

<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 style="text-align: center;"><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; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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>EATON VANCE ATLANTA CAP SMID-CAP RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>638</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>	Filed with authorized/valid electronic signature.	08/22/2025	NEIL KOENCK
	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>EATON VANCE ATLANTA CAP SMID-CAP RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>638</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)



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>BAD AXE PRODUCTS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAD AXE PRODUCTS LLC</b>	<b>c</b> EIN-PN <b>45-2653251-001</b>
<b>a</b>	Plan name <b>KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KAANAPALI OPERATIONS ASSOCIATION, INC.</b>	<b>c</b> EIN-PN <b>99-0323901-001</b>
<b>a</b>	Plan name <b>PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL BROKERAGE WEST, INC.</b>	<b>c</b> EIN-PN <b>88-0222304-001</b>
<b>a</b>	Plan name <b>PROGRESSIVE COMMUNICATIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROGRESSIVE COMMUNICATIONS, INC.</b>	<b>c</b> EIN-PN <b>58-2431088-001</b>
<b>a</b>	Plan name <b>PROHEALTH GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROHEALTH GROUP, INC.</b>	<b>c</b> EIN-PN <b>47-5658024-002</b>
<b>a</b>	Plan name <b>KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KRIEGEL HOLDING COMPANY, INC.</b>	<b>c</b> EIN-PN <b>30-0227844-001</b>
<b>a</b>	Plan name <b>FAMILY FORD, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMILY FORD, INC.</b>	<b>c</b> EIN-PN <b>04-3459007-001</b>
<b>a</b>	Plan name <b>FAMMA GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMMA GROUP, INC.</b>	<b>c</b> EIN-PN <b>45-5002659-001</b>
<b>a</b>	Plan name <b>LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAURAS INTERNATIONAL USA LLP</b>	<b>c</b> EIN-PN <b>26-1603445-002</b>
<b>a</b>	Plan name <b>LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAW OFFICES OF ANDREW BLUMER</b>	<b>c</b> EIN-PN <b>41-2145148-777</b>
<b>a</b>	Plan name <b>BURCH COURT DENTAL RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURCH COURT DENTAL</b>	<b>c</b> EIN-PN <b>61-1338337-001</b>
<b>a</b>	Plan name <b>RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.</b>	
<b>b</b>	Name of plan sponsor <b>ALVORD-POLK, INC.</b>	<b>c</b> EIN-PN <b>23-2046694-001</b>

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 CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC.	<b>c</b> EIN-PN 73-1691050-001
<b>a</b>	Plan name MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARPLES GEARS, INC.	<b>c</b> EIN-PN 95-4226164-001
<b>a</b>	Plan name CHEROKEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEROKEE MANUFACTURING, LLC	<b>c</b> EIN-PN 45-2735316-001
<b>a</b>	Plan name GORILLA CIRCUITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GORILLA CIRCUITS	<b>c</b> EIN-PN 94-1694315-001
<b>a</b>	Plan name GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOTEC PLUS SUN, LLC	<b>c</b> EIN-PN 20-4320976-001
<b>a</b>	Plan name GP BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GP BUILDERS, INC.	<b>c</b> EIN-PN 83-2935431-001
<b>a</b>	Plan name VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VULCAN FIRE SYSTEMS, INC.	<b>c</b> EIN-PN 61-1057957-001
<b>a</b>	Plan name WADE'S FOOD CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WADE'S FOOD CENTER, INC.	<b>c</b> EIN-PN 62-0976364-001
<b>a</b>	Plan name MILLER'S PAVING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MILLER'S PAVING, LLC	<b>c</b> EIN-PN 20-4161953-001
<b>a</b>	Plan name WEST WIND DENTAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WEST WIND DENTAL	<b>c</b> EIN-PN 81-4317214-001
<b>a</b>	Plan name WESTON PROPERTIES 401K	
<b>b</b>	Name of plan sponsor WESTON PROPERTIES, LC	<b>c</b> EIN-PN 74-2722024-112
<b>a</b>	Plan name SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	<b>c</b> EIN-PN 56-2397586-001

<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	NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATHANIEL LEEDY, DMD, PA	<b>c</b> EIN-PN 84-3728355-001
<b>a</b>	Plan name	SIVERS SEMICONDUCTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIVERS SEMICONDUCTORS, INC.	<b>c</b> EIN-PN 82-2069979-001
<b>a</b>	Plan name	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	<b>c</b> EIN-PN 23-2316443-001
<b>a</b>	Plan name	CORNERSTONE MASONRY SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE MASONRY SERVICES, INC.	<b>c</b> EIN-PN 02-0675679-777
<b>a</b>	Plan name	NEW STAR FRESH FOODS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWSTAR FRESH FOODS, LLC	<b>c</b> EIN-PN 77-0442617-001
<b>a</b>	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 81-2485203-001
<b>a</b>	Plan name	DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVID HUVAL'S TRUCKING CO., INC.	<b>c</b> EIN-PN 72-1470730-001
<b>a</b>	Plan name	ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ONE SEMICONDUCTOR, LLC	<b>c</b> EIN-PN 45-2992076-001
<b>a</b>	Plan name	ASSOCIATED SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED SOILS ENGINEERING, INC.	<b>c</b> EIN-PN 95-2896496-001
<b>a</b>	Plan name	CABLE MAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CABLE MAN, INC.	<b>c</b> EIN-PN 64-0576514-001
<b>a</b>	Plan name	MAGELLAN MEDICAL 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 41-1817386-002
<b>a</b>	Plan name	CARDEL HOMES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARDEL U.S. MANAGEMENT, LLC	<b>c</b> EIN-PN 84-1846681-001

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>CARDIOLOGY &amp; VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARDIOLOGY &amp; VASCULAR ASSOCIATES, P.C.</b>	<b>c</b> EIN-PN <b>38-3468933-001</b>
<b>a</b>	Plan name <b>WALBERG, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WALBERG, INC.</b>	<b>c</b> EIN-PN <b>81-2702296-001</b>
<b>a</b>	Plan name <b>WARREN KOZITZA PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>WARREN KOZITZA, INC.</b>	<b>c</b> EIN-PN <b>46-4265615-001</b>
<b>a</b>	Plan name <b>RYAN &amp; RYAN CONSTRUCTION, INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RYAN &amp; RYAN CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>20-2312773-001</b>
<b>a</b>	Plan name <b>GRAY SERVICES, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRAY SERVICES, LLC</b>	<b>c</b> EIN-PN <b>27-0480631-001</b>
<b>a</b>	Plan name <b>GREASE MONKEY INTERNATIONAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREASE MONKEY INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>84-0769552-001</b>
<b>a</b>	Plan name <b>MERCER COUNTY ELECTRIC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERCER COUNTY ELECTRIC, INC.</b>	<b>c</b> EIN-PN <b>34-1278022-001</b>
<b>a</b>	Plan name <b>SARAT FORD SALES, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SARAT FORD SALES, INC.</b>	<b>c</b> EIN-PN <b>04-2385735-001</b>
<b>a</b>	Plan name <b>HAMILTON THIES &amp; LORCH 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAMILTON THIES &amp; LORCH</b>	<b>c</b> EIN-PN <b>20-2795886-001</b>
<b>a</b>	Plan name <b>CREATIVE PACKAGING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CREATIVE PACKAGING, LLC</b>	<b>c</b> EIN-PN <b>31-1682777-001</b>
<b>a</b>	Plan name <b>SKILLINGS &amp; SONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SKILLINGS &amp; SONS, INC.</b>	<b>c</b> EIN-PN <b>04-2491037-001</b>
<b>a</b>	Plan name <b>INTEGRI, LLC 401(K) &amp; PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>INTEGRI, LLC</b>	<b>c</b> EIN-PN <b>20-2613358-001</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	PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC HEALTHCARE GROUP LLC	<b>c</b> EIN-PN 88-4181241-777
<b>a</b>	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	<b>c</b> EIN-PN 71-0649991-001
<b>a</b>	Plan name	DEUMITE CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEUMITE CONSTRUCTION, LLC	<b>c</b> EIN-PN 01-0825625-001
<b>a</b>	Plan name	PENNY LANE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PENNY LANE	<b>c</b> EIN-PN 95-2633765-001
<b>a</b>	Plan name	AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
<b>b</b>	Name of plan sponsor	AUBURN CONSTRUCTORS, INC.	<b>c</b> EIN-PN 68-0230575-002
<b>a</b>	Plan name	BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BASSETT SALES CORPORATION	<b>c</b> EIN-PN 95-3666930-001
<b>a</b>	Plan name	KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEEL ENTERPRISES OF LA LLC	<b>c</b> EIN-PN 72-1158560-001
<b>a</b>	Plan name	KELDERMAN MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELDERMAN MANUFACTURING, INC.	<b>c</b> EIN-PN 42-1145969-001
<b>a</b>	Plan name	TOIGO FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE ROBERT A. TOIGO FOUNDATION	<b>c</b> EIN-PN 13-3565426-001
<b>a</b>	Plan name	MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MALCOLM SMITH MOTORCYCLES, INC.	<b>c</b> EIN-PN 33-0118610-001
<b>a</b>	Plan name	METRO WIRE AND CABLE COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	METRO WIRE AND CABLE COMPANY	<b>c</b> EIN-PN 38-2147100-001
<b>a</b>	Plan name	MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MONROE URGENT CARE, INC.	<b>c</b> EIN-PN 26-0188188-001

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 NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEUMANN MONSON, INC.	<b>c</b> EIN-PN 42-1242646-222
<b>a</b>	Plan name OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	<b>c</b> EIN-PN 62-1766403-001
<b>a</b>	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	<b>c</b> EIN-PN 83-0446469-001
<b>a</b>	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0163638-001
<b>a</b>	Plan name S.B.S. TRUST DEED NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor S.B.S. TRUST DEED NETWORK	<b>c</b> EIN-PN 95-3783564-002
<b>a</b>	Plan name SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SLIM CHICKENS	<b>c</b> EIN-PN 45-3985800-001
<b>a</b>	Plan name TECHNOALPIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECHNOALPIN USA, INC.	<b>c</b> EIN-PN 22-3857446-001
<b>a</b>	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOTAL NETWORK MANUFACTURING	<b>c</b> EIN-PN 35-2644359-001
<b>a</b>	Plan name TOYOBO KUREHA AMERICA CO., LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOYOBO KUREHA AMERICA CO., LTD.	<b>c</b> EIN-PN 31-1414533-001
<b>a</b>	Plan name APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APEX GLOBAL LOGISTICS, INC.	<b>c</b> EIN-PN 94-3343037-001
<b>a</b>	Plan name APOSTOLIC CHRISTIAN HOME 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APOSTOLIC CHRISTIAN HOME	<b>c</b> EIN-PN 37-1366082-001
<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>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	BLAGER CONCRETE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAGER CONCRETE COMPANY	<b>c</b> EIN-PN 20-0634151-001
<b>a</b>	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name	CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CANNON MEDICAL, INC.	<b>c</b> EIN-PN 94-3251623-001
<b>a</b>	Plan name	CHULA VISTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHULA VISTA, INC.	<b>c</b> EIN-PN 39-0842365-001
<b>a</b>	Plan name	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	<b>c</b> EIN-PN 54-2031691-001
<b>a</b>	Plan name	COLORADO CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COLORADO CREDIT UNION	<b>c</b> EIN-PN 84-0660269-003
<b>a</b>	Plan name	COPLOY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COPLOY, INC.	<b>c</b> EIN-PN 45-5000939-001
<b>a</b>	Plan name	GREATER MILWAUKEE PLASTIC SURGEONS, S.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREATER MILWAUKEE PLASTIC SURGEONS, S.C.	<b>c</b> EIN-PN 39-1819941-001
<b>a</b>	Plan name	HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	<b>c</b> EIN-PN 34-1165089-001
<b>a</b>	Plan name	HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	HILLSON CONTRACTORS, INC.	<b>c</b> EIN-PN 02-0503186-001
<b>a</b>	Plan name	LANCE INDUSTRIES, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LANCE INDUSTRIES, INC.	<b>c</b> EIN-PN 90-0613621-001
<b>a</b>	Plan name	LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LARICHE CHEVROLET CADILLAC, INC.	<b>c</b> EIN-PN 34-1352811-001

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 AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIR GROUP, LLC	<b>c</b> EIN-PN 22-3620908-001
<b>a</b>	Plan name CEDAR VALLEY ELECTRIC CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CEDAR VALLEY ELECTRIC	<b>c</b> EIN-PN 42-1468881-001
<b>a</b>	Plan name CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CROSSING BORDERS LANGUAGE CENTER, LLC.	<b>c</b> EIN-PN 45-5111582-001
<b>a</b>	Plan name CROSSWAY ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROSSWAY ENTERPRISES, LLC	<b>c</b> EIN-PN 20-2024197-001
<b>a</b>	Plan name CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROWN SEARCH SERVICES	<b>c</b> EIN-PN 31-1724430-001
<b>a</b>	Plan name CTCO BENEFIT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CTCO BENEFIT SERVICES, LLC	<b>c</b> EIN-PN 30-0515404-002
<b>a</b>	Plan name DMD BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DMD WINDOW AND DOOR, INC.	<b>c</b> EIN-PN 81-4449392-001
<b>a</b>	Plan name ELIZABETH W. BINGHAM, DMD. INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ELIZABETH W BINGHAM	<b>c</b> EIN-PN 84-4995848-001
<b>a</b>	Plan name FIKES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIKES PUGET SOUND, INC	<b>c</b> EIN-PN 72-1572875-001
<b>a</b>	Plan name GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GLENWOOD HOT SPRINGS LODGE AND POOL, INC.	<b>c</b> EIN-PN 84-0457400-001
<b>a</b>	Plan name HULL BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HULL BROTHERS, INC.	<b>c</b> EIN-PN 34-0971398-001
<b>a</b>	Plan name SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SNAPPY SPORT SENTER, INC.	<b>c</b> EIN-PN 81-0426659-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SUPERIOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR, INC.	<b>c</b> EIN-PN 62-1346975-001
<b>a</b>	Plan name	VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAUGHN A. VICTORINO	<b>c</b> EIN-PN 81-0866840-001
<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	HAVIN RED E MIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAVIN RED E MIX, LLC	<b>c</b> EIN-PN 87-3702291-001
<b>a</b>	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	<b>c</b> EIN-PN 13-3592138-001
<b>a</b>	Plan name	IBEW LOCAL UNION NO. 444 PENSION PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL BROTHERHOOD OF ELECTRICAL UNION WORKERS LOCAL UNION 44	<b>c</b> EIN-PN 73-6153191-001
<b>a</b>	Plan name	JAMES W. REILLY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JAMES W. REILLY, DDS PC	<b>c</b> EIN-PN 58-2592630-001
<b>a</b>	Plan name	MCCON BUILDING CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCCON BUILDING CORPORATION	<b>c</b> EIN-PN 39-1746210-001
<b>a</b>	Plan name	PAT BRUCH EXCAVATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAT BRUCH EXCAVATING, INC.	<b>c</b> EIN-PN 47-1140233-005
<b>a</b>	Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.	<b>c</b> EIN-PN 38-2264378-001
<b>a</b>	Plan name	ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIAS, TOVAR & ASSOCIATES, P.A.	<b>c</b> EIN-PN 65-0971956-001
<b>a</b>	Plan name	CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTER POINT FAMILY DENTISTRY, PLLC	<b>c</b> EIN-PN 27-4512893-002

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 <b>CENTRA SOTA COOPERATIVE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRA SOTA COOPERATIVE</b>	<b>c</b> EIN-PN <b>41-0488480-001</b>
<b>a</b>	Plan name <b>CENTRAL DISTRIBUTING RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN CENTRAL DISTRIBUTING, INC. DBA CENTRAL DISTRIBUTING</b>	<b>c</b> EIN-PN <b>77-0135542-001</b>
<b>a</b>	Plan name <b>FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FISHER DESIGN, INC.</b>	<b>c</b> EIN-PN <b>31-0601808-001</b>
<b>a</b>	Plan name <b>O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>O'CONNELL LANDSCAPE MAINTENANCE INC.</b>	<b>c</b> EIN-PN <b>95-3141443-002</b>
<b>a</b>	Plan name <b>PAXTON VAN LINES 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAXTON VAN LINES, INC.</b>	<b>c</b> EIN-PN <b>54-0585256-001</b>
<b>a</b>	Plan name <b>RAY HENSLEY, INC. RET. PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAY HENSLEY, INC.</b>	<b>c</b> EIN-PN <b>31-0889689-001</b>
<b>a</b>	Plan name <b>SOUTH BAY PLASTIC SURGEONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTH BAY PLASTIC SURGEONS</b>	<b>c</b> EIN-PN <b>47-1903749-001</b>
<b>a</b>	Plan name <b>WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WORKFORCE SOLUTIONS BORDERPLEX, INC.</b>	<b>c</b> EIN-PN <b>74-2911834-001</b>
<b>a</b>	Plan name <b>WULCO, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WULCO, INC.</b>	<b>c</b> EIN-PN <b>61-1171211-222</b>
<b>a</b>	Plan name <b>BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENJAMIN DEL VENTO, P.A.</b>	<b>c</b> EIN-PN <b>22-1943968-001</b>
<b>a</b>	Plan name <b>COMPOSITE LINING SYSTEMS LP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMPOSITE LINING SYSTEMS LP</b>	<b>c</b> EIN-PN <b>20-2691597-001</b>
<b>a</b>	Plan name <b>KOPPENHEFFER &amp; SON TRUCKING COMPANY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KOPPENHEFFER &amp; SON TRUCKING CO., INC.</b>	<b>c</b> EIN-PN <b>23-2224832-001</b>

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 LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOMONT MOLDING, LLC	<b>c</b> EIN-PN 47-1306587-001
<b>a</b>	Plan name BRUNNER FUNERAL HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRUNNER FUNERAL HOME, INC.	<b>c</b> EIN-PN 34-1239396-001
<b>a</b>	Plan name FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FLOWMASTER, INC.	<b>c</b> EIN-PN 46-4050504-002
<b>a</b>	Plan name FONTAINEBLEAU CLINIC AND URGENT CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GINA ESCHER CFNP LLC	<b>c</b> EIN-PN 47-2152331-001
<b>a</b>	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name JOHNSON UNITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSON UNITED, INC.	<b>c</b> EIN-PN 77-0401727-001
<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 JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO.	<b>c</b> EIN-PN 04-2679773-001
<b>a</b>	Plan name PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PHOENIX INTERNATIONAL PUBLICATIONS, INC.	<b>c</b> EIN-PN 47-1100568-001
<b>a</b>	Plan name SAGE PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAGE PARTNERS, LLC	<b>c</b> EIN-PN 46-3113665-001
<b>a</b>	Plan name BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BUILDERS IRON	<b>c</b> EIN-PN 38-3128186-001
<b>a</b>	Plan name CITY OF GIRARD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY OF GIRARD ILLINOIS	<b>c</b> EIN-PN 37-6001364-001



<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>EATON VANCE ATLANTA CAP SMID-CAP RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>638</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>	13399415
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	13176700
<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>	13399415	13176700
<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>	13399415	13176700

**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>		
<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>	1964239	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1964239

**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>	100218	
(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>		100218
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		100218

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1864021
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1198043
(2) From this plan .....	<b>2l(2)</b>		3284779

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