

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 MYWAYRETIREMENT INDEX 2025 RET OPT, 1b Three-digit plan number (PN) 068, 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) TRANSAMERICA LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404, 2b Employer Identification Number (EIN) 82-5217478, 2c Plan Sponsor's telephone number, 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.

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.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <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>MYWAYRETIREMENT INDEX 2025 RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>068</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)
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<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	COLLINS & COMPANY, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COLLINS & COMPANY, INC.	<b>c</b> EIN-PN 62-0882150-001
<b>a</b>	Plan name	HAEUSSNER DENTAL GROUP, LLC RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HAEUSSNER DENTAL GROUP, LLC	<b>c</b> EIN-PN 20-0479448-001
<b>a</b>	Plan name	HEALTH PARK MEDICAL PRACTICE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEALTH PARK MEDICAL PRACTICE, P.C.	<b>c</b> EIN-PN 82-2279075-001
<b>a</b>	Plan name	A GIULIANI 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	A GIULIANI & CO, INC.	<b>c</b> EIN-PN 23-2362815-002
<b>a</b>	Plan name	CONLEE OIL COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONLEE OIL COMPANY	<b>c</b> EIN-PN 38-1574238-002
<b>a</b>	Plan name	HILL STREET VETERINARY HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HILL STREET VETERINARY HOSPITAL	<b>c</b> EIN-PN 23-2415464-001
<b>a</b>	Plan name	HISTORIC FAMILY PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORIC FAMILY PHYSICIANS, P.C.	<b>c</b> EIN-PN 27-0357836-001
<b>a</b>	Plan name	ACCELERYNT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCELERYNT, INC.	<b>c</b> EIN-PN 82-4440916-001
<b>a</b>	Plan name	ACE FURNITURE & TV, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACE FURNITURE & TV, INC.	<b>c</b> EIN-PN 47-0541683-001
<b>a</b>	Plan name	CP TECH LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CP TECH, LLC	<b>c</b> EIN-PN 20-5616082-001
<b>a</b>	Plan name	CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRB MEDICAL ASSOCIATES	<b>c</b> EIN-PN 75-2804254-001
<b>a</b>	Plan name	CUSTOM HEALTHCARE, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM HEALTHCARE, LLC	<b>c</b> EIN-PN 62-1763595-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name POTTTS MASONRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POTTTS MASONRY, INC.	<b>c</b> EIN-PN 38-3290788-001
<b>a</b>	Plan name REFRICENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor REFRICENTER OF MIAMI, INC.	<b>c</b> EIN-PN 59-1362709-001
<b>a</b>	Plan name ADW KLEINHENZ, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADW KLEINHENZ, LLC	<b>c</b> EIN-PN 82-1876316-001
<b>a</b>	Plan name AGGRESSIVE TOOL & DIE EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AGGRESSIVE TOOL & DIE INC.	<b>c</b> EIN-PN 38-3126692-001
<b>a</b>	Plan name ASSOCIATIONS INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATIONS INTERNATIONAL, LLC	<b>c</b> EIN-PN 27-4849171-001
<b>a</b>	Plan name THE THOROUGHBRED CLUB OF AMERICA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE THOROUGHBRED CLUB OF AMERICA, INC.	<b>c</b> EIN-PN 61-0488425-001
<b>a</b>	Plan name THOMPSON I.G. LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TIG ENTITY LLC	<b>c</b> EIN-PN 39-2079528-001
<b>a</b>	Plan name TIM'S FABRICATORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TIM'S FABRICATORS, INC.	<b>c</b> EIN-PN 04-3273548-001
<b>a</b>	Plan name WATERWORTHS WOODSHOP 401(K)	
<b>b</b>	Name of plan sponsor WATERWORTHS WOODSHOP INC	<b>c</b> EIN-PN 46-5292715-001
<b>a</b>	Plan name DAVID COSTA ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVID COSTA ENTERPRISES, INC.	<b>c</b> EIN-PN 62-1682719-001
<b>a</b>	Plan name DECAROLIS INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DECAROLIS INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 04-3070114-222
<b>a</b>	Plan name E.C. BUILDING SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor E.C. BUILDING SOLUTIONS, INC.	<b>c</b> EIN-PN 33-1056773-001

<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	ECO BOX FABRICATORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECO BOX FABRICATORS, LLC	<b>c</b> EIN-PN 81-1812343-001
<b>a</b>	Plan name	FOUSER ENVIRONMENTAL SERVICES, LTD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FOUSER ENVIRONMENTAL SERVICES, LTD	<b>c</b> EIN-PN 61-1160042-001
<b>a</b>	Plan name	FULL SPECTRUM PEDIATRICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FULL SPECTRUM PEDIATRICS, INC.	<b>c</b> EIN-PN 45-2131188-001
<b>a</b>	Plan name	KAUAI DENTISTRY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	KAUAI DENTISTRY, INC	<b>c</b> EIN-PN 20-8228832-001
<b>a</b>	Plan name	LONG OF CHATTANOOGA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT MOTORS, INC.	<b>c</b> EIN-PN 62-0613917-001
<b>a</b>	Plan name	KOSTMAYER CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOSTMAYER CONSTRUCTION, L.L.C.	<b>c</b> EIN-PN 48-1290981-001
<b>a</b>	Plan name	MAUMEE VALLEY VENDING CO. 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MAUMEE VALLEY GROUP	<b>c</b> EIN-PN 34-4459363-001
<b>a</b>	Plan name	MAXIFORCE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAXIFORCE, INC.	<b>c</b> EIN-PN 65-0468481-002
<b>a</b>	Plan name	PALMER HAMILTON, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALMER HAMILTON, LLC	<b>c</b> EIN-PN 20-1201862-005
<b>a</b>	Plan name	PROVIDENT GENERAL CONTRACTORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLACKLAND PARTNERS, LLC	<b>c</b> EIN-PN 82-2893975-001
<b>a</b>	Plan name	RIVERVIEW MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVERVIEW MANUFACTURING, INC.	<b>c</b> EIN-PN 20-2938169-001
<b>a</b>	Plan name	ALL-TEMP REFRIGERATION, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALL-TEMP REFRIGERATION, INC.	<b>c</b> EIN-PN 34-1527583-001

<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	THE CAB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CAB, INC.	<b>c</b> EIN-PN 88-4282564-001
<b>a</b>	Plan name	BARGE CIVIL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARGE CIVIL ASSOCIATES, LLC	<b>c</b> EIN-PN 32-0706996-001
<b>a</b>	Plan name	TOOLING SOLUTIONS GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOOLING SOLUTIONS GROUP LLC	<b>c</b> EIN-PN 83-2698120-001
<b>a</b>	Plan name	CARA THERAPEUTICS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARA THERAPEUTICS, INC.	<b>c</b> EIN-PN 75-3175693-001
<b>a</b>	Plan name	CARROLL FULMER LOGISTICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARROLL FULMER LOGISTICS CORPORATION	<b>c</b> EIN-PN 01-0664729-001
<b>a</b>	Plan name	WEST OLIVE ANIMAL HOSPITAL, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST OLIVE ANIMAL HOSPITAL, L.L.C.	<b>c</b> EIN-PN 86-0902939-001
<b>a</b>	Plan name	ELIZABETH W. BINGHAM, DMD. INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ELIZABETH W BINGHAM	<b>c</b> EIN-PN 84-4995848-001
<b>a</b>	Plan name	GASTROMED LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GASTROMED LLC	<b>c</b> EIN-PN 65-0289047-003
<b>a</b>	Plan name	GATHAN BURNS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GATHAN BURNS, INC.	<b>c</b> EIN-PN 20-1686599-001
<b>a</b>	Plan name	APACE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	APACE KY, LLC	<b>c</b> EIN-PN 20-2452519-002
<b>a</b>	Plan name	CARTER MACHINE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARTER MACHINE COMPANY, INC.	<b>c</b> EIN-PN 34-4407972-005
<b>a</b>	Plan name	CBI 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ONECBI, LLC DBA CBI	<b>c</b> EIN-PN 47-0966094-001

<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	DOOR COUNTY DENTAL CARE, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOOR COUNTY DENTAL CARE, SC	<b>c</b> EIN-PN 01-0548267-001
<b>a</b>	Plan name	DOYLE EQUIPMENT MANUFACTURING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DOYLE EQUIPMENT MANUFACTURING COMPANY	<b>c</b> EIN-PN 37-0806868-001
<b>a</b>	Plan name	DSCEJ 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEEP SOUTH CENTER FOR ENVIRONMENTAL JUSTICE, INC.	<b>c</b> EIN-PN 56-2466977-001
<b>a</b>	Plan name	ETCHASOFT INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETCHASOFT INCORPORATED	<b>c</b> EIN-PN 59-3570693-001
<b>a</b>	Plan name	GOLDEN GIANT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN GIANT, INC.	<b>c</b> EIN-PN 34-1087997-001
<b>a</b>	Plan name	JOHN WATERS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JOHN WATERS, INC.	<b>c</b> EIN-PN 61-1073507-001
<b>a</b>	Plan name	LADUE PHARMACY, L.L.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LADUE PHARMACY, LLC	<b>c</b> EIN-PN 43-1819739-001
<b>a</b>	Plan name	LANDESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDESIGN, INC.	<b>c</b> EIN-PN 22-2888508-001
<b>a</b>	Plan name	MID MICHIGAN TRUSS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHRW, LLC	<b>c</b> EIN-PN 27-3842947-001
<b>a</b>	Plan name	PG ENERGY HOLDINGS, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PG ENERGY HOLDINGS, LP	<b>c</b> EIN-PN 75-2858178-001
<b>a</b>	Plan name	PROVIDENT REALTY ADVISORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENT REALTY ADVISORS, INC.	<b>c</b> EIN-PN 75-2784992-001
<b>a</b>	Plan name	SAFETY STICKERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAFETY STICKERS LLC DBA INDUSTRIAL SAFETY SOLUTIONS	<b>c</b> EIN-PN 87-0826797-001

<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	THE TAIMEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAIMEN TRANSPORT, LLC	<b>c</b> EIN-PN 46-1299674-001
<b>a</b>	Plan name	TVS DISTRIBUTORS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TVS DISTRIBUTORS, INC.	<b>c</b> EIN-PN 95-4887012-001
<b>a</b>	Plan name	UNIVERSAL TOOLS 401(K) & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL TOOLS & MANUFACTURING CO.	<b>c</b> EIN-PN 22-1711559-001
<b>a</b>	Plan name	WOODINVILLE ANIMAL HOSPITAL, PS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODINVILLE ANIMAL HOSPITAL, PS	<b>c</b> EIN-PN 84-2408814-001
<b>a</b>	Plan name	ZEISER PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZEISER INC.	<b>c</b> EIN-PN 22-3477070-001
<b>a</b>	Plan name	FERRIS ORTHODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERRIS ORTHODONTICS, P.A.	<b>c</b> EIN-PN 20-0134558-001
<b>a</b>	Plan name	FIRST CARE HEALTH CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P.R. HEALTH CORPORATION	<b>c</b> EIN-PN 45-0232743-001
<b>a</b>	Plan name	R & S COMPANIES 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	R & S SOLUTIONS, LLC	<b>c</b> EIN-PN 82-1724365-003
<b>a</b>	Plan name	RALPH MOYLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RALPH MOYLE, INC.	<b>c</b> EIN-PN 38-1819896-001
<b>a</b>	Plan name	VACEK, KIECKE, & COLMENERO, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VACEK, KIECKE, & COLMENERO, LLP	<b>c</b> EIN-PN 74-2186400-001
<b>a</b>	Plan name	MONADNOCK SECURITY SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONADNOCK SECURITY SYSTEMS, INC.	<b>c</b> EIN-PN 02-0492779-001
<b>a</b>	Plan name	SBA CPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMALL BUSINESS ACCOUNTING CPA	<b>c</b> EIN-PN 45-4700398-001

**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	SEAQUIST ORCHARDS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SEAQUIST ORCHARDS, LLC	<b>c</b> EIN-PN 39-1431035-002

<b>a</b> Plan name	SELECT BUILDING GROUP COMMERCIAL, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SELECT BUILDING GROUP COMMERCIAL, LLC	<b>c</b> EIN-PN 83-2383027-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>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>	OMB No. 1210-0110  <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>MYWAYRETIREMENT INDEX 2025 RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>068</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>	60601315
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	60601315	
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	60601315	

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)	5768042	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		5768042

**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>		5768042
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		15081471
(2) From this plan .....	<b>2l(2)</b>		81450828

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