

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

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, 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

1a Name of plan: INVESCO DIVERSIFIED DIVIDEND RET ACCT
1b Three-digit plan number (PN): 008
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 83-1098532
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.

<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

**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>INVESCO DIVERSIFIED DIVIDEND RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>008</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>83-1098532</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>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	ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARMER/NORMAN & ASSOCIATES	<b>c</b> EIN-PN 94-1686016-001
<b>a</b>	Plan name	BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUTLER, FITZGERALD & FIVESON, P.C.	<b>c</b> EIN-PN 20-2841166-001
<b>a</b>	Plan name	CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CROWN PACKAGING CORPORATION	<b>c</b> EIN-PN 31-0743880-001
<b>a</b>	Plan name	ERS PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL SITE SERVICES	<b>c</b> EIN-PN 94-1602345-001
<b>a</b>	Plan name	GLENWOOD ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENWOOD ELECTRIC	<b>c</b> EIN-PN 31-0913270-001
<b>a</b>	Plan name	GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL ASR CONSULTING	<b>c</b> EIN-PN 81-4948693-001
<b>a</b>	Plan name	GPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	<b>c</b> EIN-PN 20-3998866-001
<b>a</b>	Plan name	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NASHEVE, INC.	<b>c</b> EIN-PN 20-8664693-001
<b>a</b>	Plan name	INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY CONSTRUCTION MANAGEMENT, LLC	<b>c</b> EIN-PN 45-5124212-001
<b>a</b>	Plan name	INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INTELLIZANT, LLC	<b>c</b> EIN-PN 26-0672456-002
<b>a</b>	Plan name	LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LONSTEIN LAW OFFICE, P.C.	<b>c</b> EIN-PN 22-2788008-001
<b>a</b>	Plan name	NCA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	<b>c</b> EIN-PN 88-0293130-001

<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	UNION RESCUE MISSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNION RESCUE MISSION	<b>c</b> EIN-PN 95-1709293-001
<b>a</b>	Plan name	417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	417 ROYAL RESTAURANT, LLC	<b>c</b> EIN-PN 46-3172979-001
<b>a</b>	Plan name	ASCEND INNOVATIONS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ASCEND INNOVATIONS INC.	<b>c</b> EIN-PN 47-3151550-001
<b>a</b>	Plan name	ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSISTED HOME RECOVERY, INC.	<b>c</b> EIN-PN 95-4242428-001
<b>a</b>	Plan name	ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	<b>c</b> EIN-PN 87-0343604-333
<b>a</b>	Plan name	EXCEL CABINETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCEL CABINETS, INC.	<b>c</b> EIN-PN 33-0521926-001
<b>a</b>	Plan name	F.G. SCHAEFER COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	F.G. SCHAEFER COMPANY, INC.	<b>c</b> EIN-PN 31-0749184-001
<b>a</b>	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAPE EXPECTATIONS	<b>c</b> EIN-PN 94-2423490-002
<b>a</b>	Plan name	GREATER DAYTON AREA HOSPITAL A 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	GREATER DAYTON AREA HOSPITAL ASSOCIATES	<b>c</b> EIN-PN 31-1221836-004
<b>a</b>	Plan name	NELSON ANALYTICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NELSON ANALYTICAL, LLC	<b>c</b> EIN-PN 02-0527084-001
<b>a</b>	Plan name	NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEVADA ORTHOPEDIC & SPINE CENTER, LLC	<b>c</b> EIN-PN 88-0313907-001
<b>a</b>	Plan name	NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEVYAS EYE ASSOCIATES, P.C.	<b>c</b> EIN-PN 23-1715581-005

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PINNACLE RESOURCE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE RESOURCE MANAGEMENT, LLC	<b>c</b> EIN-PN 47-5352312-333
<b>a</b>	Plan name	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	<b>c</b> EIN-PN 22-2116608-002
<b>a</b>	Plan name	RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RUTLEDGE FARMING COMPANY, INC.	<b>c</b> EIN-PN 26-2858269-001
<b>a</b>	Plan name	TEAMEPS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAMEPS LLC	<b>c</b> EIN-PN 20-4489290-001
<b>a</b>	Plan name	UNITED RECYCLING AND CONTAINER 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TOPSOILS, INC. DBA UNITED RECYCLING AND CONTAINER	<b>c</b> EIN-PN 91-1688438-001
<b>a</b>	Plan name	THE BERRY MAN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE BERRY MAN, INC.	<b>c</b> EIN-PN 77-0341777-001
<b>a</b>	Plan name	HDR REMODELING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HDR REMODELING	<b>c</b> EIN-PN 94-3204168-001
<b>a</b>	Plan name	HEIN SCHNEIDER & BOND P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEIN SCHNEIDER & BOND	<b>c</b> EIN-PN 43-1696065-001
<b>a</b>	Plan name	A.M.E. INC. 401(K)	
<b>b</b>	Name of plan sponsor	A.M.E. INC.	<b>c</b> EIN-PN 22-3603962-001
<b>a</b>	Plan name	ABIGDESTINATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABIGDESTINATION LLC	<b>c</b> EIN-PN 26-2206411-001
<b>a</b>	Plan name	ABO 401(K)	
<b>b</b>	Name of plan sponsor	AMERICA'S BACK OFFICE	<b>c</b> EIN-PN 47-4975107-001
<b>a</b>	Plan name	ACE RETAIL SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ACE HARDWARE	<b>c</b> EIN-PN 36-0700810-001

<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	V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	V & A INC.	<b>c</b> EIN-PN 26-3968624-001
<b>a</b>	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLE MAKOFF LLP	<b>c</b> EIN-PN 27-1587480-001
<b>a</b>	Plan name	ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALAN SCHATZBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3529223-001
<b>a</b>	Plan name	W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	W.M. GRACE CONSTRUCTION, INC.	<b>c</b> EIN-PN 43-0894463-002
<b>a</b>	Plan name	WALDEN MACHT & HARAN LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALDEN MACHT & HARAN LLP	<b>c</b> EIN-PN 47-2572262-001
<b>a</b>	Plan name	ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C & G HEALTH SOLUTIONS DBA ASTI'S SOUTH HILLS PHARMACY	<b>c</b> EIN-PN 45-5632914-001
<b>a</b>	Plan name	BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARNUM & CELILLO ELECTRIC, INC.	<b>c</b> EIN-PN 68-0227342-001
<b>a</b>	Plan name	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER	<b>c</b> EIN-PN 22-2918632-001
<b>a</b>	Plan name	PMI KYOTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PMI KYOTO PACKAGING SYSTEMS, INC.	<b>c</b> EIN-PN 36-3900736-001
<b>a</b>	Plan name	DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOGWOOD SITE CONTRACTORS LLC	<b>c</b> EIN-PN 87-1345377-001
<b>a</b>	Plan name	SAN MARINO PEDIATRIC ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAN MARINO PEDIATRIC ASSOCIATES	<b>c</b> EIN-PN 80-0949721-001
<b>a</b>	Plan name	SANDERS CANDY FACTORY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANDERS CANDY FACTORY, INC.	<b>c</b> EIN-PN 95-4248513-001

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 SAUNA360 INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SAUNA360 INC.	<b>c</b> EIN-PN 41-1502759-001
<b>a</b>	Plan name AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUTISM SPECTRUM CONSULTANTS, INC.	<b>c</b> EIN-PN 20-0401114-001
<b>a</b>	Plan name AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AVOPACIFIC OILS, LLC	<b>c</b> EIN-PN 47-5047002-001
<b>a</b>	Plan name BEVERLY HILLS SPORTS COUNCIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEVERLY HILLS SPORTS COUNCIL, INC	<b>c</b> EIN-PN 95-4282114-001
<b>a</b>	Plan name NOVA AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NOVA AUTOMOTIVE INC.	<b>c</b> EIN-PN 26-0025508-002
<b>a</b>	Plan name ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ORCHESTRA MANAGEMENT SOLUTIONS	<b>c</b> EIN-PN 22-3737010-001
<b>a</b>	Plan name OUTBOARD MOTOR SHOP 401(K) PLAN	
<b>b</b>	Name of plan sponsor OUTBOARD MOTOR SHOP	<b>c</b> EIN-PN 94-3159599-001
<b>a</b>	Plan name OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OVERHEAD DOOR COMPANY OF COVINGTON, INC.	<b>c</b> EIN-PN 61-0718497-001
<b>a</b>	Plan name P & I 401(K) AND PENSION PLAN	
<b>b</b>	Name of plan sponsor PERLITER & INGALSBE	<b>c</b> EIN-PN 95-2124423-003
<b>a</b>	Plan name RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RABIN & BERDO, P.C.	<b>c</b> EIN-PN 52-1763604-001
<b>a</b>	Plan name RACK PROCESSING COMPANY UNION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RACK PROCESSING COMPANY	<b>c</b> EIN-PN 31-0535048-001
<b>a</b>	Plan name RACK/T&R WELDING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RACK PROCESSING COMPANY	<b>c</b> EIN-PN 31-0535048-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RALPH BRENNAN RESTAURANT GROUP, L.L.C.	<b>c</b> EIN-PN 72-1350467-001
<b>a</b>	Plan name	FCBI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOOTHILLS COMMERCIAL BUILDERS, INC.	<b>c</b> EIN-PN 84-1150396-222
<b>a</b>	Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 22-3334957-001
<b>a</b>	Plan name	FOSTER MARINE CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOSTER MARINE CONTRACTORS, INC.	<b>c</b> EIN-PN 59-1054370-001
<b>a</b>	Plan name	SPECIALTY PROPERTY, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTY PROPERTY, LTD	<b>c</b> EIN-PN 74-2938057-001
<b>a</b>	Plan name	VANGUARD ENERGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	<b>c</b> EIN-PN 26-4685348-002
<b>a</b>	Plan name	VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VICKERS & NOLAN ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0759070-002
<b>a</b>	Plan name	ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ADVANCED VISION CARE	<b>c</b> EIN-PN 27-3268070-001
<b>a</b>	Plan name	AMERICA'S HR DEPT. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICA'S HR DEPT. - EMPLOYEES ONLY III, INC.	<b>c</b> EIN-PN 82-4338934-001
<b>a</b>	Plan name	AMERICAN CONCRETE EMPLOYEE'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CONCRETE, INC.	<b>c</b> EIN-PN 58-2060679-001
<b>a</b>	Plan name	B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B&S ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 58-1278855-001
<b>a</b>	Plan name	BISCO 401K PLAN	
<b>b</b>	Name of plan sponsor	BONNEVILLE INDUSTRIAL SUPPLY	<b>c</b> EIN-PN 87-0329139-001

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 CEDAR HILL FURNITURE 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GFS CORP; CEDAR HILL COMFORT SHOPPE DBA CEDAR HILL FURNITURE	<b>c</b> EIN-PN 31-0920114-001
<b>a</b>	Plan name CLARK MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLARK MOVING & STORAGE, INC.	<b>c</b> EIN-PN 16-1253070-001
<b>a</b>	Plan name DIFIORE CONSTRUCTION, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIFIORE CONSTRUCTION, INC.	<b>c</b> EIN-PN 16-0741509-002
<b>a</b>	Plan name DIRECT A/V 401K PLAN	
<b>b</b>	Name of plan sponsor DIRECT A/V	<b>c</b> EIN-PN 95-4735867-003
<b>a</b>	Plan name ECG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ECG, INC.	<b>c</b> EIN-PN 22-2944262-001
<b>a</b>	Plan name EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDGE CONCRETE CONSTRUCTION, LLC	<b>c</b> EIN-PN 91-2140958-001
<b>a</b>	Plan name FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA POWER SOUTH 401(K)	<b>c</b> EIN-PN 88-2909820-001
<b>a</b>	Plan name FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA POWER WEST LLC	<b>c</b> EIN-PN 83-3211774-001
<b>a</b>	Plan name FINISHING EDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINISHING EDGE CURB & SIDEWALK, LLC	<b>c</b> EIN-PN 91-1658323-001
<b>a</b>	Plan name FRESNO M, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRESNO M, LLC	<b>c</b> EIN-PN 38-4235861-001
<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 HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HARRY WARREN, INC.	<b>c</b> EIN-PN 59-1523664-001

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 HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAT CREEK CONSTRUCTION & MATERIALS, INC.	<b>c</b> EIN-PN 68-0203789-001
<b>a</b>	Plan name HOFMEYER PLUMBING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOFMEYER PLUMBING COMPANY	<b>c</b> EIN-PN 31-0724144-001
<b>a</b>	Plan name JOHNSON MOTOR CO. OF GEORGIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHNSON MOTOR COMPANY OF GEORGIA	<b>c</b> EIN-PN 58-6015890-001
<b>a</b>	Plan name MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MAUER CHEVROLET	<b>c</b> EIN-PN 26-4600875-777
<b>a</b>	Plan name MAVERICK MIDWEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAVERICK MIDWEST LLC	<b>c</b> EIN-PN 82-2181672-001
<b>a</b>	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	<b>c</b> EIN-PN 47-4609056-001
<b>a</b>	Plan name OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OKAHARA AND ASSOCIATES, INC.	<b>c</b> EIN-PN 99-0186805-001
<b>a</b>	Plan name P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor P.A. THOMPSON ENGINEERING	<b>c</b> EIN-PN 33-0541883-001
<b>a</b>	Plan name PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACIFIC ELECTRONIC ENTERPRISES, INC.	<b>c</b> EIN-PN 95-2220026-001
<b>a</b>	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	<b>c</b> EIN-PN 41-1791080-001
<b>a</b>	Plan name PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PROFILE RACING, INC.	<b>c</b> EIN-PN 22-1921633-001
<b>a</b>	Plan name PROPACK LOGISTICS US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROPACK LOGISTICS US, LLC	<b>c</b> EIN-PN 82-1965778-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	STALKER & ASSOCIATES, INC.
<b>c</b>	EIN-PN	23-2756743-001
<b>a</b>	Plan name	STARR, DARCY, AND STARR 401(K) PLAN
<b>b</b>	Name of plan sponsor	STARR, DARCY, AND STARR, P.C, CPA'S
<b>c</b>	EIN-PN	22-2775971-001
<b>a</b>	Plan name	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC
<b>c</b>	EIN-PN	86-1091681-001
<b>a</b>	Plan name	WEST VALLEY PLATING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	WEST VALLEY PLATING, INC.
<b>c</b>	EIN-PN	95-4850881-001
<b>a</b>	Plan name	AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMERICAN PILE AND FOUNDATION, LLC
<b>c</b>	EIN-PN	32-0400145-001
<b>a</b>	Plan name	COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COMMUNICATIONS ELECTRONIC SYSTEMS, INC.
<b>c</b>	EIN-PN	99-2126159-001
<b>a</b>	Plan name	ELITE PLUMBING, INC. 401(K) & P/S
<b>b</b>	Name of plan sponsor	ELITE PLUMBING, INC.
<b>c</b>	EIN-PN	33-0595835-001
<b>a</b>	Plan name	ELITE SALES AND SOLUTIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ELITE SALES AND SOLUTIONS, INC.
<b>c</b>	EIN-PN	46-2503930-001
<b>a</b>	Plan name	KUSTOM 401(K) PLAN
<b>b</b>	Name of plan sponsor	KUSTOMSCAPES & POOLS, LLC
<b>c</b>	EIN-PN	84-2103194-001
<b>a</b>	Plan name	SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SUN ENGINEERING SERVICES, INC.
<b>c</b>	EIN-PN	33-0312587-001
<b>a</b>	Plan name	WINDES, INC. RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	WINDES, INC.
<b>c</b>	EIN-PN	95-3001179-016
<b>a</b>	Plan name	BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BONDY-HANEY SERVICE, INC.
<b>c</b>	EIN-PN	95-2391151-002

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.)		
<b>a</b>	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 99-0259632-001
<b>a</b>	Plan name COMPUTER EXCHANGE, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPUTER EXCHANGE, LTD.	<b>c</b> EIN-PN 58-1649904-003
<b>a</b>	Plan name ELK GROVE RANCH, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELK GROVE RANCH, LLC	<b>c</b> EIN-PN 95-2733525-001
<b>a</b>	Plan name GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	<b>c</b> EIN-PN 58-1500550-002
<b>a</b>	Plan name LAVATEC LAUNDRY TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor LAVATEC LAUNDRY TECHNOLOGY, INC.	<b>c</b> EIN-PN 27-3113145-001
<b>a</b>	Plan name LEADING EDGE HUMAN RESOURCES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEADING EDGE LEADERSHIP GROUP LLC	<b>c</b> EIN-PN 80-0737702-001
<b>a</b>	Plan name PDCA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERITONEAL DIALYSIS CENTER OF AMERICA	<b>c</b> EIN-PN 95-4430908-001
<b>a</b>	Plan name RICCO DENTAL, PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RICCO DENTAL, PLLC	<b>c</b> EIN-PN 45-3587049-001
<b>a</b>	Plan name SUNMIGHT USA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNMIGHT USA CORP.	<b>c</b> EIN-PN 20-4626532-001
<b>a</b>	Plan name WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor LLOYD A WISE MOTOR INC	<b>c</b> EIN-PN 26-2658328-001
<b>a</b>	Plan name WOLF'S RIDGE BREWING 401(K)	
<b>b</b>	Name of plan sponsor WOLF'S RIDGE BREWING	<b>c</b> EIN-PN 45-4011666-001
<b>a</b>	Plan name YOUNG SPROUTS CLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor YOUNG SPROUTS CLC, LLC	<b>c</b> EIN-PN 47-3388980-001

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 PEDIATRIC PARTNERS OF NORTHERN KENTUCKY PSC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PEDIATRIC PARTNERS OF NORTHERN KENTUCKY, PSC	<b>c</b> EIN-PN 20-1127554-001
<b>a</b>	Plan name PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	<b>c</b> EIN-PN 72-0885035-001
<b>a</b>	Plan name PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERSON & COVEY, INC.	<b>c</b> EIN-PN 95-2020861-001
<b>a</b>	Plan name TRI STAR SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRI STAR SERVICES, LLC	<b>c</b> EIN-PN 62-1828852-001
<b>a</b>	Plan name BRIAN S. KUBO, DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRIAN S. KUBO, DDS, INC.	<b>c</b> EIN-PN 99-0333085-001
<b>a</b>	Plan name BRO-TEX CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRO-TEX CO., INC.	<b>c</b> EIN-PN 41-0801968-002
<b>a</b>	Plan name CONTECH INSTRUMENTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTECH INSTRUMENTATION, INC.	<b>c</b> EIN-PN 22-3226840-001
<b>a</b>	Plan name ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENDURANCE BUILDING SYSTEMS, INC.	<b>c</b> EIN-PN 92-3467996-001
<b>a</b>	Plan name ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENERGY MANAGEMENT COLLABORATIVE, LLC	<b>c</b> EIN-PN 20-0029039-001
<b>a</b>	Plan name GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GEAUGA MECHANICAL COMPANY, INC.	<b>c</b> EIN-PN 34-1296480-001
<b>a</b>	Plan name INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSTITUTE FOR EDUCATIONAL ACHIEVEMENT	<b>c</b> EIN-PN 22-3391706-001
<b>a</b>	Plan name INTEGRA GROUP, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTEGRA GROUP, INC.	<b>c</b> EIN-PN 31-1274443-001

<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>INVESCO DIVERSIFIED DIVIDEND RET ACCT</b>	<b>B</b> Three-digit plan number (PN) <b>008</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>83-1098532</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>	39318824
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	31482056
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	39318824	31482056
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	39318824	31482056

**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: (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>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4909662	
(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 .....	<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>		4909662

**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>		4909662
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		5175337
(2) From this plan .....	<b>2l(2)</b>		17921767

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