

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>HARTFORD MID CAP RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>729</u>
	1c Effective date of plan
2a 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> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u>
	2c Plan Sponsor's telephone number <u>319-355-6449</u>
	2d Business code (see instructions)

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

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

SIGN HERE		Date	Enter name of individual signing as plan administrator
	Signature of plan administrator		
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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>HARTFORD MID CAP RET OPT</u>	B Three-digit plan number (PN)	<u>729</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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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)

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	EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor	EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
a	Plan name	KAZI FOODS 401(K) PLAN	
b	Name of plan sponsor	KAZI FOODS, INC.	c EIN-PN 98-4287911-001
a	Plan name	ESSNER MANUFACTURING, L.P. 401(K) PLAN	
b	Name of plan sponsor	ESSNER MANUFACTURING, L.P.	c EIN-PN 52-2439789-001
a	Plan name	LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF DANIEL A. PARMELE, P.C.	c EIN-PN 43-1926792-001
a	Plan name	FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	c EIN-PN 87-2736693-001
a	Plan name	LYONS GROUP 401(K) PLAN	
b	Name of plan sponsor	LYONS GROUP	c EIN-PN 04-2707878-001
a	Plan name	GENERAL PLASTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GENERAL PLASTICS, INC.	c EIN-PN 39-1593017-001
a	Plan name	MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDIX SPECIALTY VEHICLES, LLC	c EIN-PN 54-2028306-001
a	Plan name	CHARLTON CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor	CHARLTON CHIROPRACTIC & WELLNESS CENTER, LLC	c EIN-PN 34-1960690-001
a	Plan name	SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name	ACCURATE CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACCURATE CONSTRUCTION COMPANY, INC.	c EIN-PN 35-2243037-001

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 ACE FURNITURE & TV, INC. 401(K) PLAN	
b	Name of plan sponsor ACE FURNITURE & TV, INC.	c EIN-PN 47-0541683-001
a	Plan name YC RUBBER CO. (NORTH AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor YC RUBBER CO. (NORTH AMERICA) LLC	c EIN-PN 47-2227720-001
a	Plan name ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC.	c EIN-PN 43-1550825-002
a	Plan name DAVID FELKER, MD, P.A. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor DAVID FELKER, MD, P.A.	c EIN-PN 65-0932108-001
a	Plan name DBM ENGINEERING, P.C. 401(K) PLAN	
b	Name of plan sponsor DBM ENGINEERING, PC	c EIN-PN 20-2917025-001
a	Plan name DEANS PLACE 401(K) PLAN	
b	Name of plan sponsor DEANS PLACE LLC	c EIN-PN 26-3738079-001
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 DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DRABIK MANUFACTURING, INC.	c EIN-PN 34-1503007-001
a	Plan name DREXELBROOK ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor DREXELBROOK ASSOCIATES	c EIN-PN 23-1552101-001
a	Plan name ULTIMA DESIGN OF SOUTH FLORIDA, INC. RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor ULTIMA DESIGN OF SOUTH FLORIDA, INC.	c EIN-PN 65-0407058-001
a	Plan name GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor GAINLINE FINANCIAL PARTNERS, LLC	c EIN-PN 87-2523664-001
a	Plan name GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001

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 CARING ENTERPRISES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CARING ENTERPRISES INCORPORATED	c EIN-PN 42-1461742-001
a	Plan name VAIL VACATION PROPERTIES LLC 401(K) PLAN	
b	Name of plan sponsor VAIL VACATION PROPERTIES LLC	c EIN-PN 45-2923184-001
a	Plan name WAKEMAN EQUIPMENT SALES, INC. 401(K) PLAN	
b	Name of plan sponsor WAKEMAN EQUIPMENT SALES, INC.	c EIN-PN 39-1747018-001
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
a	Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001
a	Plan name WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WHISNANT & COMPANY, LLC	c EIN-PN 56-1084523-001
a	Plan name CLICK2BIND INSURANCE 401(K) PLAN	
b	Name of plan sponsor CLICK2BIND INSURANCE SERVICES, INC.	c EIN-PN 81-3280949-001
a	Plan name HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
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 HOME INSTEAD 401(K) PLAN	
b	Name of plan sponsor HOME INSTEAD SENIOR CARE	c EIN-PN 26-1145117-001
a	Plan name AERO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AERO CHARTER, INC.	c EIN-PN 43-1133102-002
a	Plan name STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor STAFFING PLUS, INC.	c EIN-PN 36-4330850-222

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PACIFIC FISHING & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC FISHING & SUPPLY, INC.	c EIN-PN 99-0302309-777
a	Plan name	DESTINY HOME HEALTH AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	DESTINY HOME HEALTH AGENCY, INC.	c EIN-PN 77-0616280-001
a	Plan name	DHR MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	DHR MANAGEMENT, LLC	c EIN-PN 27-2018400-001
a	Plan name	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name	LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name	THOMPSON VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor	THOMPSON VETERINARY CLINIC	c EIN-PN 38-3184834-001
a	Plan name	QIU ACCOUNTANCY CORP. 401(K) PLAN	
b	Name of plan sponsor	QIU ACCOUNTANCY CORP.	c EIN-PN 95-4629680-001
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	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	LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAWYERS FOR JUSTICE PC	c EIN-PN 27-4652068-001
a	Plan name	MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	MATTHEW L. BRIDGES DDS PLLC	c EIN-PN 82-1972625-001
a	Plan name	MONARCH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	MONARCH HOLDINGS, LLC	c EIN-PN 26-1687351-001

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	NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	NEW ENGLAND DENTAL CENTER, P.C.	c EIN-PN 06-1001051-001
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	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA	c EIN-PN 58-1575076-001
a	Plan name	THUAN VAN NGUYEN, M.D. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	THUAN VAN NGUYEN, M.D.	c EIN-PN 95-3914970-001
a	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001
a	Plan name	VANDERFORD & RUIZ, LLP 401(K) PLAN	
b	Name of plan sponsor	VANDERFORD & RUIZ, LLP	c EIN-PN 56-2531267-001
a	Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
a	Plan name	ZOULAS 401(K) PLAN	
b	Name of plan sponsor	KRISTINA ZOULAS, DDS, INC.	c EIN-PN 74-1856936-001
a	Plan name	COLLAGE ARCHITECTS LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	COLLAGE ARCHITECTS LLC	c EIN-PN 26-3215943-001
a	Plan name	COLT RECYCLING SOLUTIONS, LLC. PROFIT SHARING PLAN	
b	Name of plan sponsor	COLT RECYCLING SOLUTIONS, LLC	c EIN-PN 26-3901372-002
a	Plan name	CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORETRUST MANAGEMENT, LP	c EIN-PN 32-0475371-001
a	Plan name	DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC DOWNHOLE SERVICES, LLC	c EIN-PN 26-2612443-001

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 GREAT KIDS PEDIATRICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor ABEL PAREDES, M.D., P.A. DBA GREAT KIDS PEDIATRICS	c EIN-PN 74-2092637-002
a	Plan name HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor HIGHLAND COMMUNITY MANAGEMENT, LLC	c EIN-PN 59-3383539-001
a	Plan name HOWELL BENEFIT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor HOWELL BENEFIT SERVICES, INC.	c EIN-PN 23-2658991-001
a	Plan name KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENNETH O. KARP, MD, PA	c EIN-PN 20-0112151-001
a	Plan name LASER TECH USA, INC 401(K) PLAN	
b	Name of plan sponsor LASER TECH USA, INC	c EIN-PN 42-1459197-001
a	Plan name BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
b	Name of plan sponsor BRICK CITY PRIMARY CARE	c EIN-PN 26-4778038-001
a	Plan name COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name ELIZABETH W. BINGHAM, DMD. INC. 401K PLAN	
b	Name of plan sponsor ELIZABETH W BINGHAM	c EIN-PN 84-4995848-001
a	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor KEY TECHNICAL SOLUTIONS INCORPORATED	c EIN-PN 39-1751214-001
a	Plan name MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor MAYHEW STEEL PRODUCTS, INC.	c EIN-PN 04-1595240-777
a	Plan name NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE CENTER S.C.	c EIN-PN 36-3145951-002

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 PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name SOCIETY, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOCIETY, INC. DBA THE ACADEMY	c EIN-PN 80-0231640-001
a	Plan name SW EXCURSION & EDUCATIONAL TOURS, INC 401(K) PLAN	
b	Name of plan sponsor SW EXCURSION & EDUCATIONAL TOURS, INC	c EIN-PN 20-0128920-001
a	Plan name THE LIFE ASSOCIATES, INC. & BLANKENSHIP 401(K) PLAN	
b	Name of plan sponsor THE LIFE ASSOCIATES, INC.	c EIN-PN 61-1150917-001
a	Plan name WISCONSIN LIFTING SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor WISCONSIN LIFTING SPECIALISTS, INC.	c EIN-PN 39-1130436-001
a	Plan name LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN	
b	Name of plan sponsor LIFESPAN FINANCIAL STRATEGIES, INC.	c EIN-PN 65-0741655-001
a	Plan name LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION	c EIN-PN 87-4041442-001
a	Plan name MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCGREGOR & ASSOCIATES, INC.	c EIN-PN 61-1211399-001
a	Plan name SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor SEQUEL CONTRACTORS, INC.	c EIN-PN 95-4301424-002
a	Plan name VERSITY INVESTMENTS, LLC 401(K) PLAN	
b	Name of plan sponsor VERSITY INVESTMENTS, LLC	c EIN-PN 82-5315389-001
a	Plan name ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBERTY GROUP, LLC	c EIN-PN 83-4525061-001
a	Plan name BRISTOL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE BRISTOL GROUP, INC.	c EIN-PN 31-1491447-001

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 PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PAUL'S AUTO REPAIR, LLC	c EIN-PN 27-2538433-001
a	Plan name PROCESSES BY MARTIN, INC. 401(K) PLAN	
b	Name of plan sponsor PROCESSES BY MARTIN, INC.	c EIN-PN 95-4434945-001
a	Plan name SOUTH SHORE HEARING CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH SHORE HEARING CENTER, LLC	c EIN-PN 47-4480052-001
a	Plan name THE REALTIME GROUP 401(K) PLAN	
b	Name of plan sponsor RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	c EIN-PN 46-0876004-001
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 ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALIKA C. GARCIA	c EIN-PN 81-0742572-001
a	Plan name ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor ARROW TRAILER AND EQUIPMENT CO.	c EIN-PN 37-0755336-001
a	Plan name COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a	Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001
a	Plan name KO STONE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KO STONE, INC.	c EIN-PN 46-2842689-001
a	Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LOMONT MOLDING, LLC	c EIN-PN 47-1306587-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCZ CONSTRUCTION, INC.	c EIN-PN 20-0634943-001
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	BSB RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	THE BIPPUS STATE BANK	c EIN-PN 35-0180140-001
a	Plan name	GREENS OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GREENS OPERATIONS, INC	c EIN-PN 47-3688571-001
a	Plan name	MID-CITIES MOTOR FREIGHT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-CITIES MOTOR FREIGHT, INC.	c EIN-PN 43-1119604-001
a	Plan name	SADDLEBACK DESIGN RETIREMENT TRUST	
b	Name of plan sponsor	SADDLEBACK DESIGN, INC.	c EIN-PN 84-1379148-001
a	Plan name	ALLIED UNIVERSAL CBU 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA, LP	c EIN-PN 27-1562945-002
a	Plan name	ALOHA HABILITATION SERVICES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ALOHA HABILITATION SERVICES, INC.	c EIN-PN 99-0356254-001
a	Plan name	B & E PETROLEUM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & E PETROLEUM, INC.	c EIN-PN 99-0215751-002
a	Plan name	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'	c EIN-PN 41-2153109-001
a	Plan name	EASTERN COLORADO BANK 401(K) PLAN	
b	Name of plan sponsor	THE EASTERN COLORADO BANK	c EIN-PN 84-0361004-001
a	Plan name	MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILILANI PHYSICAL THERAPY, LLC	c EIN-PN 91-6551087-001

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 HARTFORD MID CAP RET OPT	B Three-digit plan number (PN) 729
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)	
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)	18360075
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	19571468
(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	19571468	18360075
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	19571468	18360075

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2807989	
(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		2807989

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)	203800	
(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)		203800
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		203800

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2604189
l Transfers of assets:			
(1) To this plan.....	2l(1)		2457039
(2) From this plan	2l(2)		6272621

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 _____.