



<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> <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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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MASSMUTUAL STABLE VALUE DIVERSIFIED</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>448</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>90-0779283</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)

<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>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)

**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

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**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)

<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	AVAIL INFRASTRUCTURE SOLUTIONS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AVAIL INFRASTRUCTURE SOLUTIONS	<b>c</b> EIN-PN 88-2202150-001
<b>a</b>	Plan name	AKEBONO BRAKE CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AKEBONO BRAKE CORP	<b>c</b> EIN-PN 36-3993763-001
<b>a</b>	Plan name	AMRI INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALBANY MOLECULAR RESEARCH INC	<b>c</b> EIN-PN 14-1742717-001
<b>a</b>	Plan name	AMERICAN AXLE & MANUFACTURING INC PSP FOR HOURLY-RATE ASSOCIATES	
<b>b</b>	Name of plan sponsor	AMERICAN AXLE & MANUFACTURING INC	<b>c</b> EIN-PN 38-3138388-004
<b>a</b>	Plan name	AMERICAN AXLE & MANUFACTURING INC SALARIED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AXLE & MANUFACTURING INC	<b>c</b> EIN-PN 38-3138388-005
<b>a</b>	Plan name	AZZ INCORPORATED EMPLOYEE BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AZZ INC	<b>c</b> EIN-PN 75-0948250-001
<b>a</b>	Plan name	BERGEYS INCORPORATED 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERGEYS INC	<b>c</b> EIN-PN 23-1929243-001
<b>a</b>	Plan name	BOLTON & MENK INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BOLTON & MENK INC	<b>c</b> EIN-PN 41-0832249-004
<b>a</b>	Plan name	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE NON-UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHRU BEVERAGE	<b>c</b> EIN-PN 37-1367202-001
<b>a</b>	Plan name	BREAKTHRU BEVERAGE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHRU BEVERAGE	<b>c</b> EIN-PN 52-2050859-001
<b>a</b>	Plan name	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE LOCAL 50 401K PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHRU BEVERAGE	<b>c</b> EIN-PN 37-1367202-002
<b>a</b>	Plan name	BREAKTHRU BEVERAGE MINNESOTA LOCAL 782 401K PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHRU BEVERAGE	<b>c</b> EIN-PN 36-4821205-005

<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	BREAKTHRU WIRTZ UNION EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHRU BEVERAGE	<b>c</b> EIN-PN 36-4821205-007
<b>a</b>	Plan name	RELIABLE CHURCHILL LOCAL 570 401K PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHRU BEVERAGE	<b>c</b> EIN-PN 52-2348529-001
<b>a</b>	Plan name	BROADWAY BANCSHARES INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROADWAY BANCSHARES INC	<b>c</b> EIN-PN 74-2209407-001
<b>a</b>	Plan name	BROOKFIELD 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BROOKFIELD ASSET MGT	<b>c</b> EIN-PN 20-4473811-002
<b>a</b>	Plan name	CAMBIUM LEARNING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAMBIUM LEARNING GRP	<b>c</b> EIN-PN 27-0587428-001
<b>a</b>	Plan name	CASCADE ENGINEERING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CASCADE ENGINEERING INC	<b>c</b> EIN-PN 38-2035180-333
<b>a</b>	Plan name	GREDE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GREDE HOLDINGS	<b>c</b> EIN-PN 27-1652192-004
<b>a</b>	Plan name	EES RET PLAN OF CONSOLIDATED ELECTRICAL DISTRIBUTORS	
<b>b</b>	Name of plan sponsor	CED	<b>c</b> EIN-PN 77-0559191-001
<b>a</b>	Plan name	CSC SERVICEWORKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CSC SERVICEWORKS	<b>c</b> EIN-PN 53-0188589-001
<b>a</b>	Plan name	SOUTHERN DISTRICT UBC DEFINED CONTRIBUTION FUND	
<b>b</b>	Name of plan sponsor	SOUTHERN DISTRICT UBC	<b>c</b> EIN-PN 75-6171806-001
<b>a</b>	Plan name	ENNIS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENNIS INC	<b>c</b> EIN-PN 75-0256410-011
<b>a</b>	Plan name	FULTON COUNTY HEALTH CENTER EMPLOYEE'S PENSION PLAN	
<b>b</b>	Name of plan sponsor	FULTON COUNTY HEALTH CENTER	<b>c</b> EIN-PN 34-4428214-004

<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	GARDA USA 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GARDA USA	<b>c</b> EIN-PN 95-1510854-002
<b>a</b>	Plan name	H&K GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAINES & KIBBLEHOUSE	<b>c</b> EIN-PN 23-1699847-001
<b>a</b>	Plan name	HENIFF COMPANIES 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HENIFF COMPANIES	<b>c</b> EIN-PN 32-0572817-001
<b>a</b>	Plan name	HERZOG CONTRACTING CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERZOG CONTRACTING CORP.	<b>c</b> EIN-PN 43-0918005-002
<b>a</b>	Plan name	HEXAGON EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERGRAPH CORP	<b>c</b> EIN-PN 63-0573222-002
<b>a</b>	Plan name	HGV RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HILTON RESORTS CORP	<b>c</b> EIN-PN 95-4349751-001
<b>a</b>	Plan name	HISCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISCO	<b>c</b> EIN-PN 74-1697282-001
<b>a</b>	Plan name	HTC GLOBAL SERVICES INC. SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor	HTC GLOBAL SERVICES INC	<b>c</b> EIN-PN 38-3056583-001
<b>a</b>	Plan name	HTSI TRI-RAIL EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERZOG TRANSIT SERVICE	<b>c</b> EIN-PN 43-1649412-001
<b>a</b>	Plan name	IG DESIGN GROUP AMERICAS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IG DESIGN GROUP AMERICAS INC.	<b>c</b> EIN-PN 04-2953448-001
<b>a</b>	Plan name	INTERSTATE HOTELS & RESORTS, INC. PLAN	
<b>b</b>	Name of plan sponsor	INTERSTATE HOTELS & RESORTS, INC.	<b>c</b> EIN-PN 52-2101915-001
<b>a</b>	Plan name	IRON WORKERS DISTRICT COUNCIL OF TN VALLEY ANNUITY	
<b>b</b>	Name of plan sponsor	IRON WORKERS DISTRICT COUNCIL OF TN VALLEY	<b>c</b> EIN-PN 62-1747785-001

<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	IJOE LOCAL 132 ANNUITY & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IJOE LOCAL 132	<b>c</b> EIN-PN 55-0712315-001
<b>a</b>	Plan name	KULICKE & SOFFA INDUSTRIES, INC. INCENTIVE SAVINGS	
<b>b</b>	Name of plan sponsor	KULICKE & SOFFA INDUSTRIES, INC	<b>c</b> EIN-PN 23-1498399-002
<b>a</b>	Plan name	LOUDOUN MEDICAL GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOUDOUN MEDICAL GROUP	<b>c</b> EIN-PN 54-1988843-001
<b>a</b>	Plan name	MILLENIUUM INTERNATIONAL MANAGEMENT, LP SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MILLENIUUM INTERNATIONAL MANAGEMENT, LP	<b>c</b> EIN-PN 13-3620969-001
<b>a</b>	Plan name	MORRIS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORRIS GROUP, INC.	<b>c</b> EIN-PN 06-0610609-003
<b>a</b>	Plan name	NATIONAL DCP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL DCP, LLC	<b>c</b> EIN-PN 20-3713047-001
<b>a</b>	Plan name	OHIO CAT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHIO CAT UNION	<b>c</b> EIN-PN 34-0672363-004
<b>a</b>	Plan name	OHIO MACHINERY CO. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OHIO MACHINERY CO	<b>c</b> EIN-PN 34-0672363-003
<b>a</b>	Plan name	OLIVER PRODUCTS COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OLIVER PRODUCTS COMPANY	<b>c</b> EIN-PN 38-2363773-004
<b>a</b>	Plan name	PILOT CATASTROPHE SERVICES, INC 401(K) PROFIT SHAR	
<b>b</b>	Name of plan sponsor	PILOT CATASTROPHE SERVICES, INC	<b>c</b> EIN-PN 53-1012513-002
<b>a</b>	Plan name	PRECOAT 401K PLAN	
<b>b</b>	Name of plan sponsor	PRECOAT MEZZANINE HOLDING LLC	<b>c</b> EIN-PN 82-1011883-001
<b>a</b>	Plan name	PRIMELINE UTILITY SERVICES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMELINE UTILITY SERVICES LLC	<b>c</b> EIN-PN 80-0950927-001

<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	REDWOOD EMPIRE ELECTRICAL WRKRS PENSION TRUST	
<b>b</b>	Name of plan sponsor	REDWOOD EMPIRE ELECTRICAL WRKRS	<b>c</b> EIN-PN 94-6186900-001
<b>a</b>	Plan name	RELIABLE CHURCHILL LOCAL 570 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREAKTHRU BEVERAGE	<b>c</b> EIN-PN 52-2348529-001
<b>a</b>	Plan name	REV GROUP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REV GROUP INC.	<b>c</b> EIN-PN 26-3013415-001
<b>a</b>	Plan name	ROGER CLEVELAND GOLF CO., INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROGER CLEVELAND GOLF CO., INC.	<b>c</b> EIN-PN 95-3838879-001
<b>a</b>	Plan name	ROSEN'S DIVERSIFIED 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROSEN'S DIVERSIFIED	<b>c</b> EIN-PN 41-1224625-002
<b>a</b>	Plan name	ROSEN'S DIVERSIFIED UNION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROSEN'S DIVERSIFIED	<b>c</b> EIN-PN 41-1224625-003
<b>a</b>	Plan name	SALEM HEALTH HOSPITALS & CLINICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SALEM HEALTH HOSPITALS & CLINICS	<b>c</b> EIN-PN 93-0823471-002
<b>a</b>	Plan name	SHEET METAL WORKERS LOCAL 17 ANNUITY INCOME FUND	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS LOCAL 17	<b>c</b> EIN-PN 04-6394579-003
<b>a</b>	Plan name	SOS INTERNATIONAL LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOS INTERNATIONAL LLC	<b>c</b> EIN-PN 45-3780773-002
<b>a</b>	Plan name	SOUTHERN DISTRICT UBC DEFINED CONTRIBUTION FUND	
<b>b</b>	Name of plan sponsor	TTEES OF CENTRAL SOUTH CARPENTERS AND MILLWRIGHTS	<b>c</b> EIN-PN 71-0851216-001
<b>a</b>	Plan name	SUNRAIL TASI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HTSI TRI-RAIL EE	<b>c</b> EIN-PN 56-2515761-002
<b>a</b>	Plan name	SURESCRIPTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SURESCRIPTS LLC	<b>c</b> EIN-PN 26-2702887-001

<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	TA OPERATING LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TA OPERATING LLC	<b>c</b> EIN-PN 34-1747077-001
<b>a</b>	Plan name	TASI ACI JOINT VENTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TASI ACI A JOINT VENTURE	<b>c</b> EIN-PN 82-0850530-001
<b>a</b>	Plan name	TRANSIT AMERICA SERVICES, INC. 401(K) PLAN - UNION	
<b>b</b>	Name of plan sponsor	TRANSIT AMERICA SERVICES INC	<b>c</b> EIN-PN 56-2515761-001
<b>a</b>	Plan name	TRIMAS CORPORATION HOURLY RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor	TRIMAS CORPORATION	<b>c</b> EIN-PN 38-2687639-017
<b>a</b>	Plan name	TRIMAS CORPORATION SALARIED RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor	TRIMAS CORPORATION	<b>c</b> EIN-PN 38-2687639-016
<b>a</b>	Plan name	TRUGREEN PROFIT SHARING AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRUGREEN LTD	<b>c</b> EIN-PN 36-3734669-001
<b>a</b>	Plan name	VEONEER 401(K) EMPLOYEE SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	VEONEER US INC	<b>c</b> EIN-PN 82-3701316-001
<b>a</b>	Plan name	VEONEER US SAFETY SYSTEMS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	VEONEER US SAFETY SYSTEMS LLC	<b>c</b> EIN-PN 92-2487557-001
<b>a</b>	Plan name	WILSON TRAILER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILSON TRAILER COMPANY	<b>c</b> EIN-PN 42-0603090-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MASSMUTUAL STABLE VALUE DIVERSIFIED</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>448</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>90-0779283</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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	5137447	1028897
<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>	41906580	11360439
<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>	113258097	81955659
<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>	1001473377	1054131618
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	4212864	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		2548495
<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>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	96259468	162884149

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1262247833	1313909257
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	125517520	168740141
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	125517520	168740141
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1136730313	1145169116

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	2764199	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	49021679	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	-848356	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		50937522
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	68370	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	4973326902	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	4984408663	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	13075528	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		-37147
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		52962512

**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>		0
<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>	4989890	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4989890
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4989890

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		47972622
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		39533819

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