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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [X] 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

1a Name of plan
AMERICAN CENTURY SMALL CAP GROWTH RET OPT

1b Three-digit plan number (PN) ▶ 385

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.

SIGN HERE	**Signature of plan administrator**	Date	Enter name of individual signing as plan administrator
SIGN HERE	**Signature of employer/plan sponsor**	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached ______
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan AMERICAN CENTURY SMALL CAP GROWTH RET OPT	**B** Three-digit plan number (PN) ▶ 385
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	**D** Employer Identification Number (EIN) 82-5217478

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)

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)

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)

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)

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)

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)

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)

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)

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)

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	CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	CITYWIDE HOME HEALTH SERVICES, INC.	**c** EIN-PN	26-1920951-001
a Plan name	MORRISTOWN DRIVERS SERVICE, INC. 401(K) PLAN		
b Name of plan sponsor	MORRISTOWN DRIVERS SERVICE INC.	**c** EIN-PN	62-1156959-001
a Plan name	SERCOM 401(K) PLAN		
b Name of plan sponsor	SCIENTIFIC EQUIPMENT REPAIR COMPANY	**c** EIN-PN	84-1469712-001
a Plan name	HOLROYD GELMAN, P.C. 401(K) PLAN		
b Name of plan sponsor	HOLROYD GELMAN, P,C.	**c** EIN-PN	92-2604351-001
a Plan name	HUGO MANRIQUE, DMD, PLLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	HUGO MANRIQUE, DMD, PLLC	**c** EIN-PN	92-3086974-001
a Plan name	HUMBLE SEA BREWING COMPANY 401(K) PLAN		
b Name of plan sponsor	HUMBLE SEA, INC.	**c** EIN-PN	47-4082461-001
a Plan name	NORSTAR TRAILERS 401(K) MATCHING PLAN		
b Name of plan sponsor	NORSTAR MANUFACTURING GROUP, INC.	**c** EIN-PN	47-4774244-001
a Plan name	NORTHEAST INDIANA WORKS INC. 401(K) PLAN		
b Name of plan sponsor	NORTHEAST INDIANA WORKS INC.	**c** EIN-PN	27-4700166-001
a Plan name	SPACE METAL 401(K) PLAN		
b Name of plan sponsor	SPACE METAL	**c** EIN-PN	57-0785643-001
a Plan name	STADLER PLUMBING & HEATING, INC. 401(K) PLAN		
b Name of plan sponsor	STADLER PLUMBING & HEATING, INC.	**c** EIN-PN	38-3295246-001
a Plan name	RESOLVION 401(K) PLAN		
b Name of plan sponsor	RESOLVION, GP	**c** EIN-PN	47-5254939-001
a Plan name	AEROSPACE COMPOSITES 401(K) PLAN		
b Name of plan sponsor	AEROSPACE COMPOSITES SOLUTIONS, INC.	**c** EIN-PN	27-0946603-001

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	AIR COMPRESSOR SOLUTIONS, INC. EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	AIR COMPRESSOR SOLUTIONS, INC.	**c** EIN-PN	27-0017675-001
a Plan name	SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	SUMMIT SITEWORKS LLC	**c** EIN-PN	47-0967899-001
a Plan name	ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN		
b Name of plan sponsor	ASSEMBLY SPECIALTY PRODUCTS, INC.	**c** EIN-PN	34-1082183-003
a Plan name	ATLANTIC CORRUGATED BOX, INC. 401(K) PLAN		
b Name of plan sponsor	ATLANTIC CORRUGATED BOX, INC.	**c** EIN-PN	54-1297441-001
a Plan name	BURNETT TRUCKING, INC. EMPLOYEE RETIREMENT PLAN		
b Name of plan sponsor	BURNETT TRUCKING, INC.	**c** EIN-PN	27-4114851-001
a Plan name	WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN		
b Name of plan sponsor	WAYNE SMITH'S AUTO SALES, INC.	**c** EIN-PN	22-2343350-001
a Plan name	D. LINK GRIMES PLLC 401(K) PLAN		
b Name of plan sponsor	D. LINK GRIMES, PLLC	**c** EIN-PN	99-0423657-001
a Plan name	FLORIDA SPINE 401(K) PLAN		
b Name of plan sponsor	FLORIDA SPINE ASSOCIATES, LLC	**c** EIN-PN	82-0835183-001
a Plan name	INFINITI CREATIONS RETIREMENT PLAN		
b Name of plan sponsor	INFINITI CREATIONS, LLC	**c** EIN-PN	27-2501647-001
a Plan name	JON CHASE AGENCY 401K PLAN		
b Name of plan sponsor	JON CHASE AGENCY	**c** EIN-PN	30-0695620-001
a Plan name	MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	MACROMATIC INDUSTRIAL CONTROLS, INC.	**c** EIN-PN	20-3910631-001
a Plan name	KMW 401(K) PLAN		
b Name of plan sponsor	KELLER, MELCHIORRE AND WALSH, PLLC	**c** EIN-PN	83-2864534-001

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	b Name of plan sponsor	c EIN-PN
MASTER PLUMBING SOLUTIONS 401(K) PLAN	MASTER PLUMBING SOLUTIONS LLC	46-3187028-001
PDS 401(K) PLAN	PREFERRED DRILLING SOLUTIONS, INC	59-3757298-001
PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN	PROVIDENCE HOSPITALITY PARTNERS LLC	84-1610444-001
RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	RIVER DENTAL CARE	92-0862580-001
ROCKY MOUNTAIN SCIENTIFIC LABORATORY 401(K) PLAN	ROCKY MOUNTAIN SCIENTIFIC LABORATORY	27-0395718-001
ALLSTAR PLUMBERS 401(K) PLAN	ALLSTAR PLUMBERS, INC.	26-0425473-001
TEAM CONSULTANTS, INC. PROFIT SHARING PLAN	TEAM CONSULTANTS, INC.	75-2860506-001
AUSTERE 401(K) PLAN	CARE ADVOCATE INC.	36-4567027-001
AUTOBODY EXPRESS 401(K) PLAN	FLORIDA WHOLESALE DISTRIBUTORS, INC.	59-2714320-001
AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	AUTOELECTRIC OF AMERICA, INC.	74-2964877-001
TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	TRAVERTINE, INC.	73-1616445-001
CARPE DIEM RECON RETIREMENT PLAN	CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	81-4451244-001

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	WEST VALLEY ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WEST VALLEY ENDOCRINOLOGY, DIABETES AND METABOLISM CENTER	**c** EIN-PN	82-2123099-001
a Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	**c** EIN-PN	95-2673204-001
a Plan name	DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DESERT VISTA DENTAL WEST, PLLC	**c** EIN-PN	43-1971397-001
a Plan name	EICHELBERGER FARMS, INC. 401(K) PLAN		
b Name of plan sponsor	EICHELBERGER FARMS, INC.	**c** EIN-PN	39-1870144-001
a Plan name	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN		
b Name of plan sponsor	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	**c** EIN-PN	31-1529369-001
a Plan name	ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ENVISION INTERACTIVE GROUP, LLC	**c** EIN-PN	03-0449364-001
a Plan name	FUSION HEALTH 401(K) PLAN		
b Name of plan sponsor	FUSION HEALTHCARE STAFFING, LLC	**c** EIN-PN	46-2470418-001
a Plan name	G&Z MEEKER, INC. 401 (K) PLAN		
b Name of plan sponsor	G&Z MEEKER, INC.	**c** EIN-PN	45-2096735-001
a Plan name	GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST		
b Name of plan sponsor	GAVRILOV LAW CORPORATION	**c** EIN-PN	27-0151979-001
a Plan name	IPA 401(K) PLAN		
b Name of plan sponsor	INTEGRITY PHARMACEUTICAL ADVISORS, LLC	**c** EIN-PN	45-3047652-001
a Plan name	JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN		
b Name of plan sponsor	THE JANITORS SUPPLY CO., INC.	**c** EIN-PN	35-0981768-001
a Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN		
b Name of plan sponsor	AMERICAN BIOTECH LABS LLC	**c** EIN-PN	20-3029677-001

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	ANGIE'S KINDER CARE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	ANGIE'S KINDERCARE	**c** EIN-PN	90-0726397-001
a Plan name	BEEP 401(K) PLAN		
b Name of plan sponsor	BEEP, INC.	**c** EIN-PN	61-1908700-334
a Plan name	BELL FORK LIFT, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BELL FORK LIFT, INC.	**c** EIN-PN	38-2094639-001
a Plan name	EVOLUTION DESIGN INC. 401(K) PLAN		
b Name of plan sponsor	EVOLUTION DESIGN INC.	**c** EIN-PN	88-4173749-001
a Plan name	JKA WELL DRILLING 401(K) PLAN		
b Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	**c** EIN-PN	91-1893642-001
a Plan name	LANCE PAUL AUTOMOTIVE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	LANCE PAUL AUTOMOTIVE LLC	**c** EIN-PN	27-2029875-001
a Plan name	MICHAEL YARDLEY FARMS 401(K) PLAN		
b Name of plan sponsor	MICHAEL YARDLEY FARMS, LLC	**c** EIN-PN	26-1223608-001
a Plan name	MIDWEST ATC SERVICE 401(K) & PENSION PLAN		
b Name of plan sponsor	MIDWEST AIR TRAFFIC CONTROL SERVICE, INC.	**c** EIN-PN	48-0872931-001
a Plan name	PETERSEN COMPANIES RETIREMENT PLAN		
b Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	**c** EIN-PN	87-0328548-001
a Plan name	PSG/TEP 401(K) PLAN		
b Name of plan sponsor	PENTENBURG SEARCH GROUP, INC.	**c** EIN-PN	26-4202912-001
a Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN		
b Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	**c** EIN-PN	76-0117689-001
a Plan name	RON HAMMES REFRIGERATION 401(K) PLAN		
b Name of plan sponsor	RON HAMMES REFRIGERATION CO., INC.	**c** EIN-PN	39-1350539-001

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	S&S PACKAGING PRODUCTS, INC. 401(K) PLAN		
b Name of plan sponsor	S&S PACKAGING PRODUCTS, INC.	c EIN-PN	23-2940069-001
a Plan name	SALUS GRC 401(K) PLAN		
b Name of plan sponsor	SALUS GRC, LLC	c EIN-PN	92-2714966-001
a Plan name	THE LAW OFFICES OF DAVID ALLOR 401(K) PLAN		
b Name of plan sponsor	THE LAW OFFICES OF DAVID ALLOR	c EIN-PN	83-1406909-001
a Plan name	WORKABLE, INC. 401(K) PLAN		
b Name of plan sponsor	WORKABLE, INC.	c EIN-PN	61-1747677-002
a Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN		
b Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	c EIN-PN	36-4796769-001
a Plan name	FIMG 401(K) PLAN		
b Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	c EIN-PN	27-3693949-001
a Plan name	LAWSON HUCK GONZALEZ, PLLC 401(K) PLAN		
b Name of plan sponsor	LAWSON HUCK GONZALEZ, PLLC	c EIN-PN	92-1760240-001
a Plan name	LIBBOS LAW, P.C. PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	LIBBOS LAW, P.C.	c EIN-PN	04-3111949-001
a Plan name	MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	c EIN-PN	34-1489585-001
a Plan name	MOLE STREET 401(K) PLAN		
b Name of plan sponsor	MOLE STREET PRODUCTIONS, LLC	c EIN-PN	45-2541054-001
a Plan name			
b Name of plan sponsor		c EIN-PN	
a Plan name			
b Name of plan sponsor		c EIN-PN	

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
AMERICAN CENTURY SMALL CAP GROWTH RET OPT

B Three-digit plan number (PN) ▶ 385

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSAMERICA LIFE INSURANCE COMPANY

D Employer Identification Number (EIN)
82-5217478

Part I Asset and Liability Statement

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
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)	1874646	2924173
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	1874646	2924173
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1874646	2924173

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)	12857	
	(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)		12857
	(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)	257706	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		257706

		(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		270563

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)	2942	
(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)		2942
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2942

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		267621
l Transfers of assets:			
(1) To this plan	2l(1)		1271510
(2) From this plan	2l(2)		489604

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.)	4a			
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.)	4b			
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 ____________________.