

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] 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

1a Name of plan: MANNING & NAPIER PRO-MIX MODERATE TERM RET OPT
1b Three-digit plan number (PN): 388
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.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>MANNING & NAPIER PRO-MIX MODERATE TERM RET OPT</u>	B Three-digit plan number (PN)	<u>388</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)
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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	FALAFEL SOFTWARE 401(K) PLAN & TRUST	
b	Name of plan sponsor	FALAFEL SOFTWARE INC.	c EIN-PN 83-0355417-001
a	Plan name	GOPATH 401(K) PLAN	
b	Name of plan sponsor	GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
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	LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
b	Name of plan sponsor	LAUREL FOWLER INSURANCE BROKER INC.	c EIN-PN 77-0393444-001
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	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor	RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a	Plan name	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
a	Plan name	TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.	c EIN-PN 84-2050914-001
a	Plan name	FRIEDMAN LAW, P.A. 401(K) PLAN	
b	Name of plan sponsor	FRIEDMAN LAW, P.A.	c EIN-PN 46-4480334-001
a	Plan name	GRAHAM REAL ESTATE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GRAHAM REAL ESTATE, INC.	c EIN-PN 38-3442079-001
a	Plan name	J.M. O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J.M. O'NEILL, INC.	c EIN-PN 94-2918101-001
a	Plan name	PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST	
b	Name of plan sponsor	PAKOIL COMPANY	c EIN-PN 23-1940681-002

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 PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC	c EIN-PN 26-1612259-001
a	Plan name RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
b	Name of plan sponsor RINEY RONQUILLO SOULE, PLLC	c EIN-PN 20-4072167-001
a	Plan name TEXAS GOLF ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor TEXAS GOLF ASSOCIATION	c EIN-PN 75-0715222-001
a	Plan name TIGER SANITATION, LLC 401(K) PLAN	
b	Name of plan sponsor TIGER SANITATION, LLC	c EIN-PN 71-0885851-001
a	Plan name ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
a	Plan name 2-20 RECORDS MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor 2-20 RECORDS MANAGEMENT LLC	c EIN-PN 27-3088670-001
a	Plan name ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
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 BOG FARM, INC. PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor BOG FARM, INC.	c EIN-PN 39-1642606-002
a	Plan name COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BUILDERS IRON	c EIN-PN 38-3128186-001

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	CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
b	Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY, INC.	c EIN-PN 31-1102545-001
a	Plan name	GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GULF SOUTH EYE ASSOCIATES (APMC)	c EIN-PN 72-1076001-777
a	Plan name	JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOHNSON COUNTY DERMATOLOGY, P.A.	c EIN-PN 04-3586031-002
a	Plan name	MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor	MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name	MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	MUNCIE FAMILY DENTAL CARE, INC.	c EIN-PN 35-1520023-001
a	Plan name	RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAYO WHOLESALE, INC.	c EIN-PN 33-0764606-001
a	Plan name	SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
b	Name of plan sponsor	SCHAEFFER DOUGLAS TITLE	c EIN-PN 20-3601896-001
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
a	Plan name	ABSOLUTE ENERGY RETIREMENT PLAN	
b	Name of plan sponsor	ABSOLUTE ENERGY, L.L.C	c EIN-PN 20-3841025-777
a	Plan name	BORCHARDT, CORONA & FAETH 401(K) PLAN	
b	Name of plan sponsor	BORCHARDT, CORONA & FAETH	c EIN-PN 77-0144125-001
a	Plan name	EL PASO INTEGRATED PHYSICIANS GROUP, P.A. 401(K) PLAN	
b	Name of plan sponsor	EL PASO INTEGRATED PHYSICIANS GROUP, P.A.	c EIN-PN 74-2838972-001
a	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001

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 KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KILLION COMMUNICATIONS CONSULTANTS, INC.	c EIN-PN 37-1367165-001
a	Plan name POTTS MASONRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POTTS MASONRY, INC.	c EIN-PN 38-3290788-001
a	Plan name TAMARA L. HIESTER, D.D.S. 401(K) PLAN	
b	Name of plan sponsor TAMARA L. HIESTER, D.D.S.	c EIN-PN 35-2051065-001
a	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001
a	Plan name GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name THE PILATES COLLECTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor THE PILATES COLLECTIVE, LLC	c EIN-PN 93-2783048-001
a	Plan name GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GREEN FRONT FURNITURE COMPANY, INC.	c EIN-PN 54-0837729-003
a	Plan name TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TSM VENTURES, INC.	c EIN-PN 37-0809985-001
a	Plan name TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TURBO TRANSPORTATION, INC.	c EIN-PN 47-2895452-001
a	Plan name ANDERSON INSURANCE BROKERS, LLC 401(K) PLAN	
b	Name of plan sponsor ANDERSON INSURANCE BROKERS, LLC	c EIN-PN 20-8458520-001
a	Plan name CPS SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAWRENCE B. LONG INSURANCE SERVICES, INC. DBA CPS SACRAMENTO	c EIN-PN 68-0046629-001

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 DANIEL SUBER & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANIEL G SUBER & ASSOCIATES	c EIN-PN 36-3943163-001
a	Plan name HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001
a	Plan name DOYLE EQUIPMENT MANUFACTURING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DOYLE EQUIPMENT MANUFACTURING COMPANY	c EIN-PN 37-0806868-001
a	Plan name BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
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 CLARITY TELECOM, LLC 401(K) PLAN	
b	Name of plan sponsor CLARITY TELECOM LLC DBA BLUEPEAK	c EIN-PN 46-2667900-001
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 TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRADITIONAL BANK, INC.	c EIN-PN 61-0284535-003
a	Plan name CREW ONE PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CREW ONE PRODUCTIONS, INC.	c EIN-PN 58-1991864-001
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 AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001

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 HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOLTORF MEDICAL GROUP, INC.	c EIN-PN 52-2401779-002
a	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
a	Plan name DRI-VIEW 401(K) SAVINGS PLAN	
b	Name of plan sponsor DRI-VIEW MANUFACTURING CO.	c EIN-PN 61-0702002-001
a	Plan name ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ELM HEATING & COOLING, INC.	c EIN-PN 36-4021033-001
a	Plan name JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001
a	Plan name OLDHAM HARDWOODS 401(K) PLAN	
b	Name of plan sponsor OLDHAM HARDWOODS, LLC	c EIN-PN 88-2687277-001
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 K-PLUS ENGINEERING, LLC, 401(K) PLAN	
b	Name of plan sponsor K-PLUS ENGINEERING, LLC	c EIN-PN 27-1417338-001
a	Plan name KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor AVKARE, LLC	c EIN-PN 20-8622803-001
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 CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAVINS, INC.	c EIN-PN 27-3977682-001

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 CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CONTRACT TRANSPORT, INC.	c EIN-PN 42-0981821-002
a	Plan name EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor EAST MAIN DENTAL CENTER, LLP	c EIN-PN 93-0679201-001
a	Plan name GLYMED PLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLYMED PLUS LLC	c EIN-PN 80-0112220-001
a	Plan name KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN	
b	Name of plan sponsor KORBER PHARMA PACKAGING MATERIALS LLC	c EIN-PN 47-5593447-001
a	Plan name MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor MANAGEMENT BENCH ADVISORS, LLC	c EIN-PN 85-2876498-001
a	Plan name MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	c EIN-PN 81-0587881-001
a	Plan name OLYMPIA, LLP 401(K) PLAN	
b	Name of plan sponsor OLYMPIA, LLP	c EIN-PN 27-4004927-001
a	Plan name RADIO SOUND, INC. 401(K) PLAN	
b	Name of plan sponsor RADIO SOUND, INC.	c EIN-PN 61-1083666-001
a	Plan name STEEL - FAB, INC. 401(K) PLAN	
b	Name of plan sponsor STEEL-FAB, INC.	c EIN-PN 04-2396722-004
a	Plan name SYNERGY DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEAN ULM DMD, INC. DBA SYNERGY DENTAL	c EIN-PN 90-0035653-001
a	Plan name THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name AM2 SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor AM2 SOLUTIONS LLC	c EIN-PN 20-8887397-001

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 MANNING & NAPIER PRO-MIX MODERATE TERM RET OPT	B Three-digit plan number (PN) ▶ 388
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)	2
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)	18188876
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	15664105
(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	18188878	15664105
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	18188878	15664105

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)		
(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)	1154748	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1154748

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)	110032	
(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)		110032
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		110032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1044716
l Transfers of assets:			
(1) To this plan.....	2l(1)		2511516
(2) From this plan	2l(2)		6081005

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 _____.