

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>BLACKROCK EQUITY DIVIDEND K CLASS K SHARES</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>025</u>  <b>1c</b> Effective date of plan
<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>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>82-5217478</u>  <b>2c</b> Plan Sponsor's telephone number  <b>2d</b> 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.

<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> <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>BLACKROCK EQUITY DIVIDEND K CLASS K SHARES</u>	<b>B</b> Three-digit plan number (PN)	<u>025</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>82-5217478</u>	

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



<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CLEAR GUIDANCE PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEAR GUIDANCE PARTNERS, LP	<b>c</b> EIN-PN 83-3177675-001
<b>a</b>	Plan name	HARRISON VETERINARY CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARRISON VETERINARY CLINIC, PLLC	<b>c</b> EIN-PN 61-1272496-001
<b>a</b>	Plan name	MURTCO, INC. PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	MURTCO, INC.	<b>c</b> EIN-PN 61-1127838-001
<b>a</b>	Plan name	HIGHLIGHT HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HLH HOLDINGS, LLC	<b>c</b> EIN-PN 85-0802402-001
<b>a</b>	Plan name	HILLCREST HOME, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HILLCREST HOME, INC.	<b>c</b> EIN-PN 42-0892136-001
<b>a</b>	Plan name	NEW HOPE OF ARIZONA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW HOPE OF ARIZONA INC.	<b>c</b> EIN-PN 26-2624451-001
<b>a</b>	Plan name	NFOCUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NFOCUS CONSULTING, INC.	<b>c</b> EIN-PN 31-1325229-001
<b>a</b>	Plan name	NICK I. DEVANI, DDS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NICK I. DEVANI, DDS, INC.	<b>c</b> EIN-PN 56-2318046-001
<b>a</b>	Plan name	ACES MECHANICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACES MECHANICAL,LLC	<b>c</b> EIN-PN 45-3008172-001
<b>a</b>	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	<b>c</b> EIN-PN 45-2590810-001
<b>a</b>	Plan name	NUCLEUS ROBOTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NUCLEUS ROBOTICS, LLC	<b>c</b> EIN-PN 84-2399526-001
<b>a</b>	Plan name	NUWAVE ENERGY SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NUWAVE ENERGY SOLUTIONS, LLC	<b>c</b> EIN-PN 84-2586779-001

<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	SOUTHERN MONTANA OPTOMETRIC CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN MONTANA OPTOMETRIC CENTER	<b>c</b> EIN-PN 81-0501277-001
<b>a</b>	Plan name	AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AL TERRY PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 02-0344810-002
<b>a</b>	Plan name	STREB CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 42-0892646-001
<b>a</b>	Plan name	STYLECRAFT HOME COLLECTION, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STYLECRAFT HOME COLLECTION, INC.	<b>c</b> EIN-PN 27-0439124-001
<b>a</b>	Plan name	SULLIVAN PERIODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARY LINDA SULLIVAN, DMD, PC	<b>c</b> EIN-PN 63-1228900-001
<b>a</b>	Plan name	SWC OFFICE FURNITURE OUTLET 401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor	SWC OFFICE FURNITURE OUTLET	<b>c</b> EIN-PN 06-1532118-002
<b>a</b>	Plan name	ASANA RECOVERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASANA RECOVERY, INC.	<b>c</b> EIN-PN 30-1000319-001
<b>a</b>	Plan name	ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSEMBLY SPECIALTY PRODUCTS, INC.	<b>c</b> EIN-PN 34-1082183-003
<b>a</b>	Plan name	THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	<b>c</b> EIN-PN 26-4611654-001
<b>a</b>	Plan name	TILLMANN WHOLESALE GROWERS INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TILLMANN WHOLESALE GROWERS INC.	<b>c</b> EIN-PN 39-1090111-002
<b>a</b>	Plan name	TOM HAAS CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOM HAAS CONSTRUCTION, LLC	<b>c</b> EIN-PN 46-2779717-001
<b>a</b>	Plan name	BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB AUTO SALES INC.	<b>c</b> EIN-PN 38-3686385-001

<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	BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB OF NAZARETH INC.	<b>c</b> EIN-PN 24-0864624-001
<b>a</b>	Plan name	BROWN-DAUB DODGE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB DODGE, INC.	<b>c</b> EIN-PN 23-2970402-001
<b>a</b>	Plan name	BROWN-DAUB EURO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB EURO, INC.	<b>c</b> EIN-PN 27-4502291-001
<b>a</b>	Plan name	BROWN-DAUB INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB, INC.	<b>c</b> EIN-PN 24-0535610-001
<b>a</b>	Plan name	BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB OF LEHIGH VALLEY, INC	<b>c</b> EIN-PN 27-1528308-001
<b>a</b>	Plan name	WEATHER TIGHT CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEATHER TIGHT CORPORATION	<b>c</b> EIN-PN 39-1647457-001
<b>a</b>	Plan name	CYPRESS PARTNERS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CYPRESS PARTNERS LLC	<b>c</b> EIN-PN 81-4753944-001
<b>a</b>	Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DANSCO ENGINEERING LLC	<b>c</b> EIN-PN 04-3788074-001
<b>a</b>	Plan name	ECCO EQUIPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECCO EQUIPMENT COMPANY LLC	<b>c</b> EIN-PN 95-2800890-001
<b>a</b>	Plan name	FOX VALLEY CAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIR TRANSPORTATION LLC DBA FOX VALLEY CAB	<b>c</b> EIN-PN 46-5234731-001
<b>a</b>	Plan name	IKP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IKP FAMILY MEDICINE, P.A.	<b>c</b> EIN-PN 20-2412782-001
<b>a</b>	Plan name	INNOVA TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INNOVA TECHNOLOGIES INC.	<b>c</b> EIN-PN 56-2323193-001

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 INTEGRATED LAKES MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED LAKES MANAGEMENT, INC.	<b>c</b> EIN-PN 20-3197661-001
<b>a</b>	Plan name KBKC DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor KBKC DESIGN	<b>c</b> EIN-PN 99-3478083-001
<b>a</b>	Plan name LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOUISIANA OFFICE PRODUCTS, INC	<b>c</b> EIN-PN 72-0763449-002
<b>a</b>	Plan name MANNING, LEAVER, BRUDER & BERBERICH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MANNING, LEAVER, BRUDER & BERBERICH	<b>c</b> EIN-PN 95-2129184-001
<b>a</b>	Plan name MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARC DUTTON IRRIGATION, INC.	<b>c</b> EIN-PN 38-2152186-001
<b>a</b>	Plan name OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	<b>c</b> EIN-PN 61-1374312-001
<b>a</b>	Plan name PARTNER VALUATION ADVISORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARTNER VALUATION ADVISORS LLC	<b>c</b> EIN-PN 88-3351652-001
<b>a</b>	Plan name PAUL M. KENTOR, M.D., S.C. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PAUL M. KENTOR, M.D., S.C.	<b>c</b> EIN-PN 36-3119308-001
<b>a</b>	Plan name PROTERIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROTERIS COMPLIANCE SOLUTIONS, INC.	<b>c</b> EIN-PN 92-1583768-001
<b>a</b>	Plan name RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor RICHWOODS ACADEMY, LLC	<b>c</b> EIN-PN 84-4059471-001
<b>a</b>	Plan name RINAUDO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RINAUDO ENTERPRISES, INC.	<b>c</b> EIN-PN 59-3384145-001
<b>a</b>	Plan name ROBERT L JOHNSTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROBERT L JOHNSTON, INC	<b>c</b> EIN-PN 54-0761430-001

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 ROBINSON & BELEW, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROBINSON & BELEW, INC.	<b>c</b> EIN-PN 62-0898199-001
<b>a</b>	Plan name ALLEGHANY ASPHALT AND CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLEGHANY ASPHALT AND CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-1723930-001
<b>a</b>	Plan name ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLIANCE GROUP HOLDINGS, LLC DBA ALLIANCE MARKETING PARTNERS	<b>c</b> EIN-PN 20-1317574-001
<b>a</b>	Plan name TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TELETRONIC SERVICES, INC.	<b>c</b> EIN-PN 34-1317163-001
<b>a</b>	Plan name TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING	
<b>b</b>	Name of plan sponsor JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	<b>c</b> EIN-PN 01-0554308-001
<b>a</b>	Plan name TOP SHELF LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOP SHELF LOGISTICS, LLC	<b>c</b> EIN-PN 26-0272605-001
<b>a</b>	Plan name TQM NORTH AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TQM NORTH AMERICA, INC.	<b>c</b> EIN-PN 35-2615062-001
<b>a</b>	Plan name CAPCO STEEL ERECTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAPCO STEEL ERECTION COMPANY	<b>c</b> EIN-PN 27-1100663-001
<b>a</b>	Plan name CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor CARMEL ACADEMY	<b>c</b> EIN-PN 13-4013334-002
<b>a</b>	Plan name CARPE DIEM RECON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	<b>c</b> EIN-PN 81-4451244-001
<b>a</b>	Plan name WILDCAT OIL TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILDCAT OIL TOOLS, LLC	<b>c</b> EIN-PN 45-4421709-001
<b>a</b>	Plan name EMERGE LAW GROUP P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EMERGE LAW GROUP P.C.	<b>c</b> EIN-PN 46-3205417-001

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 JACKSON TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JACKSON TIRE SERVICE, INC.	<b>c</b> EIN-PN 94-2295698-001
<b>a</b>	Plan name AMERICAN BIOTECH LABS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN BIOTECH LABS LLC	<b>c</b> EIN-PN 20-3029677-001
<b>a</b>	Plan name BEETS CATERING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEETS CATERING, INC.	<b>c</b> EIN-PN 94-6694661-001
<b>a</b>	Plan name BIG SKY ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIG SKY ENGINEERING, INC	<b>c</b> EIN-PN 39-1940162-001
<b>a</b>	Plan name CBD INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CBD INDUSTRIES, LLC	<b>c</b> EIN-PN 83-2775806-001
<b>a</b>	Plan name DRS. BLACK & BENTON PSC SAFE HARBOR EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRS. BLACK & BENTON, PSC	<b>c</b> EIN-PN 62-0853193-002
<b>a</b>	Plan name JOHN KRAEMER & SONS, INC. SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN KRAEMER & SONS, INC.	<b>c</b> EIN-PN 41-1347429-001
<b>a</b>	Plan name MERAKI SOCIAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERAKI SOCIAL, LLC	<b>c</b> EIN-PN 81-2114618-001
<b>a</b>	Plan name THE KITCHEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE KITCHEN, INC.	<b>c</b> EIN-PN 38-2716204-001
<b>a</b>	Plan name THE SPARTAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor BULLDOG LEASING COMPANY, INC.	<b>c</b> EIN-PN 90-0181558-001
<b>a</b>	Plan name TRUENORTH COMPANIES, L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUENORTH COMPANIES, L.C.	<b>c</b> EIN-PN 42-1513015-001
<b>a</b>	Plan name TUFFALOY PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TUFFALOY PRODUCTS, INC.	<b>c</b> EIN-PN 38-1710357-002

<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	WOODFIELD DEVELOPMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODFIELD DEVELOPMENT COMPANY, LLC	<b>c</b> EIN-PN 45-3995607-001
<b>a</b>	Plan name	WUNDER WERKZ 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WUNDER WERKZ LLC	<b>c</b> EIN-PN 45-3024445-001
<b>a</b>	Plan name	ZAGAR INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ZAGAR INC.	<b>c</b> EIN-PN 34-0634856-001
<b>a</b>	Plan name	BRAND JOURNALISTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRAND JOURNALISTS LLC	<b>c</b> EIN-PN 27-4681999-001
<b>a</b>	Plan name	LEVENTHAL PUGA BRALEY P.C., 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEVENTHAL PUGA BRALEY P.C.	<b>c</b> EIN-PN 84-0852333-001
<b>a</b>	Plan name	RADD COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADD CAPITAL, LLC	<b>c</b> EIN-PN 82-2026337-001
<b>a</b>	Plan name	REDHAWK COILED TUBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REDHAWK COILED TUBING, LLC	<b>c</b> EIN-PN 87-2997823-001
<b>a</b>	Plan name	GREEN CHARGE ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREEN CHARGE ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 46-2745824-001
<b>a</b>	Plan name	GREEN CHARGE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREEN CHARGE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 81-2651743-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>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>BLACKROCK EQUITY DIVIDEND K CLASS K SHARES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>025</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>82-5217478</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	45144659
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	52086420
<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>	45144659	52086420
<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>	45144659	52086420

**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>	1277645	
<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>	-825735	
<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>		4216035
<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>		4667945

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4667945
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		12834569
(2) From this plan .....	<b>2l(2)</b>		10560753

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