

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: LORD ABBETT HIGH YIELD RET OPT
1b Three-digit plan number (PN): 896
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
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.

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> <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.	OMB No. 1210-0110 <hr/> 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>LORD ABBETT HIGH YIELD RET OPT</u>	B Three-digit plan number (PN)	<u>896</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)
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d Entity code

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d Entity code

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d Entity code

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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)

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	BAKERY AGENCY 401(K) PLAN	
b Name of plan sponsor	BAKERY AGENCY LLC	c EIN-PN 27-4407040-001
a Plan name	ENVIROSAFE, INC. 401(K) PLAN	
b Name of plan sponsor	ENVIROSAFE, INC.	c EIN-PN 61-1247647-001
a Plan name	PROCIRCULAR, INC. 401(K) PLAN	
b Name of plan sponsor	PROCIRCULAR, INC.	c EIN-PN 81-1171034-001
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	KRC, INC. RETIREMENT PLAN	
b Name of plan sponsor	KRC, INC.	c EIN-PN 38-2721514-001
a Plan name	THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	c EIN-PN 26-4611654-001
a Plan name	BONE-A-PATREAT 401(K) PLAN	
b Name of plan sponsor	BONE-A-PATREAT	c EIN-PN 20-1319477-001
a Plan name	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER 401(K) PLAN	
b Name of plan sponsor	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER	c EIN-PN 42-0957166-001
a Plan name	REGULUS 401(K)	
b Name of plan sponsor	REGULUS GROUP, LLC	c EIN-PN 33-1009928-002
a Plan name	CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	CANTOR BIOCONNECT, LLC	c EIN-PN 37-1837234-001
a Plan name	CHEMCEL EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b Name of plan sponsor	CHEMCEL FEDERAL CREDIT UNION	c EIN-PN 74-6047771-001
a Plan name	RON HAMMES REFRIGERATION 401(K) PLAN	
b Name of plan sponsor	RON HAMMES REFRIGERATION CO., INC.	c EIN-PN 39-1350539-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name CONNOR LEE & SHUMAKER PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONNOR LEE & SHUMAKER PLLC	c EIN-PN 82-3319604-001
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 SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
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 INNOVATION NETWORK TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor INNOVATION NETWORK TECHNOLOGIES CORPORATION DBA INNTE	c EIN-PN 01-0923308-001
a	Plan name STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN	
b	Name of plan sponsor STONEHENGE ENERGY RESOURCES II, LP	c EIN-PN 90-0841261-001
a	Plan name P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
b	Name of plan sponsor P&C ENTERPRISES OF OHIO, LLC	c EIN-PN 82-4358517-001
a	Plan name UNDERCOVER TOURIST 401(K) PLAN	
b	Name of plan sponsor INSIDERGUIDE, LLC	c EIN-PN 59-3652314-001
a	Plan name CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARMEN TERREROS, M.D., INC.	c EIN-PN 20-1750839-001
a	Plan name MASK-OFF COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MASK-OFF COMPANY, INC.	c EIN-PN 95-1942506-001

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	RUGS AS ART, INC. 401(K) PLAN	
b	Name of plan sponsor	RUGS AS ART, INC.	c EIN-PN 65-0261601-001
a	Plan name	GRANDVILLE DENTAL HEALTH CENTER P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRANDVILLE DENTAL HEALTH CENTER P.C.	c EIN-PN 38-2373825-001
a	Plan name	WILDCAT OIL TOOLS 401(K) PLAN	
b	Name of plan sponsor	WILDCAT OIL TOOLS, LLC	c EIN-PN 45-4421709-001
a	Plan name	HI-VIEW, LLC PREVAILING WAGE PLAN	
b	Name of plan sponsor	HI-VIEW, LLC	c EIN-PN 61-1048462-001
a	Plan name	CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name	ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
a	Plan name	Z2 MARKETING, LTD 401(K) PLAN	
b	Name of plan sponsor	Z2 MARKETING, LTD	c EIN-PN 20-0581373-001
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	AMBROSE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AMBROSE SERVICES, LLC	c EIN-PN 46-3081985-001
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	INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INTEGRIS SOLUTIONS LLC	c EIN-PN 47-1620164-001
a	Plan name	PACIFIC CONCEPTS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC CONCEPTS GROUP, INC.	c EIN-PN 33-0796996-001

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 PAIT GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor PAIT GROUP, LLC	c EIN-PN 46-2599194-001
a	Plan name AOC LOGISTICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor AOC LOGISTICS, LLC	c EIN-PN 27-5136168-001
a	Plan name PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name ATTORNEYS TITLE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ATTORNEYS TITLE GROUP	c EIN-PN 47-4137488-001
a	Plan name AUDUBON COUNTRY CLUB PROFIT SHARING PLAN	
b	Name of plan sponsor AUDUBON COUNTRY CLUB	c EIN-PN 61-0123310-001
a	Plan name THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor MODERN HR, INC.	c EIN-PN 81-0741257-002
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 NORTHEAST INDIANA WORKS INC. 401(K) PLAN	
b	Name of plan sponsor NORTHEAST INDIANA WORKS INC.	c EIN-PN 27-4700166-001
a	Plan name PROTECTIVE PACKAGING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor FOAM FABRICATORS ACQUISITION, LLC	c EIN-PN 84-0814184-001
a	Plan name RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
b	Name of plan sponsor RETINA CONSULTANTS SAN DIEGO, INC	c EIN-PN 95-3511595-001
a	Plan name SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor BOSTON LEDGE, LLC	c EIN-PN 87-3066674-001
a	Plan name SKYLINE ROOFING & SHEET METAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor SKYLINE ROOFING & SHEET METAL CO., INC.	c EIN-PN 35-1897566-001

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	TEAM SAN JOSE 401(K) PLAN	
b	Name of plan sponsor	TEAM SAN JOSE	c EIN-PN 20-0507663-001
a	Plan name	THE FORTUNA & CARTELLI, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORTUNA & CARTELLI, P.C.	c EIN-PN 06-0887135-001
a	Plan name	AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN COATINGS CORP.	c EIN-PN 31-1581806-001
a	Plan name	AUSTIN ENGINEERING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	AUSTIN ENGINEERING CO., INC.	c EIN-PN 74-2057958-001
a	Plan name	BRANDPOINT SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RHOMBUS SERVICES, LLC DBA BRANDPOINT SERVICES	c EIN-PN 27-3635342-001
a	Plan name	CORA CONSTRUCTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CORA CONSTRUCTORS, INC.	c EIN-PN 20-2005772-001
a	Plan name	DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor	DIRSEC, INC.	c EIN-PN 84-1595959-001
a	Plan name	FABIAN A RAMOS MD PLLC 401(K) PLAN	
b	Name of plan sponsor	FABIAN A RAMOS MD PLLC	c EIN-PN 20-1861799-001
a	Plan name	GATTON & ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	GATTON & ASSOCIATES, P.C.	c EIN-PN 85-0471754-001
a	Plan name	GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor	GAVRILOV LAW CORPORATION	c EIN-PN 27-0151979-001
a	Plan name	HICKS DAVIS WYNN RETIREMENT PLAN	
b	Name of plan sponsor	HICKS DAVIS WYNN, P.C.	c EIN-PN 81-2528118-001

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	J. GREG ALLEN BUILDER INC. PROFIT SHARING 401 (K) PLAN & TRUST	
b Name of plan sponsor	J. GREG ALLEN BUILDER, INC.	c EIN-PN 35-1686449-001
a Plan name	J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	J.E. JOHNSON CONTRACTING, INC.	c EIN-PN 38-2247698-001
a Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a Plan name	COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
b Name of plan sponsor	COMMERCE DISTRIBUTION CENTER, INC.	c EIN-PN 38-2684078-001
a Plan name	CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b Name of plan sponsor	MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001
a Plan name	CSAVC, P.C. DEFERRED COMPENSATION PLAN	
b Name of plan sponsor	CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	c EIN-PN 23-2339055-001
a Plan name	GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b Name of plan sponsor	GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
a Plan name	MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
b Name of plan sponsor	MOUNTAIN BORDERS ASSOCIATES INC	c EIN-PN 27-0189681-001
a Plan name	ROBERT GUEN, DMD & ASSOCIATES 401(K) PLAN	
b Name of plan sponsor	ROBERT GUEN, DMD & ASSOCIATES, LLC	c EIN-PN 80-0522647-002
a Plan name	SMDA 401K PLAN	
b Name of plan sponsor	SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a Plan name	THE INCEPTION COMPANY LLC RETIREMENT PLAN	
b Name of plan sponsor	THE INCEPTION COMPANY LLC	c EIN-PN 20-1885148-001
a Plan name	TRADITION GOLF CLUB 401(K) PLAN	
b Name of plan sponsor	TRADITION GOLF CLUB	c EIN-PN 26-1808354-001

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 VAUGHAN & ASSOCIATES LAW OFFICE, APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VAUGHAN & ASSOCIATES LAW OFFICE, APC	c EIN-PN 86-1656482-001
a	Plan name HAWAII FOODBANK, INC. 401K PLAN	
b	Name of plan sponsor HAWAII FOODBANK, INC.	c EIN-PN 99-0220699-001
a	Plan name HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor HAYDON HOLDINGS, LLC	c EIN-PN 06-1662614-001
a	Plan name ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name KLEAN WASH 401(K) PLAN	
b	Name of plan sponsor KLEAN WASH	c EIN-PN 81-2505654-001
a	Plan name PATTERNED CONCRETE OF CINCINNATI 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PATTERNED CONCRETE OF CINCINNATI	c EIN-PN 31-1405081-001
a	Plan name PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN	
b	Name of plan sponsor PRESTIGE ELECTRIC CO. OF FLORIDA, LLC	c EIN-PN 82-3714094-001
a	Plan name ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name ROCAP LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCAP LAW FIRM, LLC	c EIN-PN 47-4618365-001
a	Plan name ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name TRANSPORT SOLUTIONS OF AMERICA 401(K) PLAN	
b	Name of plan sponsor TRANSPORT SOLUTIONS OF AMERICA, LLC	c EIN-PN 20-4539184-001

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	CENTERA BIOSCIENCE 401(K) PLAN
b	Name of plan sponsor	CENTERA BIOSCIENCE INC. c EIN-PN 46-3097866-001
a	Plan name	CENTRAL MACHINERY COMPANY, LLC 401(K) PLAN
b	Name of plan sponsor	CENTRAL MACHINERY COMPANY, LLC DBA CEN MAC METAL WORKS c EIN-PN 34-1943090-001
a	Plan name	COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES 401(K) PLAN
b	Name of plan sponsor	COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES c EIN-PN 36-4818744-001
a	Plan name	PRINCIPLE SERVICES, LLC 401(K) PLAN
b	Name of plan sponsor	PRINCIPLE SERVICES, LLC c EIN-PN 83-3051083-001
a	Plan name	PRISM CAPITAL MANAGEMENT RETIREMENT PLAN
b	Name of plan sponsor	PRISM CAPITAL MANAGEMENT, LLC c EIN-PN 27-0125515-001
a	Plan name	TAG MANUFACTURING, INC. 401(K) PLAN
b	Name of plan sponsor	TAG MANUFACTURING, INC. c EIN-PN 72-1578630-001
a	Plan name	TREASURE FIRE EQUIPMENT 401(K) PLAN
b	Name of plan sponsor	TREASURE FIRE EQUIPMENT, INC. c EIN-PN 87-0656861-001
a	Plan name	TRESTLEWOOD 401(K) PLAN
b	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD c EIN-PN 34-1112308-001
a	Plan name	WORKABLE, INC. 401(K) PLAN
b	Name of plan sponsor	WORKABLE, INC. c EIN-PN 61-1747677-002
a	Plan name	BEST CLEANERS, INC. RETIREMENT PLAN
b	Name of plan sponsor	BEST CLEANERS, INC. c EIN-PN 06-1333413-001
a	Plan name	BROADWAY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BROADWAY MEDICAL GROUP, INC. c EIN-PN 06-1542347-001
a	Plan name	CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	CHAHAL & ASSOCIATES, INC c EIN-PN 20-8145988-001

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 CHAMPION RISK & INSURANCE SERVICES 401K PLAN	
b	Name of plan sponsor WGB-RABY, L.P. DBA CHAMPION RISK & INSURANCE SERVICES, INC.	c EIN-PN 27-3791702-001
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 IKE HEAPHY, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor IKE HEAPHY, D.D.S., P.C.	c EIN-PN 90-0074728-001
a	Plan name IMPERIAL ELECTRIC 401(K) PLAN & TRUST	
b	Name of plan sponsor IMPERIAL ELECTRIC CO, LLC	c EIN-PN 84-1793288-001
a	Plan name MCLEOD LAND SERVICES 401(K) PLAN 2	
b	Name of plan sponsor MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-002
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 FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor FLUX POWER, INC.	c EIN-PN 27-1142066-001
a	Plan name LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
b	Name of plan sponsor LOUISIANA OFFICE PRODUCTS, INC	c EIN-PN 72-0763449-002
a	Plan name MID THUMB CONTRACTING, LLC 401(K) PLAN	
b	Name of plan sponsor MID THUMB CONTRACTING	c EIN-PN 32-0337517-001
a	Plan name SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SOUTHERN PACKAGING LLC	c EIN-PN 72-1233979-001
a	Plan name B2B RETIREMENT 401(K) PLAN & TRUST	
b	Name of plan sponsor B2B STAFFING SERVICES, INC.	c EIN-PN 20-4404038-001
a	Plan name EAST COAST RECOVERY LLC 401(K) PLAN	
b	Name of plan sponsor EAST COAST RECOVERY LLC	c EIN-PN 47-2225497-001

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 FRANK W. NEAL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST

b Name of plan sponsor FRANK W. NEAL & ASSOCIATES, INC. **c** EIN-PN 75-2208740-001

a Plan name GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN

b Name of plan sponsor GRIMES HAWKINS GLADFELTER & GALVANO, P.L. **c** EIN-PN 92-0185518-001

a Plan name LUSSON ENTERPRISES 401(K) PLAN

b Name of plan sponsor LUSSON ENTERPRISES **c** EIN-PN 20-2947469-001

a Plan name SALT DEVELOPMENT 401(K) PLAN

b Name of plan sponsor SALT DEVELOPMENT, LLC **c** EIN-PN 47-1957056-001

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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.	<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 LORD ABBETT HIGH YIELD RET OPT	B Three-digit plan number (PN) ▶ 896
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)	9634061
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6150412
(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	9634061	6150412
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4	4
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4	4
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9634057	6150408

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)	566611	
(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)		566611
(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)	60798	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		627409

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		627409
l Transfers of assets:			
(1) To this plan.....	2l(1)		1241497
(2) From this plan	2l(2)		5352555

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 _____.