

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AB GLOBAL BOND RET OPT; 1b Three-digit plan number (PN): 714; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AB GLOBAL BOND RET OPT</u>	B Three-digit plan number (PN)	<u>714</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PLENARY AMERICAS USA LTD. 401(K) PLAN	
b	Name of plan sponsor	PLENARY AMERICAS USA LTD.	c EIN-PN 38-3923534-001
a	Plan name	THE BROWNING GROUP INTERNATIONAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BROWNING GROUP INTERNATIONAL, INC.	c EIN-PN 99-9973995-001
a	Plan name	PROGRESSIVEHEALTH 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVEHEALTH	c EIN-PN 35-1907348-002
a	Plan name	BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETAR DENTAL PC, INC.	c EIN-PN 25-1799034-001
a	Plan name	KUNCAI AMERICAS, LLC 401(K) PLAN	
b	Name of plan sponsor	KUNCAI AMERICAS LLC	c EIN-PN 47-5443652-001
a	Plan name	FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FAIRMOUNT PARTNERS, LLC	c EIN-PN 41-2094669-001
a	Plan name	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001
a	Plan name	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.	c EIN-PN 77-0357662-001
a	Plan name	RGS & G 401(K) PLAN	
b	Name of plan sponsor	RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name	UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER LLC	c EIN-PN 11-3822342-001
a	Plan name	UNIVERSITY PAIN MEDICINE CENTER, LLC CASH BALANCE PLAN	
b	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER, LLC	c EIN-PN 11-3822343-001
a	Plan name	MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARPLES GEARS, INC.	c EIN-PN 95-4226164-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name CLEARBROOK, LLC 401(K) PLAN	
b	Name of plan sponsor CLEARBROOK LLC	c EIN-PN 63-1209080-001
a	Plan name SHEGERIAN CONNIFF LLP 401(K) PLAN	
b	Name of plan sponsor SHEGERIAN CONNIFF LLP	c EIN-PN 83-1614034-001
a	Plan name NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name SIVERS SEMICONDUCTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIVERS SEMICONDUCTORS, INC.	c EIN-PN 82-2069979-001
a	Plan name CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CORR FLIGHT S INC.	c EIN-PN 47-2376307-777
a	Plan name ALVEO HEALTH LLC FKA THE CONSULT, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ALVEO HEALTH LLC FKA THE CONSULT	c EIN-PN 31-1237647-001
a	Plan name DDO ARTIST'S AGENCY 401(K) PLAN	
b	Name of plan sponsor DDO ARTIST'S AGENCY	c EIN-PN 95-4708020-001
a	Plan name INNOVA ZONES 401(K) PLAN	
b	Name of plan sponsor INNOVA ZONES, LLC	c EIN-PN 46-5111106-001
a	Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name STEVISON HAM 401(K) PLAN	
b	Name of plan sponsor STEVISON HAM COMPANY	c EIN-PN 43-0624613-001
a	Plan name STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor STONINGTON SERVICES, LLC	c EIN-PN 04-3805262-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
b	Name of plan sponsor OXFORD ECONOMICS USA, INC.	c EIN-PN 23-2620656-001
a	Plan name OXFORD GARDEN 401(K) PLAN	
b	Name of plan sponsor OXFORD LTD DBA OXFORD GARDEN	c EIN-PN 31-1525511-777
a	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name PCRM SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor PARTNERSHIP CONCEPTS REALTY MANAGEMENT, INC.	c EIN-PN 36-2850850-001
a	Plan name PEDIATRIC MINDS MEDICAL CENTER 401(K)	
b	Name of plan sponsor PEDIATRIC MINDS MEDICAL CENTER, INC.	c EIN-PN 27-3044815-001
a	Plan name ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
a	Plan name TAPLIN HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor TAPLIN HOLDINGS, LLC	c EIN-PN 35-2561482-001
a	Plan name REPCO SALES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REPCO SALES LLC	c EIN-PN 99-3976601-001
a	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name VALOR, LLC RETIREMENT PLAN	
b	Name of plan sponsor VALOR, LLC	c EIN-PN 61-1370293-001
a	Plan name CHILDPLACE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHILDPLACE, INC.	c EIN-PN 35-1129180-001
a	Plan name MEMORIAL CARDIOLOGY MEDICAL GROUP, INC. EMPLOYEES' PROFIT SHARING PLAN II	
b	Name of plan sponsor MEMORIAL CARDIOLOGY MEDICAL GROUP	c EIN-PN 95-2884933-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	H2R CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	H2R CORP	c EIN-PN 81-2654817-001
a	Plan name	HAM BROADCASTING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAM BROADCASTING COMPANY, INC.	c EIN-PN 61-1193671-001
a	Plan name	CONTAINER STORAGE 401(K) PLAN	
b	Name of plan sponsor	CONTAINER STORAGE COMPANY OF HAWAII, LTD	c EIN-PN 99-0223980-001
a	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ACTION SALES + MARKETING INC.	c EIN-PN 41-1264273-001
a	Plan name	ACW GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACW GROUP LLC	c EIN-PN 26-3799681-001
a	Plan name	DELL-COMM, INC. 401(K) PLAN	
b	Name of plan sponsor	DELL-COMM, INC.	c EIN-PN 41-1660280-001
a	Plan name	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	c EIN-PN 94-2178221-003
a	Plan name	IUVENESCO, INC. CASH BALANCE PLAN	
b	Name of plan sponsor	IUVENESCO, INC.	c EIN-PN 81-4076935-001
a	Plan name	ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN	
b	Name of plan sponsor	ATLAS LABOR ILLINOIS LLC	c EIN-PN 83-3804981-001
a	Plan name	DTS RETIREMENT PLAN	
b	Name of plan sponsor	DARNELL TECHNICAL SERVICES, INC.	c EIN-PN 77-0622546-777
a	Plan name	DUFF QUARRY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	DUFF QUARRY, INC.	c EIN-PN 34-0929698-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN	
b	Name of plan sponsor	BARBICH HOOPER KING DILL HOFFMAN	c EIN-PN 95-3705481-001
a	Plan name	BARKING DOG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BARKING DOG, INC. DBA FASTSIGNS KIRKLAND	c EIN-PN 91-1637635-001
a	Plan name	EIRECON CONSTRUCTION, LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor	EIRECON CONSTRUCTION, LLC	c EIN-PN 83-0424733-002
a	Plan name	BIOEX CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	BIOEX CONSULTING, LLC	c EIN-PN 26-3459118-001
a	Plan name	BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BITTNER, LLC	c EIN-PN 61-1372128-001
a	Plan name	ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ETORI USA, INC.	c EIN-PN 20-1728643-001
a	Plan name	LADIES & GENTLEMEN HAIR STYLISTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LADIES & GENTLEMEN HAIR STYLISTS, INC.	c EIN-PN 34-1548748-001
a	Plan name	BOOK AND LADDER, LLC 401(K) PLAN	
b	Name of plan sponsor	BOOK AND LADDER, LLC	c EIN-PN 85-2381762-001
a	Plan name	FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FEIST CABINETS & WOODWORKS, INC.	c EIN-PN 68-0130480-001
a	Plan name	FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	FERGUSON COX ASSOCIATES, INC.	c EIN-PN 06-1242231-001
a	Plan name	MASTERS ELECTRICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	MASTERS ELECTRICAL SERVICES, LTD	c EIN-PN 74-2618930-777
a	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MICHAEL DIAZ, M.D. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MICHAEL DIAZ, M.D.	c EIN-PN 90-1121315-001
a	Plan name PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor PREACHER, LLC	c EIN-PN 46-4405855-001
a	Plan name QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUALEX MANUFACTURING, LLC	c EIN-PN 61-1273995-001
a	Plan name QUALITY LAPEL PINS, INC. 401(K) PLAN	
b	Name of plan sponsor QUALITY LAPEL PINS, INC.	c EIN-PN 41-2119859-001
a	Plan name RITTER MAHER ARCHITECTS, LLC 401(K) PLAN	
b	Name of plan sponsor RITTER MAHER ARCHITECTS, LLC	c EIN-PN 03-0497336-001
a	Plan name SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
a	Plan name SIGNATURE DESTINATION MANAGEMENT 401(K) PLAN AND TRUST	
b	Name of plan sponsor SIGNATURE DESTINATION MANAGEMENT, LLC	c EIN-PN 72-1409387-001
a	Plan name SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMC CONSTRUCTION CO.	c EIN-PN 88-0319132-001
a	Plan name SUN CHLORELLA USA 401(K) PLAN	
b	Name of plan sponsor SUN CHLORELLA USA	c EIN-PN 95-3807726-001
a	Plan name THREE RIVERS CHRYSLER JEEP DODGE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THREE RIVERS CHRYSLER JEEP DODGE	c EIN-PN 84-1670451-001
a	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001
a	Plan name WILLIAMS, DECLARK & TUSCHMAN CO., LPA PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAMS, DECLARK & TUSCHMAN CO., LPA	c EIN-PN 34-1311244-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	5TZ SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	5TZ SERVICES, LLC	c EIN-PN 46-1326300-001
a	Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	c EIN-PN 31-0747489-002
a	Plan name	CHRISSELLE, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISSELLE, INC.	c EIN-PN 27-2841262-001
a	Plan name	COBCO ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	COBCO ENTERPRISES, LLC	c EIN-PN 31-1718329-001
a	Plan name	CORNERSTONE ANESTHESIA GROUP, PLLC 401(K) PLAN	
b	Name of plan sponsor	CORNERSTONE ANESTHESIA GROUP, PLLC	c EIN-PN 46-5671673-001
a	Plan name	EVT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENTERPRISE VISION TECHNOLOGIES	c EIN-PN 73-1686616-001
a	Plan name	FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor	FFTT, LLC	c EIN-PN 81-0860100-001
a	Plan name	INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	INTERVENTIONAL PAIN CONSULTANTS LLC	c EIN-PN 83-0901793-001
a	Plan name	KES SYSTEMS, INC. CROSS TESTED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KES SYSTEMS, INC.	c EIN-PN 59-3532089-001
a	Plan name	BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BECKWITH LUMBER COMPANY, INC.	c EIN-PN 55-0525058-001
a	Plan name	DMD BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	DMD WINDOW AND DOOR, INC.	c EIN-PN 81-4449392-001
a	Plan name	HARRISON M. ISHIDA, D.D.S., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARRISON M. ISHIDA, D.D.S., INC.	c EIN-PN 99-0168361-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MBPIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	c EIN-PN 38-1956049-002
a	Plan name MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MORRIS CERULLO WORLD EVANGELISM	c EIN-PN 95-2372233-001
a	Plan name QUIPT HOME MEDICAL 401(K) PLAN	
b	Name of plan sponsor QUIPT HOME MEDICAL, INC.	c EIN-PN 27-1139562-001
a	Plan name SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITH & JOHNSON ATTORNEYS, P.C	c EIN-PN 38-2067637-001
a	Plan name SMP 401(K) PLAN	
b	Name of plan sponsor SCOTT MCLEOD PLUMBING, INC.	c EIN-PN 32-0067594-001
a	Plan name SUPRACOR, INC. 401(K) PLAN	
b	Name of plan sponsor SUPRACOR, INC.	c EIN-PN 94-2792545-001
a	Plan name TOYOTA OF RIDGECREST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOYOTA OF RIDGECREST	c EIN-PN 95-1774180-001
a	Plan name HAVEN INTERIORS, LTD. 401(K) PLAN	
b	Name of plan sponsor HAVEN INTERIORS, LTD.	c EIN-PN 20-3608590-001
a	Plan name JAH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAH ENTERPRISES, INC.	c EIN-PN 72-1250656-001
a	Plan name MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name RAMI, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RAMI, INC.	c EIN-PN 77-0595067-001
a	Plan name SEITZ, THE FRESHER CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SEITZ, THE FRESHER CO., INC.	c EIN-PN 56-2079560-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor	ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES	c EIN-PN 56-2091476-001
a	Plan name	ALBERT LEUNG, M.D., LLC 401(K) PLAN	
b	Name of plan sponsor	ALBERT LEUNG, M.D., LLC	c EIN-PN 27-2134744-001
a	Plan name	ARELLANO ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	ARELLANO ASSOCIATES, LLC	c EIN-PN 45-4181058-001
a	Plan name	CELINA COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CELINA TENT, INC.	c EIN-PN 34-1894249-001
a	Plan name	O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	O'CONNELL LANDSCAPE MAINTENANCE INC.	c EIN-PN 95-3141443-002
a	Plan name	SERRA COMMUNITY MEDICAL CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	SERRA COMMUNITY MEDICAL CLINIC, INC.	c EIN-PN 95-4786125-001
a	Plan name	T-G ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	T-G ENTERPRISES, INC.	c EIN-PN 61-0864715-001
a	Plan name	TACO ALOHA, INC. 401(K) PLAN	
b	Name of plan sponsor	TACO ALOHA, INC.	c EIN-PN 99-0171500-002
a	Plan name	WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor	WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name	WORLDWIDE PRODUCTION AGENCY LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WORLDWIDE PRODUCTION AGENCY LLC	c EIN-PN 46-4735048-001
a	Plan name	ACADEMY WEST INVESTMENTS 401(K) PLAN	
b	Name of plan sponsor	ACADEMY WEST INVESTMENTS	c EIN-PN 82-4195113-001
a	Plan name	BERNIE GRUNDMAN MASTERING STUDIO 401(K) PLAN	
b	Name of plan sponsor	BERNIE GRUNDMAN MASTERING STUDIO	c EIN-PN 95-3839051-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor	D. S. ERICKSON & ASSOCIATES, PLLC	c EIN-PN 20-5957980-001
a	Plan name	HEALTHCARE BUSINESS MEDIA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEALTHCARE BUSINESS MEDIA, INC.	c EIN-PN 61-1362235-001
a	Plan name	KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	KOPPENHEFFER & SON TRUCKING CO., INC.	c EIN-PN 23-2224832-001
a	Plan name	MDL 401(K) PLAN	
b	Name of plan sponsor	MINERAL DEVELOPMENT, LLC	c EIN-PN 46-5488841-001
a	Plan name	ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name	ALLIANCE PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE PRIMARY CARE ASSOCIATES PLLC DBA ALLIANCE PEDIATRICS	c EIN-PN 45-3459804-001
a	Plan name	AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	JOHNSON UNITED, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHNSON UNITED, INC.	c EIN-PN 77-0401727-001
a	Plan name	MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN STATE UTILITY WORKERS COUNCIL	c EIN-PN 38-0830708-001
a	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
a	Plan name	PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PIERCE PACKAGING COMPANY INC.	c EIN-PN 36-4161206-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AB GLOBAL BOND RET OPT	B Three-digit plan number (PN) ▶ 714
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6086309 4814051
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6086310	4814052
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6086310	4814052

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	196756	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-56542	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		140214

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	34838	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34838
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34838

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		105376
l Transfers of assets:			
(1) To this plan.....	2l(1)		1092695
(2) From this plan	2l(2)		2470329

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.