

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

<p>1a Name of plan <u>CLEARBRIDGE MID CAP RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>883</u></p>
<p>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) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h 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> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 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) <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	9b 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)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CLEARBRIDGE MID CAP RET OPT</u>	B Three-digit plan number (PN)	<u>883</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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)
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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)

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	ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECHOMARK, INC.	c EIN-PN 88-3138477-001
a	Plan name	ECOPOL AMERICA 401(K) PLAN	
b	Name of plan sponsor	ECOPOL AMERICA, INC.	c EIN-PN 88-0673772-001
a	Plan name	EDESIGNC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EDESIGNC, INC.	c EIN-PN 26-2921452-001
a	Plan name	KAYE SURETY 401(K) PLAN	
b	Name of plan sponsor	KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a	Plan name	PROFESSIONAL ELECTRIC LLC 401(K)	
b	Name of plan sponsor	PROFESSIONAL ELECTRIC LLC	c EIN-PN 26-4645592-001
a	Plan name	BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a	Plan name	LA PROVENCE BAKERY 401(K) PLAN	
b	Name of plan sponsor	LA PROVENCE BAKERY	c EIN-PN 20-2583441-001
a	Plan name	THE VICTIM CENTER INC. 401(K) PLAN	
b	Name of plan sponsor	THE VICTIM CENTER INC.	c EIN-PN 43-1149629-001
a	Plan name	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION	c EIN-PN 38-4102924-001
a	Plan name	PSGM LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	c EIN-PN 93-2786572-001
a	Plan name	BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H	c EIN-PN 06-1798832-001
a	Plan name	LATZEL DRILLING 401(K) PLAN	
b	Name of plan sponsor	LATZEL DRILLING	c EIN-PN 75-2729004-001

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	REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor	ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
a	Plan name	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
b	Name of plan sponsor	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	c EIN-PN 36-4153559-001
a	Plan name	UNZICKER DENTAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	UNZICKER DENTAL CORPORATION	c EIN-PN 82-3591748-001
a	Plan name	UPTOWN DENTAL 401(K) PLAN	
b	Name of plan sponsor	RHONDA R. SAVAGE DDS P.L.L.C. DBA UPTOWN DENTAL	c EIN-PN 46-4323416-001
a	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	c EIN-PN 83-3379247-001
a	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
b	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	c EIN-PN 56-1689599-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
a	Plan name	H.F. EPSTEIN HEBREW ACADEMY 401(K) PLAN	
b	Name of plan sponsor	H.F. EPSTEIN HEBREW ACADEMY	c EIN-PN 43-6001158-001
a	Plan name	SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540625-001
a	Plan name	SAMUELS & SON SEAFOOD COMPANY, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540626-001
a	Plan name	ACCURATE REGRINDING 401(K) PLAN	
b	Name of plan sponsor	VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	c EIN-PN 38-2644484-001

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 HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a	Plan name HERITAGE PERSONNEL RETIREMENT PLAN	
b	Name of plan sponsor HERITAGE PERSONNEL, LLC	c EIN-PN 27-4286618-001
a	Plan name NATIONAL HANGER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL HANGER COMPANY, INC.	c EIN-PN 13-5582609-001
a	Plan name NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name NEXT GEN VEHICLE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NEXT GEN VEHICLE SOLUTIONS	c EIN-PN 85-3872276-001
a	Plan name NHVT COMPUTER SERVICES, CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NHVT COMPUTER SERVICES	c EIN-PN 83-2677351-001
a	Plan name DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name ONAL GALLANT & PARTNERS PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ONAL GALLANT & PARTNERS PC	c EIN-PN 82-2968635-001
a	Plan name STEVEN M. SORENSON MD, INC. 401(K) PLAN	
b	Name of plan sponsor STEVEN M. SORENSON MD, INC.	c EIN-PN 88-3832023-001
a	Plan name STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE GUYS OF SWFL LLC	c EIN-PN 83-3825711-001
a	Plan name ANDERSON AUTO SERVICE 401(K)PLAN	
b	Name of plan sponsor ANDERSON AUTO SERVICE	c EIN-PN 33-1130970-001

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 DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	c EIN-PN 22-2028230-001
a	Plan name DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
b	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	c EIN-PN 84-3391707-001
a	Plan name TYLER MCCABE DMD, LLC 401(K) PLAN	
b	Name of plan sponsor TYLER MCCABE DMD, LLC	c EIN-PN 47-3682389-001
a	Plan name C.A. TAYLOR, LLC 401(K) PLAN	
b	Name of plan sponsor C.A. TAYLOR, LLC	c EIN-PN 82-0677411-001
a	Plan name C3 SYSTEMS & SECURITY RETIREMENT PLAN	
b	Name of plan sponsor C3 SYSTEMS & SECURITY	c EIN-PN 72-1581602-001
a	Plan name RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
a	Plan name CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARE ANGEL, INC.	c EIN-PN 46-5083636-001
a	Plan name CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CARMEL ACADEMY	c EIN-PN 13-4013334-002
a	Plan name MARY KELLY GREEN MD PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MARY KELLY GREEN MD PLLC	c EIN-PN 45-3454581-001
a	Plan name URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WALKER OFFICE SUPPLIES	c EIN-PN 94-2658013-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001
a	Plan name	MERIT TITLE, LLC 401(K) PLAN	
b	Name of plan sponsor	MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a	Plan name	WHITFIELD OIL CO., INC.401(K) PLAN	
b	Name of plan sponsor	WHITFIELD OIL CO., INC.	c EIN-PN 58-1275819-002
a	Plan name	HABITAT FOR HUMANITY SA 401(K)	
b	Name of plan sponsor	HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	c EIN-PN 59-3034059-001
a	Plan name	MODERNO CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	MODERNO CONSTRUCTION, INC.	c EIN-PN 83-0412313-001
a	Plan name	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name	ADA 401(K)	
b	Name of plan sponsor	AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	c EIN-PN 20-2571173-001
a	Plan name	NEFSP 401(K) PLAN	
b	Name of plan sponsor	NEFSP HOLDINGS LLC	c EIN-PN 87-4240278-001
a	Plan name	NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOBILITY HEALTH	c EIN-PN 81-0701839-001
a	Plan name	NORMSHIELD INC. 401(K) PLAN	
b	Name of plan sponsor	NORMSHIELD INC.	c EIN-PN 81-1561086-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	GRAVE INFOTECH 401(K) PLAN	
b	Name of plan sponsor	GRAVE INFOTECH	c EIN-PN 27-1280654-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SJ LOGISTICS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SJ LOGISTICS, LLC	c EIN-PN 84-3592266-001
a	Plan name	SKELLY HOME RENOVATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	SKELLY HOME RENOVATION, LLC	c EIN-PN 81-5055958-001
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
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	INTEGRATED LAKES MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED LAKES MANAGEMENT, INC.	c EIN-PN 20-3197661-001
a	Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	c EIN-PN 81-0699291-001
a	Plan name	INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INTEGRIS SOLUTIONS LLC	c EIN-PN 47-1620164-001
a	Plan name	IRONCLAD STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IRONCLAD STRATEGIES, LLC	c EIN-PN 82-5506108-001
a	Plan name	JHD CORPORATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JHD CORPORATION, INC.	c EIN-PN 06-0856707-001
a	Plan name	BIG SKY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	BIG SKY ENGINEERING, INC	c EIN-PN 39-1940162-001
a	Plan name	BIRD-KULTGEN, INC. 401(K) PLAN	
b	Name of plan sponsor	BIRD-KULTGEN, INC.	c EIN-PN 74-1053237-001
a	Plan name	BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor	BJB ELECTRIC, LP	c EIN-PN 58-2438805-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LADD FAMILY DENTAL 401(K)	
b	Name of plan sponsor	LADD FAMILY DENTAL	c EIN-PN 87-2951230-001
a	Plan name	LAKE POINTE WELLNESS CENTER 401K PLAN	
b	Name of plan sponsor	LAKE POINTE WELLNESS CENTER	c EIN-PN 83-3986869-001
a	Plan name	QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN	
b	Name of plan sponsor	QESSENTIAL MEDICAL MARKET RESEARCH, LLC	c EIN-PN 87-3863389-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	FERRETTI SEARCH 401(K) PLAN	
b	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	c EIN-PN 83-1896110-001
a	Plan name	LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LC PROPERTY L.L.C.	c EIN-PN 80-0635906-001
a	Plan name	TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001
a	Plan name	TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TOLLEFSEN STEEL & FABRICATION, INC.	c EIN-PN 46-2263667-001
a	Plan name	LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a	Plan name	MOMENTUM BUILDERS 401(K)	
b	Name of plan sponsor	MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a	Plan name	NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001
a	Plan name	NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHERN CROSSARM COMPANY, INC.	c EIN-PN 39-0987381-001

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 OVERHEAD DOOR COMPANY OF APPLETON 401(K) PLAN	
b	Name of plan sponsor W&J HOLDINGS, LLC	c EIN-PN 82-3571108-001
a	Plan name PARADYME MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor PARADYME MANAGEMENT, INC.	c EIN-PN 13-4271306-004
a	Plan name PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARAGON PRINT SYSTEMS, INC.	c EIN-PN 23-2984595-001
a	Plan name PROTERIS 401(K) PLAN	
b	Name of plan sponsor PROTERIS COMPLIANCE SOLUTIONS, INC.	c EIN-PN 92-1583768-001
a	Plan name PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE PREPARATORY CHARTER SCHOOL	c EIN-PN 85-2193353-001
a	Plan name QUAL TECH AIR, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor QUAL TECH AIR LLC	c EIN-PN 81-4869829-001
a	Plan name QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor QUERREY & HARROW, LTD.	c EIN-PN 36-2777440-001
a	Plan name RESURGENCE IT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RESURGENCE IT, INC.	c EIN-PN 81-3507059-001
a	Plan name RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor RYLIND CONSTRUCTION COMPANY, INC.	c EIN-PN 46-3278537-001
a	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S JACOBS DBA ANNE BARGE	c EIN-PN 46-5423797-001
a	Plan name SIGNATURE LANDSCAPE L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor SIGNATURE LANDSCAPE L.L.C.	c EIN-PN 11-3652968-001
a	Plan name SKY'S THE LIMIT CAR CARE 401(K) PLAN	
b	Name of plan sponsor SKY'S THE LIMIT CAR CARE	c EIN-PN 45-3438558-001

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	STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name	STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor	STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name	THUREN FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THUREN FABRICATION, INC.	c EIN-PN 20-5081862-001
a	Plan name	TILO INDUSTRIES CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-001
a	Plan name	VAN SANT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VAN SANT ENTERPRISES INC.	c EIN-PN 42-1464060-001
a	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name	WATER WELL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	WATER WELL INVESTMENTS, LLC	c EIN-PN 85-2736894-001
a	Plan name	WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001
a	Plan name	WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAMS CONCRETE CONTRACTING LLC	c EIN-PN 26-0888255-001
a	Plan name	WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS INSTITUTIONAL FOODS	c EIN-PN 58-1148285-001
a	Plan name	API RETIREMENT PLAN	
b	Name of plan sponsor	ARCHITECTURAL PRECAST INNOVATIONS, INC.	c EIN-PN 47-3898467-001
a	Plan name	APLIN MASONRY 401(K) PLAN	
b	Name of plan sponsor	APLIN MASONRY OF TELLURIDE, INC.	c EIN-PN 84-1586727-001

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 CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA CARDIOVASCULAR INSTITUTE	c EIN-PN 88-4143827-001
a	Plan name CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
a	Plan name CRIMSON VISTA 401(K) PLAN	
b	Name of plan sponsor CRIMSON VISTA, INC.	c EIN-PN 81-1640781-001
a	Plan name DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
a	Plan name DENNY'S BODY SHOP 401(K) PLAN	
b	Name of plan sponsor DENNY'S BODY SHOP	c EIN-PN 82-3818063-001
a	Plan name DILS ROOFING 401(K) PLAN	
b	Name of plan sponsor TRUPRO, INC. DBA DILS ROOFING	c EIN-PN 33-0492050-001
a	Plan name EZGO GROUP 401(K) PLAN	
b	Name of plan sponsor EZGO GROUP, INC.	c EIN-PN 36-4850864-001
a	Plan name FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor FG HOLDINGS, LLC	c EIN-PN 87-4171809-001
a	Plan name FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001
a	Plan name FIDE 401(K) PLAN	
b	Name of plan sponsor EMINENT CONSULTING, LLC DBA FIDE LLC	c EIN-PN 82-0818461-001
a	Plan name GAZI ATASEVEN 401(K) PLAN	
b	Name of plan sponsor A TO Z REAL ESTATE TRANSACTION LLC	c EIN-PN 86-1384624-001
a	Plan name GIENAPP ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor GIENAPP ARCHITECTS, LLC	c EIN-PN 87-0759464-001

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 GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	c EIN-PN 95-2428410-001
a	Plan name HAMMOND-MITCHELL, INC. 401(K) PLAN	
b	Name of plan sponsor HAMMOND-MITCHELL, INC.	c EIN-PN 54-0839749-001
a	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH PLAINS ENGINEERING & CONSULTING, LLC	c EIN-PN 87-2706193-002
a	Plan name HS BAINS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor HS BAINS INSURANCE SERVICES	c EIN-PN 81-0962836-001
a	Plan name A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor A&B MARKET, LLC	c EIN-PN 47-2479032-001
a	Plan name AQUA POWER, INC. 401(K) PLAN	
b	Name of plan sponsor AQUA POWER	c EIN-PN 61-1592855-001
a	Plan name ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001
a	Plan name BREAK IT DOWN, LLC 401(K) PLAN	
b	Name of plan sponsor BREAK IT DOWN, LLC	c EIN-PN 27-1788791-001
a	Plan name BRET STEEL CORP 401(K) PLAN	
b	Name of plan sponsor BRET STEEL CORP	c EIN-PN 02-0493597-001
a	Plan name CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASUALTY ACTUARIAL CONSULTANTS, INC.	c EIN-PN 62-1591851-001
a	Plan name DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor DOMESTIC DIESEL AND AUTO SERVICE	c EIN-PN 27-4834463-001

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	HARTLEY'S PROFIT SHARING 40L(K) PLAN	
b	Name of plan sponsor	HARTLEY'S	c EIN-PN 01-0278553-001
a	Plan name	HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor	HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name	KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
a	Plan name	MAXTACS, INC 401(K) PLAN	
b	Name of plan sponsor	MAXTACS, INC	c EIN-PN 81-3518247-001
a	Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name	PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor	PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name	ROADMAP RESEARCH GLOBAL 401(K) PLAN	
b	Name of plan sponsor	LEXICON AND LINE DBA ROADMAP RESEARCH GLOBAL	c EIN-PN 47-2210159-001
a	Plan name	SEATTLE DOGWOOD 401(K) PLAN	
b	Name of plan sponsor	DOGWOOD MANAGEMENT, LLC	c EIN-PN 47-3254818-001
a	Plan name	SMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	c EIN-PN 47-4533352-001
a	Plan name	SNIDER INC 401(K) PLAN	
b	Name of plan sponsor	SNIDER INC	c EIN-PN 56-1649710-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SOCCER SHOTS SACRAMENTO, LLC 401(K) PLAN	
b	Name of plan sponsor	SOCCER SHOTS SACRAMENTO, LLC	c EIN-PN 47-0976792-001
a	Plan name	SUNSTAR PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	SUNSTAR PROPERTIES LLC	c EIN-PN 61-1380349-001
a	Plan name	SWAN DIVE DESIGN STUDIO 401(K)	
b	Name of plan sponsor	SWAN DIVE DESIGN STUDIO, LLC	c EIN-PN 84-2744547-001
a	Plan name	TQM NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	TQM NORTH AMERICA, INC.	c EIN-PN 35-2615062-001
a	Plan name	HYPER HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	HYPER HOME SOLUTIONS LLC	c EIN-PN 87-3928812-001
a	Plan name	JAINDL PROPERTIES LLC RETIREMENT PLAN	
b	Name of plan sponsor	JAINDL PROPERTIES LLC	c EIN-PN 20-1690137-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name	NOTTINGHAM RETIREMENT PLAN	
b	Name of plan sponsor	NOTTINGHAM STUDIOS	c EIN-PN 47-4225120-001
a	Plan name	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name	ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROCKLIN GAS, LLC	c EIN-PN 82-2033920-001
a	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001
a	Plan name	SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor	SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001

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 SOS WELL SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOS WELL SERVICES, LLC	c EIN-PN 83-0330736-001
a	Plan name THE ORIANA SHEA GROUP 401(K) PLAN	
b	Name of plan sponsor THE ORIANA SHEA GROUP	c EIN-PN 26-2733920-001
a	Plan name VERIFY INVESTOR, INC. 401(K) PLAN	
b	Name of plan sponsor VERIFY INVESTOR, INC. A DE INC.	c EIN-PN 46-3398188-001
a	Plan name CENTS II 401(K) PLAN	
b	Name of plan sponsor CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	c EIN-PN 47-2003612-001
a	Plan name DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor DON E. KELLY CONTRACTOR, INC.	c EIN-PN 43-1479564-001
a	Plan name EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor EMPIRE DIVERSIFIED ENERGY, INC.	c EIN-PN 30-0949242-001
a	Plan name FIS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor FIS GROUP, LLC	c EIN-PN 83-3475402-001
a	Plan name RANGECRAFT 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RANGECRAFT	c EIN-PN 22-3330263-001
a	Plan name T. AARON BUICE, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor T. AARON BUICE, M.D., P.C.	c EIN-PN 20-0717378-001
a	Plan name TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TRENCHLESS CONSTRUCTION SERVICES, L.L.C.	c EIN-PN 91-1981784-001
a	Plan name ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALL ENVIRONMENTAL, INC.	c EIN-PN 68-0288965-001
a	Plan name ALL PURPOSE, LLC 401(K) PLAN	
b	Name of plan sponsor ALL PURPOSE, LLC	c EIN-PN 82-1968528-001

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	ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
b	Name of plan sponsor	ARTHURS AND COMPANY CPA, LLC	c EIN-PN 47-2006900-001
a	Plan name	CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor	CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	c EIN-PN 82-1776313-001
a	Plan name	ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
b	Name of plan sponsor	ENERGY SERVICES OF COLORADO, INC.	c EIN-PN 68-0577024-001
a	Plan name	FLEX TECHNOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	FLEX TECHNOLOGY GROUP, LLC	c EIN-PN 46-5095252-001
a	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name	LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor	LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name	ALL STAR PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING	c EIN-PN 34-1972332-001
a	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	CICERO ADAMS, LLC 401(K) PLAN	
b	Name of plan sponsor	CICEROADAMS, LLC	c EIN-PN 47-2819390-001
a	Plan name	DAKINE SERVICES 401(K) PLAN	
b	Name of plan sponsor	DAKINE SERVICES, INC.	c EIN-PN 81-1390019-001
a	Plan name	DYNAMIC RESTAURANT HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC RESTAURANT HOLDINGS, LLC	c EIN-PN 36-4878000-001
a	Plan name	GREENVILLE ENDODONTICS 401(K) PLAN	
b	Name of plan sponsor	GREENVILLE ENDODONTICS, LLC	c EIN-PN 82-3388235-001

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	LP MACHINE, LLC 401(K) PLAN	
b	Name of plan sponsor	LP MACHINE, LLC	c EIN-PN 84-5062068-001
a	Plan name	OCEAN FOREST LLC 401(K) PLAN	
b	Name of plan sponsor	OCEAN FOREST LLC	c EIN-PN 92-2466614-001
a	Plan name	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	c EIN-PN 87-0545902-001
a	Plan name	SPACE METAL 401(K) PLAN	
b	Name of plan sponsor	SPACE METAL	c EIN-PN 57-0785643-001
a	Plan name	TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS	c EIN-PN 85-3687743-237
a	Plan name	CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
a	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
b	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	c EIN-PN 74-1779810-001
a	Plan name	LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LUKE DRAILY CONSTRUCTION COMPANY, INC.	c EIN-PN 43-1796529-001
a	Plan name	LUSSON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	LUSSON ENTERPRISES	c EIN-PN 20-2947469-001
a	Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	MILK SOURCE, LLC	c EIN-PN 39-1954636-001
a	Plan name	OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OLD TOWN FIBERGLASS	c EIN-PN 20-2006359-001
a	Plan name	OLIVIA INC. 401(K) PLAN	
b	Name of plan sponsor	OLIVIA INC.	c EIN-PN 82-1927188-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CLEARBRIDGE MID CAP RET OPT	B Three-digit plan number (PN) ▶ 883
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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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.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	6653519
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6074109
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6653519	6074109
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 through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6653519	6074109

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)	21871	
(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)	219248	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	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)		405630
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		646749

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		646749
l Transfers of assets:			
(1) To this plan.....	2l(1)		1355562
(2) From this plan	2l(2)		2581721

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

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 _____.