

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) 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

<p>1a Name of plan <u>FRANKLIN UTILITIES RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>267</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d 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.

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> <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>FRANKLIN UTILITIES RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>267</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)

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 BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
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 DIAMOND EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor DIAMOND EQUIPMENT, INC.	c EIN-PN 35-1161961-001
a	Plan name ECHO BAY MARINA, LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ECHO BAY MARINA, LLC	c EIN-PN 06-1385013-001
a	Plan name EDGE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EDGE PLASTICS, INC.	c EIN-PN 33-0397325-001
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 PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KKD PET VET	c EIN-PN 46-1590293-001
a	Plan name HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222
a	Plan name HOWARD FINISHING, LLC RETIREMENT PLAN	
b	Name of plan sponsor HOWARD FINISHING, LLC	c EIN-PN 03-0383740-001
a	Plan name KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENNETH O. KARP, MD, PA	c EIN-PN 20-0112151-001

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	MERROW MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	MERROW MANUFACTURING, LLC.	c EIN-PN 82-1734889-001
a	Plan name	NORTHERN ENERGY SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NORTHERN ENERGY SERVICES, INC.	c EIN-PN 04-3308382-001
a	Plan name	PHELAN MANAGEMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	PHELAN MANAGEMENT SERVICES, INC.	c EIN-PN 20-0647101-001
a	Plan name	SILVER CREEK MODULAR LLC 401(K) PLAN	
b	Name of plan sponsor	SILVER CREEK MODULAR LLC	c EIN-PN 92-3730178-001
a	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name	STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name	THOMAS R. PATACCA, D.D.S., INC. RETIREMENT SAVINGS TRUST AND PLAN	
b	Name of plan sponsor	THOMAS R. PATACCA, D.D.S., INC.	c EIN-PN 34-1133350-001
a	Plan name	THOMPSON TANK, INC. 401(K) PLAN	
b	Name of plan sponsor	THOMPSON TANK, INC.	c EIN-PN 88-0302977-001
a	Plan name	XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	XP SERVICES, INC.	c EIN-PN 80-0316734-001
a	Plan name	YAMIBUY 401(K) PLAN	
b	Name of plan sponsor	TRANSOCEAN RESOURCES MANAGEMENT INC.	c EIN-PN 46-1019646-001
a	Plan name	YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	YARBROUGH ELECTRONICS SALES	c EIN-PN 86-0911466-001
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

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	APS 401(K) PLAN
b	Name of plan sponsor	ADVANCED POWDER SOLUTIONS OF TEXAS
c	EIN-PN	20-3150581-001
a	Plan name	EDUCATIUS GROUP 401(K) PLAN
b	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL
c	EIN-PN	26-4005699-001
a	Plan name	FRC 401(K) PLAN
b	Name of plan sponsor	THE FINANCIAL RESOURCE CENTER, INC.
c	EIN-PN	35-1883522-001
a	Plan name	GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.
c	EIN-PN	95-4126355-001
a	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN
b	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION
c	EIN-PN	61-0245450-001
a	Plan name	LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	LAWYERS FOR JUSTICE PC
c	EIN-PN	27-4652068-001
a	Plan name	NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	NUHORIZON PROPERTIES, LLC
c	EIN-PN	38-3521185-001
a	Plan name	PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST
b	Name of plan sponsor	PAKOIL COMPANY
c	EIN-PN	23-1940681-002
a	Plan name	PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN
b	Name of plan sponsor	PALMETTO REHABILITATION SPECIALISTS
c	EIN-PN	20-4474119-001
a	Plan name	SALON AURA 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SALON AURA
c	EIN-PN	39-1885637-001
a	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SIMPSON SPENCE YOUNG
c	EIN-PN	13-5395270-001
a	Plan name	SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	SKANES TECHNOLOGY GROUP, LLC
c	EIN-PN	27-1433006-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b	Name of plan sponsor	TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	YARBROUGH ELECTRONICS SALES, LLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	YARBROUGH ELECTRONICS SALES	c EIN-PN 86-0911466-002
a	Plan name	YEZCO1, INC. 401(K) PLAN	
b	Name of plan sponsor	YEZCO1, INC.	c EIN-PN 35-2395294-001
a	Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
a	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor	AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
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	COMMUNITY CARE NURSES 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CARE NURSES, INC.	c EIN-PN 05-0410613-001
a	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name	LEHMAN DAMAN CONSTRUCTION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEHMAN DAMAN CONSTRUCTION SERVICES, INC.	c EIN-PN 31-1123984-001
a	Plan name	MBPIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	c EIN-PN 38-1956049-002
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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MR DRYWALL SERVICES LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MR DRYWALL SERVICES, L.L.C.	c EIN-PN 35-2514184-001
a	Plan name	OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OPHTHALMOLOGY CENTER OF ILLINOIS	c EIN-PN 46-3808527-001
a	Plan name	SANDHILLS STATE BANK 401(K) PLAN	
b	Name of plan sponsor	SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a	Plan name	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name	A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a	Plan name	DMA HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	DMA HOLDINGS, INC.	c EIN-PN 26-1547833-001
a	Plan name	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	c EIN-PN 13-3592138-001
a	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001
a	Plan name	CHINATOWN PHARMACY 401(K) PLAN	
b	Name of plan sponsor	CHINATOWN PHARMACY	c EIN-PN 47-5552705-001
a	Plan name	ESTATE & PENSION ADVISORY BOARD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	M PENSION GROUP LIMITED, D.B.A. ESTATE & PENSION ADVISORY BOARD	c EIN-PN 27-0475956-001
a	Plan name	MCKIM CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor	SOUTH VALLEY CHIROPRACTIC, LLC DBA MCKIM CHIROPRACTIC	c EIN-PN 82-0452136-001

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	MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
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	RAY SMITH INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	RAY SMITH INSURANCE AGENCY, INC.	c EIN-PN 41-1389486-001
a	Plan name	RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	RAZOR, USA, LLC	c EIN-PN 95-4807765-001
a	Plan name	SCG CAPITAL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SCG CAPITAL CORPORATION	c EIN-PN 06-0961259-005
a	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name	THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CITIZENS BANK	c EIN-PN 61-0156390-002
a	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a	Plan name	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE LINE, INC.	c EIN-PN 55-0651663-001
a	Plan name	TRUSTCO, INC. TAX-FAVORED SAVINGS PLAN	
b	Name of plan sponsor	TRUSTCO, INC.	c EIN-PN 87-0295837-001
a	Plan name	TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777

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 ALLEN'S TREE SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ALLEN'S TREE SERVICE, INC.	c EIN-PN 58-1997275-001
a	Plan name BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAY TRADERS, INC.	c EIN-PN 92-0140124-002
a	Plan name BAY TRADERS, INC. CASH BALANCE PENSION PLAN	
b	Name of plan sponsor BAY TRADERS INC.	c EIN-PN 92-0140123-002
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
a	Plan name COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE DENTAL SERVICES, LTD.	c EIN-PN 39-1154725-001
a	Plan name COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	c EIN-PN 59-3426104-001
a	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAIRY-MIX, INC.	c EIN-PN 59-0659640-001
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
a	Plan name GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a	Plan name IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
a	Plan name JAMES G. MURPHY, INC. 401(K) PLAN	
b	Name of plan sponsor JAMES G. MURPHY, INC.	c EIN-PN 91-0901239-002
a	Plan name JAMES R. DETTLING, MD. LTD. CASH BALANCE PENSION PLAN	
b	Name of plan sponsor JAMES R. DETTLING, M.D. LTD	c EIN-PN 88-0469527-002

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	KIM & LAVOY, S.C. 401(K) PLAN	
b	Name of plan sponsor	KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001
a	Plan name	PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARAGON SOFTWARE GROUP CORPORATION	c EIN-PN 26-2745098-001
a	Plan name	PARANET CORPORATION SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PARANET CORPORATION SERVICES, INC.	c EIN-PN 58-2032457-001
a	Plan name	PVIM RETIREMENT PLAN	
b	Name of plan sponsor	PIONEER VALLEY INTERNAL MEDICINE, PC	c EIN-PN 20-4133434-001
a	Plan name	PWA RETIREMENT PLAN	
b	Name of plan sponsor	PERHATS WENSTROM ASSOCIATES, INC.	c EIN-PN 36-3611103-002
a	Plan name	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
a	Plan name	ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name	THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FINANCIAL GROUP OF PHILADELPHIA, LLC	c EIN-PN 20-2128204-001
a	Plan name	THE FLAH 401(K) PLAN	
b	Name of plan sponsor	CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002
a	Plan name	COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	COD & CAPERS SEAFOOD	c EIN-PN 59-2349811-001
a	Plan name	GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor	GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001

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 M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor M.F. HUSEBY COMPANY, INC.	c EIN-PN 95-1729316-001
a	Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001
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 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 RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
a	Plan name VANDERFORD & RUIZ, LLP 401(K) PLAN	
b	Name of plan sponsor VANDERFORD & RUIZ, LLP	c EIN-PN 56-2531267-001
a	Plan name DELL-COMM, INC. 401(K) PLAN	
b	Name of plan sponsor DELL-COMM, INC.	c EIN-PN 41-1660280-001
a	Plan name HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HLN CONSULTING, LLC	c EIN-PN 22-3516344-001
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 SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INTERPRET, LLC	c EIN-PN 20-4554232-002
a	Plan name	OCEANWIDE PLAZA LLC 401(K) PLAN	
b	Name of plan sponsor	OCEANWIDE PLAZA LLC	c EIN-PN 68-0683629-001
a	Plan name	OCEANWIDE RESORT HI LLC 401(K) PLAN	
b	Name of plan sponsor	OCEANWIDE RESORT HI LLC	c EIN-PN 81-2988222-001
a	Plan name	ELECTRO-TECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELECTRO-TECH, INC.	c EIN-PN 06-1107977-001
a	Plan name	C T LEWIS ENTERPRISES LP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C T LEWIS ENTERPRISES LP	c EIN-PN 51-0663685-001
a	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name	CLARKE PACKING 401(K) PLAN	
b	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	c EIN-PN 36-3828267-001
a	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
b	Name of plan sponsor	CLASSIC CARRIERS, INC.	c EIN-PN 31-1152938-001
a	Plan name	GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENESIS MARINE	c EIN-PN 45-2448783-001
a	Plan name	MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	MALCOLM SMITH MOTORCYCLES, INC.	c EIN-PN 33-0118610-001
a	Plan name	COLEMAN FROST LLP 401(K) PLAN	
b	Name of plan sponsor	COLEMAN FROST LLP	c EIN-PN 20-0807972-001
a	Plan name	PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL BROKERAGE WEST, INC.	c EIN-PN 88-0222304-001

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	CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001
a	Plan name	CONTACTUS 401(K) PLAN	
b	Name of plan sponsor	CONTACTUS,LLC	c EIN-PN 45-4001073-001
a	Plan name	R & M EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	TRIBMS, LLC DBA R & M EQUIPMENT COMPANY	c EIN-PN 23-3084608-001
a	Plan name	RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
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	ROBIN II, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROBIN II, INC.	c EIN-PN 39-1314862-001
a	Plan name	VENTURE 401(K) PLAN	
b	Name of plan sponsor	VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name	HOLOCENE RETIREMENT PLAN	
b	Name of plan sponsor	HOLOCENE DRILLING	c EIN-PN 88-1200636-001
a	Plan name	RUPP SEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	RUPP SEEDS, INC.	c EIN-PN 34-1384132-001
a	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	c EIN-PN 76-0804445-001
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002
a	Plan name	INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE TURNAROUND CONTROLS	c EIN-PN 20-2435857-001

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	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name	SEHO 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN HOME OXYGEN SERVICES, INC.	c EIN-PN 58-1475742-001
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name	EMG, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EMG, INC.	c EIN-PN 94-2903016-001
a	Plan name	SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	SONOMA GRAPHIC PRODUCTS	c EIN-PN 68-0441691-001
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name	KOBBER/HANSSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KOBBER/HANSSSEN/MITCHELL ARCHITECTS	c EIN-PN 99-0237714-001
a	Plan name	SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor	FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001

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 LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor LAMONI LIVESTOCK AUCTION MARKET, LLC	c EIN-PN 83-1452702-001
a	Plan name AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001
a	Plan name WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name BISBEE PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor ROADSIDE DEVELOPERS, INC. DBA BISBEE PLUMBING & HEATING	c EIN-PN 41-0915726-001
a	Plan name BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BDS HOLDINGS, INC.	c EIN-PN 54-1968963-001
a	Plan name CAHFC 401(K) PLAN	
b	Name of plan sponsor CAPITAL AREA HOUSING FINANCE CORPORATION	c EIN-PN 42-1550637-001
a	Plan name CALIBER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	c EIN-PN 26-4751651-001
a	Plan name CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALICO BUILDING SERVICES, INC.	c EIN-PN 33-0493568-001
a	Plan name CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor CENTRAL FLORIDA CANCER INSTITUTE	c EIN-PN 59-3569143-001
a	Plan name COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN
b	Name of plan sponsor	FAIRGROUNDS TRANSPORTATION
c	EIN-PN	26-1692517-001
a	Plan name	FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY
c	EIN-PN	95-4467199-001
a	Plan name	GUIDE WEALTH PARTNERS, INC. 401(K) PLAN
b	Name of plan sponsor	GUIDE WEALTH PARTNERS, INC.
c	EIN-PN	42-1350912-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN
b	Name of plan sponsor	HISENSE PHOTONICS, INC.
c	EIN-PN	33-0939548-001
a	Plan name	KAWANA & GONG, LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KAWANA & GONG, LLP
c	EIN-PN	20-0427747-001
a	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	MANAGEMENT MATERIALS INC.
c	EIN-PN	38-2412976-001
a	Plan name	MEL LANZER COMPANY PROFIT SHARING PLAN
b	Name of plan sponsor	MEL LANZER COMPANY
c	EIN-PN	34-0965107-001
a	Plan name	NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST
b	Name of plan sponsor	NEW ENGLAND DENTAL CENTER, P.C.
c	EIN-PN	06-1001051-001
a	Plan name	P/A INDUSTRIES INC. 401(K) PLAN
b	Name of plan sponsor	P/A INDUSTRIES INC.
c	EIN-PN	06-0862210-001
a	Plan name	PETERSON, OLIVER & POLL 401(K) PLAN
b	Name of plan sponsor	PETERSON, OLIVER & POLL
c	EIN-PN	33-0551209-001
a	Plan name	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN
b	Name of plan sponsor	PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM
c	EIN-PN	13-3140621-001
a	Plan name	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC
c	EIN-PN	27-1248611-001

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 RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.	
b	Name of plan sponsor ALVORD-POLK, INC.	c EIN-PN 23-2046694-001
a	Plan name SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
a	Plan name SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	c EIN-PN 77-0000356-001
a	Plan name AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001
a	Plan name TRIDENT EDGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIDENT EDGE, INC.	c EIN-PN 26-0813587-001
a	Plan name AMERICAN HEAVY MOVING AND RIGGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN HEAVY MOVING AND RIGGING, INC.	c EIN-PN 95-3622763-001
a	Plan name VOLAC, INC. 401(K) PLAN	
b	Name of plan sponsor VOLAC, INC.	c EIN-PN 51-0375769-001
a	Plan name VORTEX AIR TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VORTEX AIR TECHNOLOGY, INC.	c EIN-PN 27-1402284-001
a	Plan name VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	
b	Name of plan sponsor VOSS BELTING & SPECIALTY CO., INC.	c EIN-PN 36-2109945-001
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FRANKLIN UTILITIES RET OPT	B Three-digit plan number (PN) ▶ 267
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(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)	11980630
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13413553
(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	11980630	13413553
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11980630	13413553

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)	335906	
(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)	1914311	
(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)		833783
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3084000

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)	49257	
(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)		49257
j Total expenses. Add all expense amounts in column (b) and enter total	2j		49257

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3034743
l Transfers of assets:			
(1) To this plan	2l(1)		1454961
(2) From this plan	2l(2)		3056781

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 _____.