PN 58-1481590-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HITV 401(K) PLAN	
b	Name of plan sponsor	HITV OPERATING CO., INC.	c EIN-PN 20-8485379-001
a	Plan name	ROTEK INSTRUMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	ROTEK INSTRUMENT CORP.	c EIN-PN 04-2468423-001
a	Plan name	VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINCENT GREENE ARCHITECTS	c EIN-PN 52-2066377-002
a	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001
a	Plan name	BECK COMPANIES INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	BECK READYMIX CONCRETE COMPANY, INC.	c EIN-PN 74-2341756-001
a	Plan name	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b	Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a	Plan name	INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name	SCI 401(K) PLAN	
b	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
a	Plan name	DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
a	Plan name	INTREIS 401(K) PLAN	
b	Name of plan sponsor	INTREIS	c EIN-PN 46-0855494-001
a	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name	JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	COMPUTER GUIDANCE	c EIN-PN 46-4707871-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SMITH'S ADDRESSING MACHINE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITH'S ADDRESSING MACHINE SERVICES, INC.	c EIN-PN 56-1099952-001
a	Plan name SMP SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMP SERVICES, INC.	c EIN-PN 20-2816544-001
a	Plan name OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC 401(K) PLAN	
b	Name of plan sponsor OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC	c EIN-PN 11-3800210-001
a	Plan name EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor EXCEL PAYROLL SERVICES, INC.	c EIN-PN 26-1943089-001
a	Plan name PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001
a	Plan name CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
a	Plan name LUANA GABRIELA BADEA 401(K) PLAN	
b	Name of plan sponsor LUANA GABRIELA BADEA	c EIN-PN 92-3209762-001
a	Plan name THE LEIGH AGENCY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor THE IDARUTH CORPORATION T/A THE LEIGH AGENCY	c EIN-PN 22-3020365-001
a	Plan name ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
b	Name of plan sponsor COLEGIO PUERTORRIQUENO DE NINAS	c EIN-PN 66-0204435-001
a	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALWAYS BETTER CARE HOME PROVIDERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALWAYS BETTER CARE HOME HEALTH PROVIDERS, INC.	c EIN-PN 95-4574440-001
a	Plan name	CONSOLIDATED DOORS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED DOORS, INC.	c EIN-PN 39-1757450-001
a	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
a	Plan name	ANY WAY YOU WANT IT MOVING & STORAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	ANY WAY YOU WANT IT MOVING & STORAGE, INC.	c EIN-PN 11-3679750-001
a	Plan name	HANSFORD PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor	HANSFORD PHARMACY SERVICES, LLC	c EIN-PN 20-0564615-001
a	Plan name	HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001
a	Plan name	ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ULRICHSEN ROSEN & FREED LLC	c EIN-PN 20-4413474-001
a	Plan name	DAVID R. KOEHLER, CPA, SOLE PROPRIETOR 401(K) PLAN	
b	Name of plan sponsor	DAVID R. KOEHLER, CPA, SOLE PROPRIETOR	c EIN-PN 77-0420020-001
a	Plan name	MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name	MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MKRS LAW, P.L.	c EIN-PN 20-3879249-001
a	Plan name	VITECH 401(K) PLAN	
b	Name of plan sponsor	ZUKEN VITECH, INC.	c EIN-PN 54-1636539-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name <u>INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN</u>	
b	Name of plan sponsor <u>INNOVATIVE TURNAROUND CONTROLS</u>	c EIN-PN <u>20-2435857-001</u>
a	Plan name <u>WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WESTERN FILAMENT, INC.</u>	c EIN-PN <u>95-3672588-001</u>
a	Plan name <u>BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN</u>	
b	Name of plan sponsor <u>BIO-MED BEHAVIORAL HEALTH CARE, P.C.</u>	c EIN-PN <u>38-3469611-001</u>
a	Plan name <u>BIRKENSTOCK LIGHTING DESIGNS 401(K) PLAN & TRUST</u>	
b	Name of plan sponsor <u>BIRKENSTOCK LIGHTING DESIGNS, INC.</u>	c EIN-PN <u>45-4475590-001</u>
a	Plan name <u>SHANNON CHEMICAL CORPORATION 401(K) PLAN</u>	
b	Name of plan sponsor <u>SHANNON CHEMICAL CORPORATION</u>	c EIN-PN <u>23-1856793-001</u>
a	Plan name <u>WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WMX LOGISTICS</u>	c EIN-PN <u>82-0570015-001</u>
a	Plan name <u>SOFTCRYLIC 401(K) PLAN</u>	
b	Name of plan sponsor <u>SOFTCRYLIC, LLC</u>	c EIN-PN <u>13-4137658-001</u>
a	Plan name <u>SOLARCRAFT SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>SOLARCRAFT SERVICES, INC.</u>	c EIN-PN <u>68-0106478-001</u>
a	Plan name <u>CACTUS ROSE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>CACTUS ROSE CONSTRUCTION, INC.</u>	c EIN-PN <u>86-0979336-001</u>
a	Plan name <u>F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)</u>	
b	Name of plan sponsor <u>F & K DELVOTEC, INC.</u>	c EIN-PN <u>33-0605091-001</u>
a	Plan name <u>K&S ASSOCIATES, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>K&S ASSOCIATES, INC.</u>	c EIN-PN <u>43-0986235-001</u>
a	Plan name <u>STEEL - FAB, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>STEEL-FAB, INC.</u>	c EIN-PN <u>04-2396722-004</u>

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FOREMAN TOOL AND MOLD 401(K) PLAN	
b	Name of plan sponsor	FOREMAN TOOL AND MOLD	c EIN-PN 82-3225815-001
a	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001
a	Plan name	WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor	WHITE BRENNER LLP	c EIN-PN 46-1799572-001
a	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name	BEMEL, ROSS & AVEDON, LLP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEMEL, ROSS & AVEDON, LLP	c EIN-PN 82-3833377-001
a	Plan name	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	c EIN-PN 71-0577085-004
a	Plan name	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
a	Plan name	FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIRST STOP URGENT CARE	c EIN-PN 84-1649267-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor	FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name	FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FOUNDATION FOR INTERNATIONAL SERVICES, INC.	c EIN-PN 91-1300363-001
a	Plan name	GIBSON & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GIBSON & ASSOCIATES, INC.	c EIN-PN 75-2057660-001
a	Plan name	GLYMED PLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLYMED PLUS LLC	c EIN-PN 80-0112220-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
b	Name of plan sponsor HORSHAM SQUARE PHARMACY, INC.	c EIN-PN 23-2409251-002
a	Plan name ITC INFOTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor ITC INFOTECH USA, INC.	c EIN-PN 22-3239723-001
a	Plan name MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
a	Plan name MEMBERS 1ST CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor MEMBERS 1ST CREDIT UNION	c EIN-PN 43-6032141-033
a	Plan name NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTANT 401(K) PLAN	
b	Name of plan sponsor NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTAN	c EIN-PN 20-3988984-001
a	Plan name PACIFIC DESIGN AND SOURCING 401(K) PLAN	
b	Name of plan sponsor PACIFIC DESIGN AND SOURCING	c EIN-PN 27-2403668-001
a	Plan name PC CONTROLS 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PC CONTROLS	c EIN-PN 75-2830816-001
a	Plan name RAFIH AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor RAFIH AUTO GROUP, INC.	c EIN-PN 68-0676945-001
a	Plan name RETIREMENT PLAN SERVICES PROGRAM FOR PINNACLE CONSTRUCTORS	
b	Name of plan sponsor PINNACLE CONSTRUCTORS & SPECIALTIES, INC.	c EIN-PN 84-0864519-001
a	Plan name THE MIRAZON GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MIRAZON GROUP, LLC	c EIN-PN 61-1363720-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	VERTICAL SYSTEMS, LLC 401(K) / PROFIT SHARING PLAN	
b Name of plan sponsor	VERTICAL SYSTEMS, LLC	c EIN-PN 20-0215495-001

a Plan name	VOLENTE INSURANCE PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	VOLENTE INSURANCE PARTNERS, LLC	c EIN-PN 75-3204608-001

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

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

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

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan OPPENHEIMER INTERNATIONAL BOND RET OPT		B Three-digit plan number (PN) ▶	089
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY		D Employer Identification Number (EIN) 39-0989781	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	6
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)	
(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)	5062645
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6002410	5062651
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	802	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	802	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6001608	5062651

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)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	303274	
(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)		
(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)	-160347	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		142927

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)	33829	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		33829
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33829

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		109098
l Transfers of assets:			
(1) To this plan	2l(1)		653689
(2) From this plan	2l(2)		1701744

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** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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