

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

2024

This Form is Open to Public Inspection

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, 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, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN CENTURY GOVERNMENT BOND RET OPT
1b Three-digit plan number (PN): 355
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**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:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>AMERICAN CENTURY GOVERNMENT BOND RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>355</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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**d** Entity code

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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.)		
<b>a</b>	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	<b>c</b> EIN-PN 23-7198801-001
<b>a</b>	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEVINE ORGANICS LLC	<b>c</b> EIN-PN 46-1867921-001
<b>a</b>	Plan name EATON DRILLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor EATON DRILLING CO., INC.	<b>c</b> EIN-PN 94-1207118-001
<b>a</b>	Plan name FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRAZER DENTAL CARE	<b>c</b> EIN-PN 23-3077648-001
<b>a</b>	Plan name GOLDEN GIANT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOLDEN GIANT, INC.	<b>c</b> EIN-PN 34-1087997-001
<b>a</b>	Plan name HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	<b>c</b> EIN-PN 02-1234567-001
<b>a</b>	Plan name IVANCICH & COSTIS, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor IVANCICH & COSTIS, LLP	<b>c</b> EIN-PN 26-2298861-001
<b>a</b>	Plan name MONTALVO ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTALVO ASSOCIATION	<b>c</b> EIN-PN 94-1249283-001
<b>a</b>	Plan name PROMAN STAFFING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROMAN GROUP, INC	<b>c</b> EIN-PN 82-2540923-001
<b>a</b>	Plan name PROSPERA LAW, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROSPERA LAW, LLP	<b>c</b> EIN-PN 27-3613349-001
<b>a</b>	Plan name SAKOR TECHNOLOGIES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAKOR TECHNOLOGIES, INC.	<b>c</b> EIN-PN 38-2712885-001
<b>a</b>	Plan name UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL CREDIT SERVICES, INC.	<b>c</b> EIN-PN 38-3424306-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VOXTUR ANALYTICS US CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOXTUR ANALYTICS US CORP.	<b>c</b> EIN-PN 87-2071392-001
<b>a</b>	Plan name	W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARREN S. UNEMORI ENGINEERING, INC.	<b>c</b> EIN-PN 99-0149848-002
<b>a</b>	Plan name	W/S MACHINE & TOOL, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	W/S MACHINE & TOOL, INC.	<b>c</b> EIN-PN 39-1764609-001
<b>a</b>	Plan name	APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPALACHIAN BOILER AND FAB, LLC	<b>c</b> EIN-PN 46-0911627-001
<b>a</b>	Plan name	HUNT INSURANCE AGENCY, INC. EMPLOYEES SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HUNT INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 36-2730032-001
<b>a</b>	Plan name	JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JAG, INC.	<b>c</b> EIN-PN 20-4383697-001
<b>a</b>	Plan name	KETTER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KETTER & ASSOCIATES	<b>c</b> EIN-PN 47-0806233-001
<b>a</b>	Plan name	KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KEYROCK ENERGY, LLC	<b>c</b> EIN-PN 26-0602410-001
<b>a</b>	Plan name	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 95-3308709-001
<b>a</b>	Plan name	MARION MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARION TOOL & DIE, INC. DBA MARION MANUFACTURING	<b>c</b> EIN-PN 35-2010769-001
<b>a</b>	Plan name	MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MORRIS CERULLO WORLD EVANGELISM	<b>c</b> EIN-PN 95-2372233-001
<b>a</b>	Plan name	PARADIGM HEALTH PLANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARADIGM HEALTH PLANS 401(K) PLAN	<b>c</b> EIN-PN 45-3581579-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SKLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKLO STUDIO, INC.	<b>c</b> EIN-PN 27-4554699-001
<b>a</b>	Plan name	VALLEY AIR CRAFTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL SCHOENAU DBA VALLEY AIR CRAFTS	<b>c</b> EIN-PN 33-1129677-001
<b>a</b>	Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A BETTER CONTRACTOR, LLC	<b>c</b> EIN-PN 46-4885039-002
<b>a</b>	Plan name	ALBERTELLI LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES E. ALBERTELLI, P.A.	<b>c</b> EIN-PN 26-0659686-001
<b>a</b>	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALERT-O-LITE, INC.	<b>c</b> EIN-PN 94-2752915-001
<b>a</b>	Plan name	ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIAS, TOVAR & ASSOCIATES, P.A.	<b>c</b> EIN-PN 65-0971956-001
<b>a</b>	Plan name	BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOB RIDINGS, INC.	<b>c</b> EIN-PN 37-0994988-001
<b>a</b>	Plan name	CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CYPRESS POINT CLUB	<b>c</b> EIN-PN 94-6008058-002
<b>a</b>	Plan name	MCARDLE LTD. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCARDLE LTD.	<b>c</b> EIN-PN 36-2949020-333
<b>a</b>	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MS INTERNATIONAL, INC.	<b>c</b> EIN-PN 35-1562013-003
<b>a</b>	Plan name	RAPT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHMOND AUTO PARTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 61-1321586-001
<b>a</b>	Plan name	WARNER CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARNER CONSTRUCTION, INC.	<b>c</b> EIN-PN 82-0524180-001

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.)		
<b>a</b>	Plan name <b>CORRA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORRA</b>	<b>c</b> EIN-PN <b>04-3819932-001</b>
<b>a</b>	Plan name <b>ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE</b>	<b>c</b> EIN-PN <b>27-0047953-001</b>
<b>a</b>	Plan name <b>FSY ARCHITECTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FSY ARCHITECTS</b>	<b>c</b> EIN-PN <b>95-4638941-001</b>
<b>a</b>	Plan name <b>I-TECH USA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>I-TECH USA</b>	<b>c</b> EIN-PN <b>32-0015143-001</b>
<b>a</b>	Plan name <b>AMERICAN STEEL TREATING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN STEEL TREATING, INC.</b>	<b>c</b> EIN-PN <b>34-1614413-001</b>
<b>a</b>	Plan name <b>BULVERDE GLASS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BULVERDE GLASS, INC</b>	<b>c</b> EIN-PN <b>74-2941775-001</b>
<b>a</b>	Plan name <b>COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COUNTRY ROADS TRUCKING SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>35-1696225-001</b>
<b>a</b>	Plan name <b>EQUINE MEDICAL CENTER OF OCALA 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EQUINE MEDICAL CENTER OF OCALA</b>	<b>c</b> EIN-PN <b>20-3993544-001</b>
<b>a</b>	Plan name <b>ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ETNA STAFFING SOLUTIONS (ESS) LLC</b>	<b>c</b> EIN-PN <b>26-2379410-001</b>
<b>a</b>	Plan name <b>HAGOOD HOMES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAGOOD HOMES, INC.</b>	<b>c</b> EIN-PN <b>56-1965580-001</b>
<b>a</b>	Plan name <b>ID SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ID SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>38-2419366-002</b>
<b>a</b>	Plan name <b>POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POINDEXTER NUT COMPANY</b>	<b>c</b> EIN-PN <b>94-2074522-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POLK COUNTY SCHOOL READINESS COALITION, INC.	<b>c</b> EIN-PN 59-3648316-001
<b>a</b>	Plan name	RAY HENSLEY, INC. RET. PLAN	
<b>b</b>	Name of plan sponsor	RAY HENSLEY, INC.	<b>c</b> EIN-PN 31-0889689-001
<b>a</b>	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	<b>c</b> EIN-PN 52-1715183-001
<b>a</b>	Plan name	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUE LINE, INC.	<b>c</b> EIN-PN 55-0651663-001
<b>a</b>	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASSERMAN & ASSOCIATES	<b>c</b> EIN-PN 46-1597804-001
<b>a</b>	Plan name	WAY HOLDING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WAY HOLDING, LLC	<b>c</b> EIN-PN 76-0207435-001
<b>a</b>	Plan name	ALL STATES LIGHTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL STATES LIGHTING, INC.	<b>c</b> EIN-PN 59-3045526-001
<b>a</b>	Plan name	ARISE HIGH SCHOOL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARISE HIGH SCHOOL	<b>c</b> EIN-PN 20-8887944-001
<b>a</b>	Plan name	BOSWELL & DUNLAP, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOSWELL & DUNLAP, LLP	<b>c</b> EIN-PN 59-3498279-001
<b>a</b>	Plan name	CARDEL HOMES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARDEL U.S. MANAGEMENT, LLC	<b>c</b> EIN-PN 84-1846681-001
<b>a</b>	Plan name	CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN HERITAGE ACADEMY	<b>c</b> EIN-PN 36-3237612-001
<b>a</b>	Plan name	DOUGLAS TELECOMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUGLAS TELECOMMUNICATIONS, INC.	<b>c</b> EIN-PN 94-3215975-001

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.)	
<b>a</b>	Plan name EL PASO INTEGRATED PHYSICIANS GROUP, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EL PASO INTEGRATED PHYSICIANS GROUP, P.A.	<b>c</b> EIN-PN 74-2838972-001
<b>a</b>	Plan name GRANITE STATE ACOUSTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRANITE STATE ACOUSTICS, INC.	<b>c</b> EIN-PN 02-0276885-001
<b>a</b>	Plan name JAMES W. REILLY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JAMES W. REILLY, DDS PC	<b>c</b> EIN-PN 58-2592630-001
<b>a</b>	Plan name KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KILLION COMMUNICATIONS CONSULTANTS, INC.	<b>c</b> EIN-PN 37-1367165-001
<b>a</b>	Plan name LINNEMAN LAW, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LINNEMAN LAW, LLP	<b>c</b> EIN-PN 94-1165008-001
<b>a</b>	Plan name MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
<b>b</b>	Name of plan sponsor MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	<b>c</b> EIN-PN 65-0633679-001
<b>a</b>	Plan name PARAGON PLUS, INC. DBA PARAGON STEEL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PARAGON PLUS, INC. DBA PARAGON STEEL	<b>c</b> EIN-PN 33-0300619-001
<b>a</b>	Plan name POWERSCREEN OF FLORIDA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POWERSCREEN OF FLORIDA, INC.	<b>c</b> EIN-PN 59-2316750-001
<b>a</b>	Plan name TOM MALLOY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOM MALLOY CORPORATION	<b>c</b> EIN-PN 95-2674327-004
<b>a</b>	Plan name FLORIDA BUSINESS TECHNOLOGIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLORIDA BUSINESS TECHNOLOGIES LLC	<b>c</b> EIN-PN 26-0000350-001
<b>a</b>	Plan name PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PEAK PEDIATRICS, PLLC	<b>c</b> EIN-PN 84-1567538-001
<b>a</b>	Plan name TASTES ON THE FLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TASTES ON THE FLY SAN FRANCISCO LLC	<b>c</b> EIN-PN 27-1859310-001

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.)		
<b>a</b>	Plan name ACCUTRACK SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCUTRACK SERVICES, LLC	<b>c</b> EIN-PN 27-2912487-001
<b>a</b>	Plan name GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GISCLAIR & ASSOCIATES, INC.	<b>c</b> EIN-PN 72-1012609-001
<b>a</b>	Plan name GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	<b>c</b> EIN-PN 04-2178889-001
<b>a</b>	Plan name M & J LOAN, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor M & J LOAN, LLC/DBA GRIFFIN CAPITAL FUNDING	<b>c</b> EIN-PN 87-0708717-001
<b>a</b>	Plan name TORBOT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TORBOT GROUP, INC.	<b>c</b> EIN-PN 05-0390138-001
<b>a</b>	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOTAL NETWORK MANUFACTURING	<b>c</b> EIN-PN 35-2644359-001
<b>a</b>	Plan name ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALPHA CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 25-1719838-001
<b>a</b>	Plan name CONCEPT 2001, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONCEPT 2001, INC. DBA CONCEPT HR	<b>c</b> EIN-PN 58-2453817-001
<b>a</b>	Plan name GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES WAREHOUSING, LLC	<b>c</b> EIN-PN 38-3352246-002
<b>a</b>	Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	<b>c</b> EIN-PN 20-2458255-001
<b>a</b>	Plan name TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TSM VENTURES, INC.	<b>c</b> EIN-PN 37-0809985-001
<b>a</b>	Plan name AMTECH PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUTOMATED MACHINE & TECHNOLOGY, INC.	<b>c</b> EIN-PN 54-1104196-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-001
<b>a</b>	Plan name	ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
<b>b</b>	Name of plan sponsor	ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-003
<b>a</b>	Plan name	HALL COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALL COMMUNICATIONS, INC.	<b>c</b> EIN-PN 06-0843728-001
<b>a</b>	Plan name	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARTHRITIS & RHEUMATOLOGY MEDICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 94-3295212-002
<b>a</b>	Plan name	NATIONAL WELDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL WELDING, INC.	<b>c</b> EIN-PN 56-2396369-001
<b>a</b>	Plan name	BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BEACON TRI-STATE SOLUTIONS, INC.	<b>c</b> EIN-PN 32-0277555-001
<b>a</b>	Plan name	INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INFRONT DEVICES & SYSTEMS, LLC	<b>c</b> EIN-PN 73-1646352-001
<b>a</b>	Plan name	BERGSTRESSER & POLLOCK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERGSTRESSER & POLLOCK, LLC	<b>c</b> EIN-PN 45-3592245-001
<b>a</b>	Plan name	BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BESTCO ELECTRIC, INC.	<b>c</b> EIN-PN 94-2212170-002
<b>a</b>	Plan name	NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND ORBITAL SERVICES, INC.	<b>c</b> EIN-PN 02-0508263-001
<b>a</b>	Plan name	WILLIAM ZALLA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM ZALLA CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 61-0964984-001
<b>a</b>	Plan name	OC AUTO TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	<b>c</b> EIN-PN 16-1690678-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ELEVATE GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ELEVATE GROUP, LLC	<b>c</b> EIN-PN 26-4319131-001
<b>a</b>	Plan name	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC	<b>c</b> EIN-PN 11-3800210-001
<b>a</b>	Plan name	CARDIOVASCULAR SOLUTIONS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARDIOVASCULAR SOLUTIONS, LLC	<b>c</b> EIN-PN 26-0170867-001
<b>a</b>	Plan name	CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTIES UNLIMITED, INC.	<b>c</b> EIN-PN 43-1986186-001
<b>a</b>	Plan name	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	<b>c</b> EIN-PN 59-1273247-001
<b>a</b>	Plan name	CLARK'S AUTO REPAIR, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLARK'S AUTO REPAIR, LLC	<b>c</b> EIN-PN 46-4186489-001
<b>a</b>	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC CARRIERS, INC.	<b>c</b> EIN-PN 31-1152938-001
<b>a</b>	Plan name	GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA SPECIALTY CONSTRUCTORS, INC.	<b>c</b> EIN-PN 58-1505420-002
<b>a</b>	Plan name	ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVERTISING CONSULTANTS, INC.	<b>c</b> EIN-PN 95-2465409-001
<b>a</b>	Plan name	GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREENWAY GROUP ASSOCIATES LLC	<b>c</b> EIN-PN 54-1899754-001
<b>a</b>	Plan name	ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED COMPONENTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 33-0439579-001
<b>a</b>	Plan name	MIKE COUNCIL PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKE COUNCIL PLUMBING, INC.	<b>c</b> EIN-PN 77-0547651-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 34-1117652-001
<b>a</b>	Plan name	HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOME GUARD INDUSTRIES, INC.	<b>c</b> EIN-PN 35-1568735-001
<b>a</b>	Plan name	RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RYAN & RYAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-2312773-001
<b>a</b>	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	<b>c</b> EIN-PN 76-0804445-001
<b>a</b>	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION	<b>c</b> EIN-PN 39-1900678-001
<b>a</b>	Plan name	K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	K KERN PAINTING LLC	<b>c</b> EIN-PN 54-2101884-001
<b>a</b>	Plan name	OWATONNA COUNTRY CLUB 401(K) AND TRUST	
<b>b</b>	Name of plan sponsor	OWATONNA COUNTRY CLUB	<b>c</b> EIN-PN 26-0010665-001
<b>a</b>	Plan name	P.L.P.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P.L.P.S. INC.	<b>c</b> EIN-PN 76-0471058-001
<b>a</b>	Plan name	FIRST CITIZENS BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST CITIZENS BANK	<b>c</b> EIN-PN 63-0789504-001
<b>a</b>	Plan name	CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARTER STREET CORPORATION	<b>c</b> EIN-PN 62-1125122-001
<b>a</b>	Plan name	PAYROLL EXPRESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAYROLL EXPRESS, LLC	<b>c</b> EIN-PN 45-3517823-001
<b>a</b>	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	<b>c</b> EIN-PN 38-3162435-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN
<b>b</b>	Name of plan sponsor	LAKELAND ECONOMIC DEVELOPMENT COUNCIL
<b>c</b>	EIN-PN	45-4919549-001
<b>a</b>	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.
<b>c</b>	EIN-PN	36-2817667-001
<b>a</b>	Plan name	WHITE BRENNER LLP 401(K) PLAN
<b>b</b>	Name of plan sponsor	WHITE BRENNER LLP
<b>c</b>	EIN-PN	46-1799572-001
<b>a</b>	Plan name	AXIS FABRICATION & MACHINE CO. 401(K) PLAN
<b>b</b>	Name of plan sponsor	AXIS FABRICATION & MACHINE COMPANY, LLC
<b>c</b>	EIN-PN	26-3961265-001
<b>a</b>	Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.
<b>c</b>	EIN-PN	38-2264378-001
<b>a</b>	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WOOD AG MANAGEMENT, INC.
<b>c</b>	EIN-PN	81-4829814-001
<b>a</b>	Plan name	BRUCE S. HEATER 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRUCE S. HEATER, DDS, LLC
<b>c</b>	EIN-PN	86-1138955-002
<b>a</b>	Plan name	CAHFC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CAPITAL AREA HOUSING FINANCE CORPORATION
<b>c</b>	EIN-PN	42-1550637-001
<b>a</b>	Plan name	CALIBER SOLUTIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS
<b>c</b>	EIN-PN	26-4751651-001
<b>a</b>	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.
<b>c</b>	EIN-PN	22-3221879-001
<b>a</b>	Plan name	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL
<b>c</b>	EIN-PN	71-0577085-004
<b>a</b>	Plan name	DB SALES & SERVICE 401(K) PLAN
<b>b</b>	Name of plan sponsor	MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE
<b>c</b>	EIN-PN	90-0627040-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DERMATOLOGY CENTER OF THE ROCKIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DERMATOLOGY CENTER OF THE ROCKIES, P.C.	<b>c</b> EIN-PN 45-3008919-002
<b>a</b>	Plan name	ENGINEERED SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED SYSTEMS, INC.	<b>c</b> EIN-PN 04-3194781-001
<b>a</b>	Plan name	FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIRST-LIGHT USA, LLC	<b>c</b> EIN-PN 20-1665358-001
<b>a</b>	Plan name	HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HATTERAS PRINTING, INC.	<b>c</b> EIN-PN 38-2168116-001
<b>a</b>	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOME REWARDS GROUP INC.	<b>c</b> EIN-PN 81-5201340-001
<b>a</b>	Plan name	INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	INTELLISTREETS, INC.	<b>c</b> EIN-PN 38-2424013-002
<b>a</b>	Plan name	KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KURTZ, ANDERSON & ASSOCIATES	<b>c</b> EIN-PN 33-0320621-001
<b>a</b>	Plan name	LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LARICHE CHEVROLET CADILLAC, INC.	<b>c</b> EIN-PN 34-1352811-001
<b>a</b>	Plan name	MANSKE COMPANIES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MANSKE MACHINERY INC.	<b>c</b> EIN-PN 39-1644408-001
<b>a</b>	Plan name	MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAUNALANI NURSING AND REHABILITATION CENTER	<b>c</b> EIN-PN 99-0249327-222
<b>a</b>	Plan name	MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLER ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 33-0878786-002
<b>a</b>	Plan name	MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLER LUMBER COMPANY	<b>c</b> EIN-PN 34-1312270-001

**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.)

<b>a</b> Plan name	MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MIPRO CONSULTING, LLC	<b>c</b> EIN-PN 20-2695598-001
<b>a</b> Plan name	MODERN WOMEN'S CARE, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MODERN WOMEN'S CARE	<b>c</b> EIN-PN 27-1337010-001
<b>a</b> Plan name	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	<b>c</b> EIN-PN 81-0587881-001
<b>a</b> Plan name	PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	PREMIERE BUILDING MAINTENANCE CORPORATION	<b>c</b> EIN-PN 62-1643357-001
<b>a</b> Plan name	PRIEST AMISTADI PROFIT SHARING 401(K) PLAN	
<b>b</b> Name of plan sponsor	PRIEST AMISTADI	<b>c</b> EIN-PN 94-2507389-001
<b>a</b> Plan name	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	<b>c</b> EIN-PN 46-4501717-001
<b>a</b> Plan name	UNION CEMETERY ASSOCIATION EMPLOYEE BENEFIT RETIREMENT PLAN AND TRUST	
<b>b</b> Name of plan sponsor	THE UNION CEMETERY ASSOCIATION	<b>c</b> EIN-PN 34-0587510-002
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN CENTURY GOVERNMENT BOND RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>355</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	3                      2
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	13548404                      12685071
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	13548407	12685073
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	13548407	12685073

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	563618	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-458460	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		105158

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	79975	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		79975
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		79975

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		25183
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2923548
(2) From this plan .....	<b>2l(2)</b>		3812065

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

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.