

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

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

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>PRUDENTIAL JENNISON SMALL COMPANY RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>476</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u></p> <p><b>2d</b> Business code (see instructions)</p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>PRUDENTIAL JENNISON SMALL COMPANY RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>476</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)
<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)
<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)



<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	CESAR'S WAY, INC. 401(K) PLAN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CESAR'S WAY, INC.	<b>c</b> EIN-PN 04-3812367-001
<b>a</b>	Plan name	ECOS ENERGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECOS ENERGY, LLC	<b>c</b> EIN-PN 26-4332281-001
<b>a</b>	Plan name	EDC OF DENVER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDC OF DENVER, LLC	<b>c</b> EIN-PN 84-1595162-001
<b>a</b>	Plan name	HOWARD FINISHING, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOWARD FINISHING, LLC	<b>c</b> EIN-PN 03-0383740-001
<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	J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J. AMBROGI FOOD DISTRIBUTION, INC.	<b>c</b> EIN-PN 51-0297646-001
<b>a</b>	Plan name	KELLY PROPERTY MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELLY PROPERTY MANAGEMENT, INC.	<b>c</b> EIN-PN 20-2067590-001
<b>a</b>	Plan name	LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAUREL FOWLER INSURANCE BROKER INC.	<b>c</b> EIN-PN 77-0393444-001
<b>a</b>	Plan name	LAW OFFICE OF JASON A. WAECHTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF JASON A. WAECHTER	<b>c</b> EIN-PN 38-3170110-001
<b>a</b>	Plan name	LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF DANIEL A. PARMELE, P.C.	<b>c</b> EIN-PN 43-1926792-001
<b>a</b>	Plan name	MAPP DIGITAL US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAPP DIGITAL US, LLC	<b>c</b> EIN-PN 33-0901880-001
<b>a</b>	Plan name	MENGWASSER MARTIN LALL & CLARK PC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MENGWASSER, MARTIN, LALL, & CLARK PC	<b>c</b> EIN-PN 43-1564913-001

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 SAINT JOE DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	<b>c</b> EIN-PN 44-0565944-001
<b>a</b>	Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	<b>c</b> EIN-PN 04-2105950-002
<b>a</b>	Plan name THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMAS TRI QUACH, M.D., INC.	<b>c</b> EIN-PN 33-0856862-001
<b>a</b>	Plan name THOMPSON VETERINARY CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMPSON VETERINARY CLINIC	<b>c</b> EIN-PN 38-3184834-001
<b>a</b>	Plan name AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AIRMAX LLC	<b>c</b> EIN-PN 84-1440204-001
<b>a</b>	Plan name AZTECS TELECOM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZTECS TELECOM, INC.	<b>c</b> EIN-PN 33-0915556-001
<b>a</b>	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	<b>c</b> EIN-PN 75-1046142-002
<b>a</b>	Plan name HEARTLIGHT PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHAAF DRUGS, LLC.	<b>c</b> EIN-PN 20-0329214-001
<b>a</b>	Plan name HUALALAI INVESTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUALALAI INVESTORS, LLC	<b>c</b> EIN-PN 59-3836047-001
<b>a</b>	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	<b>c</b> EIN-PN 38-3072272-001
<b>a</b>	Plan name HWC LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HWC LOGISTICS, INC.	<b>c</b> EIN-PN 45-4917341-001
<b>a</b>	Plan name KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KENWOOD FENCE CO., INC.	<b>c</b> EIN-PN 68-0423518-001

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 <a href="#">SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIMPSON SPENCE YOUNG</a>	<b>c</b> EIN-PN <a href="#">13-5395270-001</a>
<b>a</b>	Plan name <a href="#">TEXAS GOLF ASSOCIATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXAS GOLF ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">75-0715222-001</a>
<b>a</b>	Plan name <a href="#">TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TFC MANUFACTURING, INC.</a>	<b>c</b> EIN-PN <a href="#">91-1951857-001</a>
<b>a</b>	Plan name <a href="#">VADERSTAD, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VADERSTAD INC.</a>	<b>c</b> EIN-PN <a href="#">90-1035412-001</a>
<b>a</b>	Plan name <a href="#">WALBERG, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WALBERG, INC.</a>	<b>c</b> EIN-PN <a href="#">81-2702296-001</a>
<b>a</b>	Plan name <a href="#">AREA AMBULANCE SERVICE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AREA AMBULANCE SERVICE</a>	<b>c</b> EIN-PN <a href="#">20-3693455-001</a>
<b>a</b>	Plan name <a href="#">MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCCLAIN PRINTING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">55-0421933-002</a>
<b>a</b>	Plan name <a href="#">THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2103792-003</a>
<b>a</b>	Plan name <a href="#">TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIPLE H FOOD PROCESSORS, LLC.</a>	<b>c</b> EIN-PN <a href="#">47-4431714-001</a>
<b>a</b>	Plan name <a href="#">WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WARREN'S CONCRETE SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0102699-001</a>
<b>a</b>	Plan name <a href="#">A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A CENTER FOR VISIONCARE</a>	<b>c</b> EIN-PN <a href="#">95-4435884-001</a>
<b>a</b>	Plan name <a href="#">A&amp;G PIPING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A&amp;G PIPING, INC.</a>	<b>c</b> EIN-PN <a href="#">75-1972619-001</a>

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 FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FUSION INTEGRATED SOLUTIONS, LLC	<b>c</b> EIN-PN 20-1651003-001
<b>a</b>	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 58-1795694-001
<b>a</b>	Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor BULLDOG RACK HOLDING COMPANY	<b>c</b> EIN-PN 46-1606192-001
<b>a</b>	Plan name BULLDOG RACK OF TORONTO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BULLDOG RACKS OF TORONTO, INC.	<b>c</b> EIN-PN 26-2372850-001
<b>a</b>	Plan name COUNTRY CLUB OF WATERBURY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COUNTRY CLUB OF WATERBURY INC.	<b>c</b> EIN-PN 06-0309310-001
<b>a</b>	Plan name HAGEN INSURANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HO'O ILINA, INC. DBA HAGEN INSURANCE	<b>c</b> EIN-PN 51-0640656-001
<b>a</b>	Plan name JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHNSON-FRANK & ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3086260-001
<b>a</b>	Plan name MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MUNCIE FAMILY DENTAL CARE, INC.	<b>c</b> EIN-PN 35-1520023-001
<b>a</b>	Plan name THE CARLTON LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CARLTON LAW FIRM, P.L.L.C.	<b>c</b> EIN-PN 27-5059291-001
<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 COMMUNITY WHOLESALE TIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY WHOLESALE TIRE DISTRIBUTING, INC.	<b>c</b> EIN-PN 43-0799202-001
<b>a</b>	Plan name COMPASS HEALTH ADMINISTRATORS 401K PLAN	
<b>b</b>	Name of plan sponsor COMPASS HEALTH ADMINISTRATORS	<b>c</b> EIN-PN 82-2891309-001

<b>Part II 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	DOUGLASS INDUSTRIES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DOUGLASS INDUSTRIES
<b>c</b>	EIN-PN	22-1912538-002
<b>a</b>	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.
<b>c</b>	EIN-PN	42-1191386-001
<b>a</b>	Plan name	RIOUX EYE CENTER, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	RIOUX EYE CENTER, INC.
<b>c</b>	EIN-PN	87-4253844-001
<b>a</b>	Plan name	SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.
<b>c</b>	EIN-PN	39-1317185-001
<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	TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO
<b>c</b>	EIN-PN	47-5068498-002
<b>a</b>	Plan name	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN
<b>b</b>	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY
<b>c</b>	EIN-PN	27-0521322-001
<b>a</b>	Plan name	LADIES & GENTLEMEN HAIR STYLISTS 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	LADIES & GENTLEMEN HAIR STYLISTS, INC.
<b>c</b>	EIN-PN	34-1548748-001
<b>a</b>	Plan name	TACO ALOHA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	TACO ALOHA, INC.
<b>c</b>	EIN-PN	99-0171500-002
<b>a</b>	Plan name	ACCURATE MACHINE CO., INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ACCURATE MACHINE CO., INC.
<b>c</b>	EIN-PN	39-1615083-001
<b>a</b>	Plan name	CITY OF METTER RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CITY OF METTER
<b>c</b>	EIN-PN	58-6000621-001
<b>a</b>	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.
<b>c</b>	EIN-PN	39-1787647-002

<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	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 91-2139290-001
<b>a</b>	Plan name	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC.	<b>c</b> EIN-PN 43-1550825-002
<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	MAGE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAGE, LLC	<b>c</b> EIN-PN 04-3448554-001
<b>a</b>	Plan name	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.	<b>c</b> EIN-PN 20-0676469-001
<b>a</b>	Plan name	TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TURBO TRANSPORTATION, INC.	<b>c</b> EIN-PN 47-2895452-001
<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>a</b>	Plan name	MDSAVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MDSAVE, INC.	<b>c</b> EIN-PN 45-4596654-001
<b>a</b>	Plan name	REALTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 95-4709478-001
<b>a</b>	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.	<b>c</b> EIN-PN 86-0713467-001
<b>a</b>	Plan name	ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARTERIOCYTE, INC.	<b>c</b> EIN-PN 26-1272740-001
<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

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 HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC	<b>c</b> EIN-PN 37-1544274-001
<b>a</b>	Plan name MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MID-SOUTH INDUSTRIES, INC.	<b>c</b> EIN-PN 63-0495884-001
<b>a</b>	Plan name AUS DECKING, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor AUS DECKING, INC.	<b>c</b> EIN-PN 20-1259014-001
<b>a</b>	Plan name SCOTT A. FISHMAN, DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCOTT A. FISHMAN, D.D.S., INC. DBA PEDIATRIC DENTAL ARTS	<b>c</b> EIN-PN 27-1598713-001
<b>a</b>	Plan name DWELLINGS ON MADISON 401(K) PLAN	
<b>b</b>	Name of plan sponsor DWELLINGS ON MADISON	<b>c</b> EIN-PN 45-4310435-001
<b>a</b>	Plan name WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	<b>c</b> EIN-PN 34-1760741-001
<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>a</b>	Plan name EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EXCHANGE BANK OF MISSOURI	<b>c</b> EIN-PN 43-0263000-001
<b>a</b>	Plan name JOINER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOINER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 75-2218562-001
<b>a</b>	Plan name FIDELIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIDELIS CYBERSECURITY, INC.	<b>c</b> EIN-PN 32-0013542-002
<b>a</b>	Plan name THE INFORMATION CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE INFORMATION CENTER, INC.	<b>c</b> EIN-PN 51-0136113-001
<b>a</b>	Plan name ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACOUSTIC CEILING & PARTITION CO., INC.	<b>c</b> EIN-PN 38-2627627-006

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>GERALD GRAIN INCENTIVE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GERALD GRAIN CENTER, INC.</b>	<b>c</b> EIN-PN <b>34-1526549-001</b>
<b>a</b>	Plan name <b>MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAJESTIC INDUSTRY HILLS, LLC</b>	<b>c</b> EIN-PN <b>95-4795537-001</b>
<b>a</b>	Plan name <b>COD &amp; CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COD &amp; CAPERS SEAFOOD</b>	<b>c</b> EIN-PN <b>59-2349811-001</b>
<b>a</b>	Plan name <b>CONTACTUS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONTACTUS,LLC</b>	<b>c</b> EIN-PN <b>45-4001073-001</b>
<b>a</b>	Plan name <b>HARBOR AGENCY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARBOR AGENCY, INC.</b>	<b>c</b> EIN-PN <b>38-2153954-001</b>
<b>a</b>	Plan name <b>HARRISON M. ISHIDA, D.D.S., INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARRISON M. ISHIDA, D.D.S., INC.</b>	<b>c</b> EIN-PN <b>99-0168361-001</b>
<b>a</b>	Plan name <b>MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.</b>	<b>c</b> EIN-PN <b>39-1832237-002</b>
<b>a</b>	Plan name <b>MIKE COUNCIL PLUMBING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIKE COUNCIL PLUMBING, INC.</b>	<b>c</b> EIN-PN <b>77-0547651-001</b>
<b>a</b>	Plan name <b>AVD 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALTA VISTA DERMATOLOGY</b>	<b>c</b> EIN-PN <b>27-1067307-001</b>
<b>a</b>	Plan name <b>MIXER SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIXER SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>39-1322266-222</b>
<b>a</b>	Plan name <b>BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BEHAVIORAL INTERVENTION GROUP</b>	<b>c</b> EIN-PN <b>20-5450870-001</b>
<b>a</b>	Plan name <b>DRUID HILLS GOLF CLUB 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRUID HILLS GOLF CLUB</b>	<b>c</b> EIN-PN <b>58-0225900-001</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	SEITZ, THE FRESHER CO., INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEITZ, THE FRESHER CO., INC.	<b>c</b> EIN-PN 56-2079560-001
<b>a</b>	Plan name	INVESTMENT CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVESTMENT CENTER	<b>c</b> EIN-PN 42-1485034-001
<b>a</b>	Plan name	SHARPRINT SILKSCREEN AND GRAPHICS, INC.401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SHARPRINT SILKSCREEN AND GRAPHICS, INC.	<b>c</b> EIN-PN 36-3931487-001
<b>a</b>	Plan name	SOFTCRYLIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOFTCRYLIC, LLC	<b>c</b> EIN-PN 13-4137658-001
<b>a</b>	Plan name	CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARRION, LAFFITTE & CASELLAS, INC.	<b>c</b> EIN-PN 66-0635623-001
<b>a</b>	Plan name	SUPERSTORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FURNITURE SUPERSTORE LLC	<b>c</b> EIN-PN 87-0698757-001
<b>a</b>	Plan name	FOREMAN TOOL AND MOLD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOREMAN TOOL AND MOLD	<b>c</b> EIN-PN 82-3225815-001
<b>a</b>	Plan name	LAMATTINA'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAMATTINA'S PLUMBING & HEATING CORP.	<b>c</b> EIN-PN 80-0007649-001
<b>a</b>	Plan name	PETE'S PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETE'S PLUMBING, INC.	<b>c</b> EIN-PN 20-0937994-001
<b>a</b>	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAVINS, INC.	<b>c</b> EIN-PN 27-3977682-001
<b>a</b>	Plan name	CENTRA SOTA COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRA SOTA COOPERATIVE	<b>c</b> EIN-PN 41-0488480-001
<b>a</b>	Plan name	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	<b>c</b> EIN-PN 58-2642240-001

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 F.A. PEINADO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor F.A. PEINADO, LLC	<b>c</b> EIN-PN 77-0647820-001
<b>a</b>	Plan name FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FAIRMOUNT PARTNERS, LLC	<b>c</b> EIN-PN 41-2094669-001
<b>a</b>	Plan name FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLOORGUARD, INC.	<b>c</b> EIN-PN 36-4027503-001
<b>a</b>	Plan name HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARTWIG PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 36-3618206-001
<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 INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERFAITH HOUSING ASSISTANCE CORPORATION	<b>c</b> EIN-PN 95-3771946-002
<b>a</b>	Plan name IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IRONWOOD INDUSTRIES, INC.	<b>c</b> EIN-PN 36-2590290-001
<b>a</b>	Plan name KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor KRIEGSMAN TRANSFER COMPANY	<b>c</b> EIN-PN 37-0635587-001
<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 LASER TECH USA, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LASER TECH USA, INC	<b>c</b> EIN-PN 42-1459197-001
<b>a</b>	Plan name MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	<b>c</b> EIN-PN 47-0880782-001

<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	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
<b>a</b>	Plan name	MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MINING EQUIPMENT, LTD.	<b>c</b> EIN-PN 16-1646623-222
<b>a</b>	Plan name	PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE PACKAGING, INC.	<b>c</b> EIN-PN 41-1701839-001
<b>a</b>	Plan name	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC	<b>c</b> EIN-PN 27-1248611-001
<b>a</b>	Plan name	SENSOR MANUFACTURING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENSOR MANUFACTURING COMPANY	<b>c</b> EIN-PN 38-2140109-001
<b>a</b>	Plan name	SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHEPHERD DATA SERVICES, INC.	<b>c</b> EIN-PN 46-0469044-001
<b>a</b>	Plan name	SIAGEL PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	<b>c</b> EIN-PN 04-2999213-001
<b>a</b>	Plan name	STEEL - FAB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEEL-FAB, INC.	<b>c</b> EIN-PN 04-2396722-004
<b>a</b>	Plan name	SWAN USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWAN ANALYTICAL USA	<b>c</b> EIN-PN 30-0516534-001
<b>a</b>	Plan name	THE WESTFIELD COMPANY OF WISCONSIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WESTFIELD COMPANY OF WISCONSIN, INC.	<b>c</b> EIN-PN 39-1628929-001
<b>a</b>	Plan name	AERO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AERO CHARTER, INC.	<b>c</b> EIN-PN 43-1133102-002
<b>a</b>	Plan name	AME COMMUNITY SERVICES 401 K PLAN	
<b>b</b>	Name of plan sponsor	AME COMMUNITY SERVICES, INC.	<b>c</b> EIN-PN 41-1713577-001

**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	VERMILION ENERGY, USA RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	VERMILION ENERGY USA INC.	<b>c</b> EIN-PN 47-1769898-001

<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>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>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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PRUDENTIAL JENNISON SMALL COMPANY RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>476</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>	
<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>	8649388
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	9519989
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	8649388	9519989
<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>	8649388	9519989

**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>		<b>(a)</b> Amount	<b>(b)</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>	67949	
<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>	981978	
<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>		184843
<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>		1234770

**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>	51234	
(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>		51234
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		51234

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1183536
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2874416
(2) From this plan .....	<b>2l(2)</b>		3187351

**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 \_\_\_\_\_.