

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: JANUS HENDERSON BALANCED INV OPT; 1b Three-digit plan number (PN): 394; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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.

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

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>JANUS HENDERSON BALANCED INV OPT</u>		B Three-digit plan number (PN) ▶ <u>394</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)

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):		
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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 BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP 401(K) PLAN	
b	Name of plan sponsor BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP	c EIN-PN 52-1136273-001
a	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
a	Plan name J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor J. MCLOUGHLIN ENGINEERING CO., INC.	c EIN-PN 33-0570155-001
a	Plan name MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MESSAGEBROADCAST.COM, LLC	c EIN-PN 77-0480271-001
a	Plan name UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL TAPE SUPPLY CORP.	c EIN-PN 22-1814877-002
a	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EISENBERG & ASSOCIATES, INC.	c EIN-PN 75-1573412-001
a	Plan name PROTIRO, INC. 401(K) PLAN	
b	Name of plan sponsor PROTIRO, INC.	c EIN-PN 84-1441825-001
a	Plan name PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PUTNAM TRUCKING, INC.	c EIN-PN 37-1272751-001
a	Plan name 3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor 3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor ARGENT FEDERAL CREDIT UNION	c EIN-PN 54-0623641-002

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 BAAS RETIREMENT PLAN	
b	Name of plan sponsor BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	c EIN-PN 26-2173291-001
a	Plan name CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CHELDAN HOMES	c EIN-PN 75-2508204-001
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 SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANTA FE RUBBER PRODUCTS, INC.	c EIN-PN 95-3864316-001
a	Plan name SOUTHERN MACHINE AND FABRICATION CO., INC. 401(K) PLAN	
b	Name of plan sponsor SOUTHERN MACHINE AND FABRICATION COMPANY, INC.	c EIN-PN 58-1329156-002
a	Plan name WALLER TRUCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLER TRUCK, CO., INC.	c EIN-PN 43-0910271-002
a	Plan name ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name EPOCH.COM SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor EPOCH.COM, LLC	c EIN-PN 56-2432338-001
a	Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND	c EIN-PN 31-6051199-001
a	Plan name BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name BASNEY DEALER GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BASNEY IMPORTS, INC.	c EIN-PN 35-1283526-001
a	Plan name CHIRCO TEAM LLC 401(K) PLAN	
b	Name of plan sponsor CHIRCO TEAM LLC	c EIN-PN 26-3741789-001

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 MULHERN BELTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MULHERN BELTING, INC.	c EIN-PN 22-2142028-001
a	Plan name REALTECH 401(K) PLAN	
b	Name of plan sponsor REALTECH CONSTRUCTION CO., LLC	c EIN-PN 95-4709478-001
a	Plan name SCHELL COOLEY LLP CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor SCHELL COOLEY LLP	c EIN-PN 20-1333042-001
a	Plan name ABEL'S EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor ABEL'S EXPRESS, INC.	c EIN-PN 23-2245413-001
a	Plan name CAPPARELL DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPPARELL DENTISTRY	c EIN-PN 23-2862957-001
a	Plan name DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor THE ELDREDGE COMPANIES, INC.	c EIN-PN 23-2372461-001
a	Plan name HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor HELIX CONSTRUCTION SERVICES, INC.	c EIN-PN 52-1889574-001
a	Plan name LISAC'S, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor LISAC'S, INC.	c EIN-PN 81-0307699-001
a	Plan name MARKETING & RESEARCH RESOURCES 401(K) PLAN AND TRUST	
b	Name of plan sponsor MARKETING & RESEARCH RESOURCES, LLC	c EIN-PN 52-1665278-003
a	Plan name MARRONE'S, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor MARRONE'S, INC.	c EIN-PN 48-0788184-001
a	Plan name MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MHS LIFT HOLDINGS INC.	c EIN-PN 23-1738019-001

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	O'CONNOR'S DECORATING CENTER 401(K) PLAN	
b	Name of plan sponsor	O'CONNOR'S DECORATING CENTER, INC.	c EIN-PN 83-2712021-001
a	Plan name	RIPLEY INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	RIPLEY INDUSTRIES, INC.	c EIN-PN 62-0606312-001
a	Plan name	SKY ROAD LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SKY ROAD LLC	c EIN-PN 03-0571884-001
a	Plan name	WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor	WEATHER ENGINEERS, INC.	c EIN-PN 59-3076169-004
a	Plan name	FOCUS IMAGING GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS IMAGING GROUP INC.	c EIN-PN 65-0910156-001
a	Plan name	PENNSYLVANIA TELEPHONE ASSOCIATION 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PENNSYLVANIA TELEPHONE ASSOCIATION	c EIN-PN 23-0961230-002
a	Plan name	PENNY LANE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PENNY LANE	c EIN-PN 95-2633765-001
a	Plan name	TAPPE ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor	TAPPE ARCHITECTS, INC.	c EIN-PN 04-2721071-001
a	Plan name	CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CITY TILE AND FLOOR COVERING CO., LLC	c EIN-PN 62-1039371-001
a	Plan name	THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FRATE GROUP	c EIN-PN 20-5168941-001
a	Plan name	PRINCIPLE PLASTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRINCIPLE PLASTICS, INC.	c EIN-PN 95-1578575-001
a	Plan name	GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor	GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010

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	CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	CRB MEDICAL ASSOCIATES	c EIN-PN 75-2804254-001
a	Plan name	HOGE LUMBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOGE LUMBER COMPANY	c EIN-PN 34-1819246-002
a	Plan name	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
a	Plan name	JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	c EIN-PN 94-2346172-001
a	Plan name	STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STAFFING PLUS, INC.	c EIN-PN 36-4330850-222
a	Plan name	ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ACME LIFT COMPANY LLC	c EIN-PN 86-0900122-001
a	Plan name	PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO COM ROOFING CORPORATION	c EIN-PN 23-2906707-001
a	Plan name	THE SPAULDING FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	THE SPAULDING FOUNDATION	c EIN-PN 31-1096254-001
a	Plan name	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
a	Plan name	ANTELOPE VALLEY 401(K) PLAN	
b	Name of plan sponsor	ANTELOPE VALLEY 401(K) PLAN	c EIN-PN 95-4056336-002
a	Plan name	CROSSCOM NATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSCOM NATIONAL, LLC	c EIN-PN 20-1721299-777
a	Plan name	RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	RELIABLE INDUSTRIES INC. OF NEW ORLEANS	c EIN-PN 72-0936490-001

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 HIGHGATE RETIREMENT LIVING 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor BURON, INC.	c EIN-PN 91-1644879-001
a	Plan name HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name MIGGYS CORP FIVE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIGGY'S CORP. FIVE	c EIN-PN 13-3305621-003
a	Plan name MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MODERN DISPLAY SERVICES, INC.	c EIN-PN 87-0265937-001
a	Plan name SELECT MANAGEMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SELECT MANAGEMENT, INC.	c EIN-PN 30-0013644-333
a	Plan name BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BIRCKHEAD ELECTRIC, INC.	c EIN-PN 52-1614154-001
a	Plan name IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IOWA CANCER SPECIALISTS, P.C.	c EIN-PN 06-1666841-003
a	Plan name SHAY WATER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHAY WATER COMPANY, INC.	c EIN-PN 38-2835041-001
a	Plan name BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BRISTOL BROADCASTING CO., INC.	c EIN-PN 54-0491651-001
a	Plan name JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor COMPUTER GUIDANCE	c EIN-PN 46-4707871-001
a	Plan name FINELINES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor KSG ENTERPRISES, INC.	c EIN-PN 04-3291695-001
a	Plan name CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CENTENNIAL TECHNOLOGIES, INC.	c EIN-PN 38-2164329-001

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 DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name EMPLOYEES OF FARRUGGIO'S AND ABLE RENTALS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARRUGGIO'S BRISTOL & PHILADELPHIA AUTO EXPRESS, INC.	c EIN-PN 23-1922473-001
a	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
b	Name of plan sponsor GIBSON OVERSEAS, INC.	c EIN-PN 95-3393699-002
a	Plan name GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL DISPLAY SOLUTIONS, INC.	c EIN-PN 34-1907707-001
a	Plan name INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a	Plan name ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name MAX STAF, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAX STAF, INC.	c EIN-PN 72-1342485-333
a	Plan name PBHK, INC. RETIREMENT PLAN	
b	Name of plan sponsor PBHK, INC.	c EIN-PN 99-0306811-001
a	Plan name RAFIH AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor RAFIH AUTO GROUP, INC.	c EIN-PN 68-0676945-001
a	Plan name STEFURA ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor STEFURA ASSOCIATES, INC.	c EIN-PN 04-3544620-001
a	Plan name STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor STERLING BV, INC.	c EIN-PN 81-1791939-001

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	T.M.C.I., INC. 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	T.M.C.I., INC.	c EIN-PN 95-3185598-001

a Plan name	UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	UNITY MANUFACTURING COMPANY	c EIN-PN 36-1899680-001

a Plan name	APEX TRAILER 401(K) PLAN	
b Name of plan sponsor	APEX TRAILER SALES AND RENTALS, INC.	c EIN-PN 61-1020316-001

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

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

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

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

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b Name of plan sponsor		c EIN-PN

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

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 JANUS HENDERSON BALANCED INV OPT	B Three-digit plan number (PN) ▶ 394
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
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)	12929874
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14696622
(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	12929874	14696622
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	12929874	14696622

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)	253336	
(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)	989932	
(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)		667713
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1910981

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1910981
l Transfers of assets:			
(1) To this plan.....	2l(1)		1398451
(2) From this plan	2l(2)		1542684

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 _____.