Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
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.**	**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 AEGON BOND RET ACCT	**1b** Three-digit plan number (PN) ▶ 312 **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 FINANCIAL LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404	**2b** Employer Identification Number (EIN) 36-6071399 **2c** Plan Sponsor's telephone number 319-355-6449 **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. **Signature of DFE**	09/08/2025 Date	NEIL KOENCK Enter name of individual signing as DFE

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**DFE/Participating Plan Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	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
AEGON BOND RET ACCT

B Three-digit plan number (PN) ▶ 312

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

D Employer Identification Number (EIN)
36-6071399

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)

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b Name of sponsor of entity listed in (a):

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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	ERT DESIGN GROUP 401(K) PLAN		
b Name of plan sponsor	ERT DESIGN GROUP LLC	**c** EIN-PN	46-2799256-001
a Plan name	PHILLIP ANDREWS, LLC 401(K) PLAN		
b Name of plan sponsor	PHILLIP ANDREWS, LLC	**c** EIN-PN	39-2074269-001
a Plan name	C.W. BEACH CO., INC. 401(K) PLAN		
b Name of plan sponsor	C.W. BEACH CO., INC.	**c** EIN-PN	04-3734644-001
a Plan name	ISR OF LOUISIANA 401(K) PLAN		
b Name of plan sponsor	ISR OF LOUISIANA	**c** EIN-PN	46-4028718-001
a Plan name	LRP MANAGEMENT 401(K) RETIREMENT PLAN		
b Name of plan sponsor	LRP MANAGEMENT NY CORP	**c** EIN-PN	86-2827816-001
a Plan name	NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NELLA MEDIA GROUP, LLC	**c** EIN-PN	26-2724679-001
a Plan name	UNIVERSAL PLUMBING, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	UNIVERSAL PLUMBING, INC.	**c** EIN-PN	11-3479636-001
a Plan name	TEXO MEMBERS 401(K) PLAN		
b Name of plan sponsor	TEXO ABC/AGC, INC.	**c** EIN-PN	32-0274111-002
a Plan name	THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	THE PRISM GROUP, LLC	**c** EIN-PN	80-0329401-001
a Plan name	ABC OF DELAWARE 401(K) PLAN		
b Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	**c** EIN-PN	51-0101352-333
a Plan name	JAY'S CUSTOM CABINETS 401(K) PLAN		
b Name of plan sponsor	JAY'S CUSTOM CABINETS, INC	**c** EIN-PN	26-1712172-001
a Plan name	MARIA SCHWARTZ, PC 401(K)		
b Name of plan sponsor	MARIA SCHWARTZ, PC	**c** EIN-PN	82-1680509-001

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	MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MEDICAL SOCIETY OF DELAWARE	**c** EIN-PN	51-0061011-333
a Plan name	PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN		
b Name of plan sponsor	PLATINUM DENTAL SPECIALTIES LLC	**c** EIN-PN	27-1385150-001
a Plan name	QUAD CITIES AUTISM CENTER 401(K) PLAN		
b Name of plan sponsor	QUAD CITIES AUTISM CENTER	**c** EIN-PN	20-3768653-001
a Plan name	DYKE NELSON ARCHITECTURE LLC 401(K) PLAN		
b Name of plan sponsor	DYKE NELSON ARCHITECTURE LLC	**c** EIN-PN	45-4214031-001
a Plan name	NORTHWEST 401(K) BENEFITS GROUP		
b Name of plan sponsor	SOUND FORD, INC	**c** EIN-PN	91-0906207-001
a Plan name	CAPITAL DISTRICT ADVANCED DENTAL ARTS 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CAPITAL DISTRICT ADVANCED DENTAL ARTS	**c** EIN-PN	27-1404048-001
a Plan name	CATARACT STEEL INDUSTRIES 401(K) PLAN		
b Name of plan sponsor	COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES	**c** EIN-PN	16-1095041-001
a Plan name	DEALERDNA		
b Name of plan sponsor	DEALERDNA, INC.	**c** EIN-PN	46-2762607-001
a Plan name	FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	**c** EIN-PN	39-1724800-001
a Plan name	FORRESTALL PLAN		
b Name of plan sponsor	JEFF FORRESTALL CPA PC	**c** EIN-PN	58-2514091-333
a Plan name	SRC 401(K) PLAN		
b Name of plan sponsor	SRC SERVICES, INC.	**c** EIN-PN	77-0713955-001
a Plan name	HARD SAFARI CORP 401(K)		
b Name of plan sponsor	HARD SAFARI CORP.	**c** EIN-PN	47-1919954-001

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
HARDLINE EQUIPMENT LLC 401(K) PLAN	HARDLINE EQUIPMENT LLC	27-2085949-001
THE WILHELM GROUP RETIREMENT PLAN & TRUST	THE WILHELM GROUP RETIREMENT PLAN & TRUST	81-5035218-001
THOMAS D. BLORE ARCHITECT PC 401(K) PLAN	THOMAS D. BLORE ARCHITECT PC	20-8781670-001
BLUE OPS, LLC 401(K) PLAN	BLUE OPS, LLC	82-5030716-001
DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN	DISCLOSURE LAW GROUP	81-1103971-001
EGGSHELL LIGHTING COMPANY, INC. 401(K) RETIREMENT PLAN	EGGSHELL LIGHTING COMPANY, INC.	99-0284485-001
FPMA 401(K) MULTIPLE EMPLOYER PLAN	FLORIDA PODIATRIC MEDICAL ASSOCIATION	59-3134492-333
HONOLULU BEERWORKS 401(K) PLAN	HONOLULU BEERWORKS LLC	46-0821421-001
KNEGO CONSTRUCTION 401(K) PLAN	DAN KNEGO CONSTRUCTION, INC.	27-4440861-001
MIA 401(K) PLAN	MALAIS INSURANCE AGENCY, INC.	90-0181266-001
STERLING HEALTHCARE LOGISTICS, LLC 401(K) PLAN	STERLING HEALTHCARE LOGISTICS, LLC	46-1843222-001
THE HOYT ORGANIZATION, INC. 401(K) PLAN	THE HOYT ORGANIZATION, INC.	33-0414128-001

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	THE LOUDERMILK COMPANIES, LLC 401(K) PLAN		
b Name of plan sponsor	THE LOUDERMILK COMPANIES, LLC	**c** EIN-PN	45-4095096-001
a Plan name	VINEBURG LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	VINEBURG LLC	**c** EIN-PN	68-0466361-001
a Plan name	ELEMENT DESIGN GROUP 401(K) PLAN		
b Name of plan sponsor	EDC, INC.	**c** EIN-PN	03-0546249-001
a Plan name	HR PARTNERS 401(K) PLAN		
b Name of plan sponsor	HR PARTNERS, INC.	**c** EIN-PN	58-2394083-333
a Plan name	L.W. WINSLOW PAINTING, INC. 401(K) PLAN		
b Name of plan sponsor	L.W. WINSLOW PAINTING, INC.	**c** EIN-PN	11-2644812-001
a Plan name	LAKE HILL DENTAL CARE 401(K) PLAN		
b Name of plan sponsor	LAKE HILL DENTAL CARE P.C.	**c** EIN-PN	83-1908844-001
a Plan name	MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MOM & POP MUSIC CO. LLC	**c** EIN-PN	26-2920997-001
a Plan name	PARKSIDE EQUITIES, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PARKSIDE EQUITIES, LLC	**c** EIN-PN	81-2783964-001
a Plan name	TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN		
b Name of plan sponsor	TOSA PEDIATRICS, S.C.	**c** EIN-PN	39-1387768-001
a Plan name	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC. 401(K) PLAN		
b Name of plan sponsor	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC.	**c** EIN-PN	11-2817906-001
a Plan name	MOONDANCE ADVENTURES, INC. 401(K) PLAN		
b Name of plan sponsor	MOONDANCE ADVENTURES, INC.	**c** EIN-PN	58-2208578-001
a Plan name	PAUL ANDERSON 401(K) PLAN		
b Name of plan sponsor	PAUL ANDERSON YOUTH HOME, INC.	**c** EIN-PN	58-6041868-001

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	GATEWAY DEMO/CIVIL CORP. 401(K) PLAN		
b Name of plan sponsor	GATEWAY DEMO/CIVIL CORP.	**c** EIN-PN	13-2873389-001
a Plan name	INTEGRATED CONTROL SYSTEMS 401(K) PLAN		
b Name of plan sponsor	INTEGRATED CONTROL SYSTEMS	**c** EIN-PN	62-1538849-002
a Plan name	CHAPTER 13 BANKRUPTCY TRUSTEE 401(K) PLAN		
b Name of plan sponsor	CHAPTER 13 BANKRUPTCY TRUSTEE	**c** EIN-PN	63-1029318-001
a Plan name	JUST A BUCK RETIREMENT PLAN		
b Name of plan sponsor	STROBO, INC.	**c** EIN-PN	06-1336200-001
a Plan name	MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN		
b Name of plan sponsor	MORTENSEN FUNERAL HOME, INC.	**c** EIN-PN	38-2420931-002
a Plan name	A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN		
b Name of plan sponsor	A. COLARUSSO & SON, INC.	**c** EIN-PN	14-1424400-001
a Plan name	NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	NEW YORK ACCESSORY GROUP, INC.	**c** EIN-PN	13-4175959-002
a Plan name	NEWCASTLE SHIPYARDS LLC 401(K) PLAN		
b Name of plan sponsor	NEWCASTLE SHIPYARDS LLC	**c** EIN-PN	20-5267643-001
a Plan name	ATLANTIC BINGO SUPPLY, INC. 401(K) PLAN		
b Name of plan sponsor	ATLANTIC BINGO SUPPLY, INC.	**c** EIN-PN	52-1552308-001
a Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN		
b Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	**c** EIN-PN	27-3841580-001
a Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN		
b Name of plan sponsor	CLEAR PEO, LLC	**c** EIN-PN	35-2535759-333
a Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN		
b Name of plan sponsor	CONTINENTAL EXPRESS, INC	**c** EIN-PN	34-1434240-001

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
CORTECH, LLC 401(K) PLAN	CORTECH, LLC	58-2449456-001
GREENWOOD DENTAL ASSOCIATES, LTD. 401(K) PROFIT SHARING PLAN	GREENWOOD DENTAL ASSOCIATES, LTD.	36-2716751-001
KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	KINGBRIGHT COMPANY, LLC.	46-0987944-001
ALSAHLANI AND ALBAZAZZ DENTAL, LTD. PROFIT SHARING PLAN	ALSAHLANI AND ALBAZAZZ DENTAL, LTD.	36-3365578-001
RPM ENGINEERS, INC. 401(K) PLAN	RPM ENGINEERS, INC.	33-0725779-001
COLLINS HARRELL, DMD, INC. RETIREMENT TRUST	COLLINS HARRELL, DMD, INC.	26-3979444-001
SOURCEPOINTEHR, LLC RETIREMENT PLAN	SOURCEPOINTEHR, LLC	26-3800519-001
SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	SUBURBAN PSYCHIATRIC ASSOCIATES LLP	16-1492077-001
AGS SERVICES, LLC 401(K) PLAN	AGS SERVICES, LLC	83-2603713-001
AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA 401(K) PROFIT SHARING PLAN & TRUST	AMERICAN FEDERATION OF MUSICIANS	22-1476432-001
BADDERS LAW FIRM, P.C. 401(K) PLAN	BADDERS LAW FIRM, P.C.	38-3685440-001
ESCOPE SOLUTIONS INC. 401(K) PROFIT SHARING PLAN	ESCOPE SOLUTIONS INC.	11-3201850-001

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	GUARDIAN ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	GUARDIAN ENVIRONMENTAL SERVICES, INC.	**c** EIN-PN	38-2513074-001
a Plan name	ISLAND SURGICAL PROFIT SHARING PLAN		
b Name of plan sponsor	ISLAND SURGICAL AND VASCULAR GROUP P.C.	**c** EIN-PN	11-2232585-005
a Plan name	JAGRO CUSTOM BROKERS 401(K) PLAN		
b Name of plan sponsor	JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	**c** EIN-PN	13-3009245-002
a Plan name	KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	KRAFT & KENNEDY, INC.	**c** EIN-PN	80-0610191-001
a Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.	**c** EIN-PN	03-0265306-001
a Plan name	NUBEST 401(K) PLAN		
b Name of plan sponsor	BEST & COMPANY HAIRCUTTERS, LTD, D.B.A. NUBEST	**c** EIN-PN	11-2302223-001
a Plan name	PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PNB REMITTANCE CENTERS INC.	**c** EIN-PN	94-3136317-001
a Plan name	SC RETIREMENT PLAN		
b Name of plan sponsor	SUNLED COMPANY, LLC.	**c** EIN-PN	46-0992147-001
a Plan name	SWLOMELI, INC. 401(K) P/S PLAN		
b Name of plan sponsor	SWLOMELI, INC.	**c** EIN-PN	20-3253715-001
a Plan name	TECH TRADING PROFIT SHARING PLAN		
b Name of plan sponsor	TECH TRADING OF NEW YORK, INC.	**c** EIN-PN	14-1734227-001
a Plan name	WESTERN REGIONS NECA 401(K) PLAN		
b Name of plan sponsor	WESTERN REGIONS NECA	**c** EIN-PN	33-0670046-333
a Plan name	FRANK EVANS CO. 401(K) PLAN		
b Name of plan sponsor	FRANK EVANS COMPANY, INC.	**c** EIN-PN	04-2422078-001

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	JMARK BUSINESS SOLUTIONS 401(K) PLAN		
b Name of plan sponsor	JMARK BUSINESS SOLUTIONS, INC.	**c** EIN-PN	43-1918976-001
a Plan name	MCCLAIN LABORATORIES, LLC 401(K) PLAN		
b Name of plan sponsor	MCCLAIN LABORATORIES, LLC	**c** EIN-PN	42-1600554-001
a Plan name	MANURSING ISLAND CLUB 401(K) PLAN		
b Name of plan sponsor	MANURSING ISLAND CLUB	**c** EIN-PN	13-1719395-001
a Plan name	QUADRANT MANAGEMENT, LLC EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	QUADRANT MANAGEMENT, LLC	**c** EIN-PN	95-2841597-001
a Plan name	MCKINSEY STEEL 401(K) PLAN		
b Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	**c** EIN-PN	59-2293118-001
a Plan name	HR, INC. DBA SIMPLE HR 401(K) PLAN		
b Name of plan sponsor	HR, INC. DBA SIMPLE HR	**c** EIN-PN	81-0583874-333
a Plan name	RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST		
b Name of plan sponsor	RICE DERIVATIVE HOLDINGS, L.P.	**c** EIN-PN	13-3750267-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
AEGON BOND RET ACCT

B Three-digit plan number (PN) ▶ 312

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

D Employer Identification Number (EIN)
36-6071399

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)	10696119	10332105
(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	10696119	10332105
	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	10696119	10332105

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	120216	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		120216

		(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**		120216

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

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	**2k**		120216
l Transfers of assets:			
(1) To this plan	**2l(1)**		2140534
(2) From this plan	**2l(2)**		2624764

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 ____________________.