

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 PIMCO TOTAL RETURN RET ACCT
1b Three-digit plan number (PN) 349
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.

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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PIMCO TOTAL RETURN RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>349</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</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** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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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 AOMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A-O-M-S PLLC	<b>c</b> EIN-PN 81-4839752-001
<b>a</b>	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AOW CONSTRUCTION LLC	<b>c</b> EIN-PN 83-2875089-001
<b>a</b>	Plan name APEX BULK CARRIERS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor APEX BULK CARRIERS, LLC	<b>c</b> EIN-PN 11-3430280-001
<b>a</b>	Plan name ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOLOGY SERVICES, INC.	<b>c</b> EIN-PN 52-1633980-001
<b>a</b>	Plan name PAMPALONE INSURANCE AGENCY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAMPALONE INSURANCE AGENCY	<b>c</b> EIN-PN 35-0958304-001
<b>a</b>	Plan name SENDROFF & BARUCH, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SENDROFF & BARUCH, LLP	<b>c</b> EIN-PN 20-5934154-001
<b>a</b>	Plan name SEWON AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEWON AMERICA, INC.	<b>c</b> EIN-PN 26-1971648-001
<b>a</b>	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	<b>c</b> EIN-PN 95-3876666-001
<b>a</b>	Plan name TKNG TRANSPORTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TKNG TRANSPORTATION, INC.	<b>c</b> EIN-PN 20-8626215-001
<b>a</b>	Plan name XGS 401(K)	
<b>b</b>	Name of plan sponsor XG SCIENCES INC.	<b>c</b> EIN-PN 20-4998896-001
<b>a</b>	Plan name XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor XL SCREW CORPORATION	<b>c</b> EIN-PN 36-4426811-001
<b>a</b>	Plan name LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICE OF MARK A. VICKNESS	<b>c</b> EIN-PN 86-1126683-001

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 LEEMAN ARCHITECTURAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEEMAN CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 58-1793770-001
<b>a</b>	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVITT & BOCCIO, LLP	<b>c</b> EIN-PN 47-2210945-001
<b>a</b>	Plan name 401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
<b>b</b>	Name of plan sponsor C12 CAPITAL MANAGEMENT US LP	<b>c</b> EIN-PN 27-0582841-001
<b>a</b>	Plan name MST FINANCIAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MST FINANCIAL SOLUTIONS, LLC	<b>c</b> EIN-PN 47-2363345-001
<b>a</b>	Plan name AIR SYSTEMS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AIR SYSTEMS LLC	<b>c</b> EIN-PN 61-1497192-001
<b>a</b>	Plan name ALL-AMERICAN FIRE EQUIPMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALL-AMERICAN FIRE EQUIPMENT INC.	<b>c</b> EIN-PN 31-1381503-001
<b>a</b>	Plan name NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEWBROOK INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 11-2718154-001
<b>a</b>	Plan name NEWCASTLE SHIPYARDS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEWCASTLE SHIPYARDS LLC	<b>c</b> EIN-PN 20-5267643-001
<b>a</b>	Plan name ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARTHUR R. GREN CO., INC.	<b>c</b> EIN-PN 16-0777488-777
<b>a</b>	Plan name PGF TECHNOLOGY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PGF TECHNOLOGY GROUP, INC.	<b>c</b> EIN-PN 38-2043637-001
<b>a</b>	Plan name BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRIDGEMAN IMAGES	<b>c</b> EIN-PN 13-3947335-001
<b>a</b>	Plan name BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRYAN CHEVROLET LLC	<b>c</b> EIN-PN 72-0477660-001

<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	CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLEAR VIEW SANITARIUM	<b>c</b> EIN-PN 95-2078230-002
<b>a</b>	Plan name	ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	<b>c</b> EIN-PN 38-1859612-777
<b>a</b>	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	<b>c</b> EIN-PN 80-0109664-001
<b>a</b>	Plan name	STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEPHEN M. PERLITSH, P.C.	<b>c</b> EIN-PN 13-3805593-001
<b>a</b>	Plan name	ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELECTECH HAWAII, INC.	<b>c</b> EIN-PN 99-0229338-001
<b>a</b>	Plan name	EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OPPENHEIMER & CO., INC.	<b>c</b> EIN-PN 11-2945779-001
<b>a</b>	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VALLEY HUNT CLUB	<b>c</b> EIN-PN 95-1325050-002
<b>a</b>	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 94-2461685-003
<b>a</b>	Plan name	FCSC/WALTON COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FCSC/WALTON COUNTY	<b>c</b> EIN-PN 59-2643266-001
<b>a</b>	Plan name	FETTE FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FETTE FORD, INC.	<b>c</b> EIN-PN 22-1528045-001
<b>a</b>	Plan name	GEORGE UHE CO, INC. RETIREMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEORGE UHE CO., INC.	<b>c</b> EIN-PN 13-5520180-001
<b>a</b>	Plan name	HUDSON VALLEY CHRYSLER DODGE JEEP RAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSON VLLY AUTOMOTIVE ENTERPRISES LLC DBA HUDSON VALLEY CHRYSLER DO	<b>c</b> EIN-PN 46-3836303-001

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 HUMACARE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HUMACARE, INC.	<b>c</b> EIN-PN 31-1362775-001
<b>a</b>	Plan name ILLINOIS INTERNATIONAL TRAVEL, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ILLINOIS INTERNATIONAL TRAVEL, LTD.	<b>c</b> EIN-PN 36-2957959-001
<b>a</b>	Plan name KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
<b>b</b>	Name of plan sponsor KAIKOR CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 99-0242255-001
<b>a</b>	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	<b>c</b> EIN-PN 46-0987944-001
<b>a</b>	Plan name LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	<b>c</b> EIN-PN 91-1644545-001
<b>a</b>	Plan name NAPCO OIL HEAT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAPCO OIL HEAT CORP.	<b>c</b> EIN-PN 11-2629891-001
<b>a</b>	Plan name AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ORAL SURGERY GROUP, P.A.	<b>c</b> EIN-PN 22-1996401-001
<b>a</b>	Plan name ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC CONCRETE COMPANY, INC.	<b>c</b> EIN-PN 51-0171445-001
<b>a</b>	Plan name AVAILABILITY PROFESSIONAL STAFFING, LLC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AVAILABILITY PROFESSIONAL STAFFING, LLC	<b>c</b> EIN-PN 77-0266989-001
<b>a</b>	Plan name AVATARLABS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVATARLABS, INC.	<b>c</b> EIN-PN 91-2169053-001
<b>a</b>	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	<b>c</b> EIN-PN 47-1368882-333
<b>a</b>	Plan name RUBIN ABRAMSON, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUBIN ABRAMSON, LLP	<b>c</b> EIN-PN 20-2676525-001

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 S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor S & S INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 38-1914712-001
<b>a</b>	Plan name SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAGE HEALTH SERVICES OF INDIANA	<b>c</b> EIN-PN 35-1811450-001
<b>a</b>	Plan name CLEAR VIEW SANITARIUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLEAR VIEW SANITARIUM	<b>c</b> EIN-PN 95-2078230-001
<b>a</b>	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	<b>c</b> EIN-PN 94-3374899-001
<b>a</b>	Plan name SKY BLUE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SKY BLUE BUILDERS, LLC	<b>c</b> EIN-PN 20-8411005-001
<b>a</b>	Plan name SOFM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTH OAKS FAMILY MEDICINE, P.A.	<b>c</b> EIN-PN 74-2978615-001
<b>a</b>	Plan name SOURCEPOINTEHR, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOURCEPOINTEHR, LLC	<b>c</b> EIN-PN 26-3800519-001
<b>a</b>	Plan name STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STRATEGY/PR CONSULTING, LLC	<b>c</b> EIN-PN 45-3144122-001
<b>a</b>	Plan name STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STRATFORD CHIROPRACTIC LLC	<b>c</b> EIN-PN 33-0994708-001
<b>a</b>	Plan name STRAUBE ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRAUBE ASSOCIATES, INC.	<b>c</b> EIN-PN 94-1521643-001
<b>a</b>	Plan name EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor EO TECHNICAL SOLUTIONS LLC	<b>c</b> EIN-PN 80-0517205-001
<b>a</b>	Plan name FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIGLIOZZI & COMPANY, PC	<b>c</b> EIN-PN 11-2924109-001

<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	FJP MECHANICAL INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FJP MECHANICAL INC.	<b>c</b> EIN-PN 11-3289992-001
<b>a</b>	Plan name	AGS SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGS SERVICES, LLC	<b>c</b> EIN-PN 83-2603713-001
<b>a</b>	Plan name	AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGN ACQUISITION LLC	<b>c</b> EIN-PN 83-3073945-001
<b>a</b>	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AMIEE LYNN, INC.	<b>c</b> EIN-PN 65-1160566-001
<b>a</b>	Plan name	ERC CONCEPTS CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERC CONCEPTS COMPANY	<b>c</b> EIN-PN 77-0344798-002
<b>a</b>	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVERGREEN TECHNOLOGY	<b>c</b> EIN-PN 52-2258038-001
<b>a</b>	Plan name	EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXAKTIME INNOVATIONS, INC.	<b>c</b> EIN-PN 01-0552589-001
<b>a</b>	Plan name	FLOW-FX PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	<b>c</b> EIN-PN 37-1650185-001
<b>a</b>	Plan name	HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY NEW CASTLE COUNTY	<b>c</b> EIN-PN 51-0294138-001
<b>a</b>	Plan name	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 65-0445337-001
<b>a</b>	Plan name	ITN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ITN	<b>c</b> EIN-PN 55-2247649-001
<b>a</b>	Plan name	KRUSE & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRUSE & ASSOCIATES, INC.	<b>c</b> EIN-PN 73-1444019-001

<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	LAKHANI & JORDAN PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.	<b>c</b> EIN-PN 13-3695218-003
<b>a</b>	Plan name	LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOVEJOY CONTROLS CORPORATION	<b>c</b> EIN-PN 39-1297009-001
<b>a</b>	Plan name	NEFI	
<b>b</b>	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	<b>c</b> EIN-PN 04-2078321-001
<b>a</b>	Plan name	OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OHMEGA SOLENOID	<b>c</b> EIN-PN 95-2498276-001
<b>a</b>	Plan name	OLAN LAW CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLAN LAW CORP.	<b>c</b> EIN-PN 95-4690783-001
<b>a</b>	Plan name	POINTENORTH INSURANCE GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	POINTENORTH INSURANCE GROUP, LLC	<b>c</b> EIN-PN 27-4417003-001
<b>a</b>	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLSINELLO FUELS, INC.	<b>c</b> EIN-PN 14-1495096-002
<b>a</b>	Plan name	PORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PORT GROUP	<b>c</b> EIN-PN 11-2145400-001
<b>a</b>	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SALINAS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4187623-001
<b>a</b>	Plan name	SARATOGA CLINICAL RESEARCH, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SARATOGA CLINICAL RESEARCH, LLC	<b>c</b> EIN-PN 54-2194372-001
<b>a</b>	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SBARRO, INC.	<b>c</b> EIN-PN 11-2501939-001
<b>a</b>	Plan name	SC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNLED COMPANY, LLC.	<b>c</b> EIN-PN 46-0992147-001

<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	SY KATZ PRODUCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SY KATZ PRODUCE, INC.	<b>c</b> EIN-PN 59-2069613-002
<b>a</b>	Plan name	UNITED WAY OF THE OCOEE REGION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED WAY OF THE OCOEE REGION, INC.	<b>c</b> EIN-PN 62-0548418-001
<b>a</b>	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANAN FAIDI MD, INC.	<b>c</b> EIN-PN 68-0285302-001
<b>a</b>	Plan name	ANCHORSGORDON, P.A., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANCHORSGORDON, P.A.	<b>c</b> EIN-PN 20-4084916-001
<b>a</b>	Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	<b>c</b> EIN-PN 95-4887678-001
<b>a</b>	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	<b>c</b> EIN-PN 94-2744760-002
<b>a</b>	Plan name	DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIPONIO CONTRACTING, INC.	<b>c</b> EIN-PN 20-8039399-001
<b>a</b>	Plan name	DIVERSIFIED WIRE & CABLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIVERSIFIED WIRE & CABLE, INC.	<b>c</b> EIN-PN 38-3444410-001
<b>a</b>	Plan name	FOREST HILL HEALTH CARE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOREST HILL HEALTH CARE CENTER, INC.	<b>c</b> EIN-PN 22-3074070-001
<b>a</b>	Plan name	FREYENHAGEN CONSTRUCTION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREYENHAGEN CONSTRUCTION INC.	<b>c</b> EIN-PN 81-0540738-001
<b>a</b>	Plan name	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.	<b>c</b> EIN-PN 59-2596150-001
<b>a</b>	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	<b>c</b> EIN-PN 59-1508381-001

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 JIM BOWDEN, D.D.S., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JIM BOWDEN, D.D.S., P.A.	<b>c</b> EIN-PN 74-2603277-001
<b>a</b>	Plan name MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARQUEZ BROTHERS INTERNATIONAL, INC	<b>c</b> EIN-PN 94-2789431-889
<b>a</b>	Plan name P&L AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor P&L AUTOMOTIVE	<b>c</b> EIN-PN 41-1437177-001
<b>a</b>	Plan name PALPILOT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALPILOT INTERNATIONAL CORP.	<b>c</b> EIN-PN 77-0320008-001
<b>a</b>	Plan name SCHULTZ FORD LINCOLN MERCURY INC. & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHULTZ FORD LINCOLN MERCURY INC.	<b>c</b> EIN-PN 13-1730338-001
<b>a</b>	Plan name THE ECRM CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	<b>c</b> EIN-PN 34-1752681-001
<b>a</b>	Plan name THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE GEHR GROUP, INC.	<b>c</b> EIN-PN 80-0822974-001
<b>a</b>	Plan name BETTINGER CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BETTINGER CO., INC.	<b>c</b> EIN-PN 23-2536584-001
<b>a</b>	Plan name HARRY WARREN OF GEORGIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	<b>c</b> EIN-PN 65-1179808-001
<b>a</b>	Plan name MANITOWOC MARINA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANITOWOC MARINA LLC	<b>c</b> EIN-PN 45-3057530-001
<b>a</b>	Plan name PRECISION PAVING OF TAMPA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECISION PAVINGS	<b>c</b> EIN-PN 59-2359657-001
<b>a</b>	Plan name PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRIMEGLOBAL	<b>c</b> EIN-PN 36-2983725-001

<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	PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE CATHOLIC SCHOOL, INC.	<b>c</b> EIN-PN 74-1222275-001
<b>a</b>	Plan name	PULMONARY PHYSICIANS OF SARATOGA LLP P/S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PULMONARY PHYSICIANS OF SARATOGA	<b>c</b> EIN-PN 14-1750186-001
<b>a</b>	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name	THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	<b>c</b> EIN-PN 16-1597759-001
<b>a</b>	Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE QUINLAN LAW FIRM, LLC	<b>c</b> EIN-PN 13-4347801-001
<b>a</b>	Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BK MILL & FIXTURES	<b>c</b> EIN-PN 94-2366234-001
<b>a</b>	Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 02-0642097-001
<b>a</b>	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	<b>c</b> EIN-PN 31-1151689-001
<b>a</b>	Plan name	BLUSTEIN, SHAPIRO, FRANK & BARONE, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BLUSTEIN, SHAPIRO, FRANK & BARONE, LLP	<b>c</b> EIN-PN 13-4065219-001
<b>a</b>	Plan name	BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAHMAN CAPITAL	<b>c</b> EIN-PN 13-3542470-001
<b>a</b>	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	<b>c</b> EIN-PN 22-3193394-001
<b>a</b>	Plan name	EASTSIDE GLASS AND SEALANTS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EASTSIDE GLASS CONTRACT GLAZING SPECIALISTS COMPANY DBA EASTSIDE	<b>c</b> EIN-PN 26-1564849-001

**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	EASYCARE 401(K) PLAN	<b>c</b>	EIN-PN	77-0380138-001
<b>b</b>	Name of plan sponsor	MCGRAYEL COMPANY INC.	<b>c</b>	EIN-PN	77-0380138-001
<b>a</b>	Plan name	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	61-1403889-001
<b>b</b>	Name of plan sponsor	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC	<b>c</b>	EIN-PN	61-1403889-001
<b>a</b>	Plan name	MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	43-1204852-002
<b>b</b>	Name of plan sponsor	MIDWAY TRAILERS, INC.	<b>c</b>	EIN-PN	43-1204852-002
<b>a</b>	Plan name	MIRRAM GROUP INCENTIVE SAVINGS PLAN & TRUST	<b>c</b>	EIN-PN	13-4066469-002
<b>b</b>	Name of plan sponsor	MIRRAM GROUP, LLC	<b>c</b>	EIN-PN	13-4066469-002
<b>a</b>	Plan name	RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	11-2530597-001
<b>b</b>	Name of plan sponsor	RENOWN TAG AND LABEL, INC.	<b>c</b>	EIN-PN	11-2530597-001
<b>a</b>	Plan name	THE ROYSTER GROUP, INC. 401(K) PLAN	<b>c</b>	EIN-PN	58-2639075-001
<b>b</b>	Name of plan sponsor	THE ROYSTER GROUP, INC.	<b>c</b>	EIN-PN	58-2639075-001
<b>a</b>	Plan name	THE VANDERVORT GROUP, LLC 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	14-1800633-001
<b>b</b>	Name of plan sponsor	THE VANDERVORT GROUP, LLC	<b>c</b>	EIN-PN	14-1800633-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PIMCO TOTAL RETURN RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>349</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</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>	8908728
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	8296002
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	8908728	8296002
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8908728	8296002

**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: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	127244	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<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>		127244

**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>		127244
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1188882
(2) From this plan .....	<b>2l(2)</b>		1928852

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