

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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, 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: VARIABLE ANNUITY ACCOUNT 5
1b Three-digit plan number (PN): 004
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA
2b Employer Identification Number (EIN): 84-0467907
2c Plan Sponsor's telephone number: 800-338-4015
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> 6a(1) 6a(2) 6b 6c 6d 0 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 <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>VARIABLE ANNUITY ACCOUNT 5</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA</u>	D Employer Identification Number (EIN) <u>84-0467907</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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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	HOLLIS WRIGHT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLLIS WRIGHT 401(K) PROFIT SHARING PLAN	c EIN-PN 02-0538095-001
a	Plan name	SHAREDBOOK 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHAREDBOOK 401(K) SAVINGS PLAN	c EIN-PN 20-0908049-001
a	Plan name	SUPER SPORTS HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUPER SPORTS HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 83-1571823-001
a	Plan name	SYNC VANS 401(K) PLAN	
b	Name of plan sponsor	SYNC VANS 401(K) PLAN	c EIN-PN 32-0462794-001
a	Plan name	SIMON PARKES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMON PARKES 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3313516-001
a	Plan name	PRO CARPET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO CARPET, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 16-1459440-001
a	Plan name	PRIME TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	PRIME TRANSPORT 401(K) PLAN	c EIN-PN 11-3160148-001
a	Plan name	METRO ENVIRONMENTAL SERVICES, LLC. 401(K) PLAN	
b	Name of plan sponsor	METRO ENVIRONMENTAL SERVICES, LLC. 401(K) PLAN	c EIN-PN 16-1625369-001
a	Plan name	SOUTHERN TIER RENTAL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN TIER RENTAL SERVICE, INC. 401(K) PLAN	c EIN-PN 16-0977527-002
a	Plan name	SYSTEMS IMPLEMENTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEMS IMPLEMENTATION, INC. 401(K) PLAN	c EIN-PN 14-1620430-001
a	Plan name	WORLD CUP ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	WORLD CUP ENTERPRISES, INC. 401(K) PLAN	c EIN-PN 13-3775287-001
a	Plan name	DR. MIRACLE'S 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DR. MIRACLES 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 26-2074519-001

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	EPOCH MEDIA GROUP LLC 401K PLAN	
b	Name of plan sponsor	EPOCH MEDIA GROUP LLC 401K PLAN	c EIN-PN 26-3797425-001
a	Plan name	PEPE CONSTRUCTION SERVICES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PEPE CONSTRUCTION SERVICES LLC RETIREMENT SAVINGS PLAN	c EIN-PN 46-4274022-001
a	Plan name	VERANT IDENTIFICATION SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VERANT IDENTIFICATION SYSTEMS 401(K) PROFIT SHARING PLAN	c EIN-PN 84-1629485-001
a	Plan name	WORLD CONFECTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WORLD CONFECTIONS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-3373298-001
a	Plan name	QUEENS COLLEGE STUDENT SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	QUEENS COLLEGE STUDENT SERVICES CORPORATION 401(K) PLAN	c EIN-PN 11-6080523-001
a	Plan name	FUSION PUBLIC RELATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	FUSION PUBLIC RELATIONS, INC. 401(K) PLAN	c EIN-PN 13-4095251-001
a	Plan name	CAVACO MANAGEMENT GROUP, LTD 401(K) PLAN	
b	Name of plan sponsor	CAVACO MANAGEMENT GROUP, LTD 401(K) PLAN	c EIN-PN 16-1424411-001
a	Plan name	KENZER GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	KENZER GROUP, LLC 401(K) PLAN	c EIN-PN 27-1525563-001
a	Plan name	ELITE LUXURY PUBLISHING, INC. 401(K) PLAN	
b	Name of plan sponsor	ELITE LUXURY PUBLISHING, INC. 401(K) PLAN	c EIN-PN 27-1870297-001
a	Plan name	JLJ 401(K) PLAN	
b	Name of plan sponsor	JLJ 401(K) PLAN	c EIN-PN 11-3408083-001
a	Plan name	THE HOFFINGER FIRM, PLLC 401(K) PLAN	
b	Name of plan sponsor	THE HOFFINGER FIRM, PLLC 401(K) PLAN	c EIN-PN 13-4189829-001
a	Plan name	NORTH COAST DENTAL GROUP, LLP	
b	Name of plan sponsor	NORTH COAST DENTAL GROUP, LLP	c EIN-PN 16-0863982-001

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	SCOTT D. BENJAMIN DDS, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOTT D. BENJAMIN DDS, PC PROFIT SHARING PLAN	c EIN-PN 16-1468310-001
a	Plan name	SACHEM EYE CARE 401(K) PLAN	
b	Name of plan sponsor	SACHEM EYE CARE 401(K) PLAN	c EIN-PN 11-3187584-001
a	Plan name	GENEVA COACH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENEVA COACH, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 16-1326109-001
a	Plan name	EPOCH 5 MARKETING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EPOCH 5 MARKETING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 11-2531912-001
a	Plan name	PPZ SUPERMARKET	
b	Name of plan sponsor	PPZ SUPERMARKET	c EIN-PN 16-1466376-001
a	Plan name	FRUIT FRESH UP INC. 401(K) PLAN	
b	Name of plan sponsor	FRUIT FRESH UP INC. 401(K) PLAN	c EIN-PN 16-1397698-001
a	Plan name	ELITE VEIN CENTER OF DESTIN LLC PROFIT SHARING	
b	Name of plan sponsor	ELITE VEIN CENTER OF DESTIN LLC PROFIT SHARING	c EIN-PN 20-0734790-001
a	Plan name	TONIO BURGOS & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TONIO BURGOS & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3552038-001
a	Plan name	TONIO BURGOS & ASSOCIATES, INC. EXECUTIVE 401(K) PLAN	
b	Name of plan sponsor	TONIO BURGOS & ASSOCIATES, INC. EXECUTIVE 401(K) PLAN	c EIN-PN 13-3552038-001
a	Plan name	SPALL PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	SPALL PROFIT SHARING 401(K) PLAN	c EIN-PN 26-3219836-001
a	Plan name	AMERICAN WIRE TIE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN WIRE TIE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 16-0837028-001
a	Plan name	ORTHOCARE PT RETIREMENT PLAN	
b	Name of plan sponsor	ORTHOCARE PT RETIREMENT PLAN	c EIN-PN 04-3624559-001

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 PCT CONTRACTING, LLC 401K PLAN	
b	Name of plan sponsor PCT CONTRACTING, LLC 401K PLAN	c EIN-PN 27-4012515-001
a	Plan name BROOKLINE MANAGEMENT LLC RETIREMENT PLAN	
b	Name of plan sponsor BROOKLINE MANAGEMENT LLC RETIREMENT PLAN	c EIN-PN 82-2933526-001
a	Plan name NY NEUROLOGY ASSOCIATES, P.C.	
b	Name of plan sponsor NY NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 11-3488347-001
a	Plan name AFFINITY ONE FEDERAL CREDIT UNION 401K	
b	Name of plan sponsor AFFINITY ONE FEDERAL CREDIT UNION 401K	c EIN-PN 16-0743705-001
a	Plan name AMALGAMATED WARBASSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMALGAMATED WARBASSE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 13-1943745-001
a	Plan name SYRACUSE COMPUTER FORMS, INC. DBA HANSEN QP	
b	Name of plan sponsor SYRACUSE COMPUTER FORMS, INC. DBA HANSEN QP	c EIN-PN 16-1356922-001
a	Plan name DEATONS BUILDING & HOME CENTER INC.	
b	Name of plan sponsor DEATONS BUILDING & HOME CENTER INC.	c EIN-PN 16-1206540-001
a	Plan name NBS ELECTRICAL CONTRACTING, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor NBS ELECTRICAL CONTRACTING, INC. 401K PROFIT SHARING PLAN	c EIN-PN 14-1551508-001
a	Plan name ALDEN MEDICAL SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor ALDEN MEDICAL SUPPLY, INC. 401(K) PLAN	c EIN-PN 26-0630553-001
a	Plan name JEFFREY C LONG MD 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JEFFREY C LONG MD 401K PROFIT SHARING PLAN	c EIN-PN 16-1311940-001
a	Plan name ORACLE ADVISORY SERVICES 401K PLANS	
b	Name of plan sponsor ORACLE ADVISORY SERVICES 401K PLANS	c EIN-PN 20-4421568-001
a	Plan name ANTONIO PRIETO, LTD. 401(K) PLAN	
b	Name of plan sponsor ANTONIO PRIETO, LTD. 401(K) PLAN	c EIN-PN 13-3844438-001

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 MATEL REALTY, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MATEL REALTY, LLC 401K PROFIT SHARING PLAN	c EIN-PN 13-3981378-001
a	Plan name COONEY AIR CONDITIONING & HEATING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COONEY AIR CONDITIONING & HEATING 401(K) PROFIT SHARING PLAN	c EIN-PN 16-1380355-001
a	Plan name SYRACUSE BLUE PRINT CO., INC. 401(K) PLAN	
b	Name of plan sponsor SYRACUSE BLUE PRINT CO., INC. 401(K) PLAN	c EIN-PN 15-0515395-001
a	Plan name CAMPHILL VILLAGE USA/CAMPHILL GHENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAMPHILL VILLAGE USA/CAMPHILL GHENT 401(K) PROFIT SHARING PLAN	c EIN-PN 14-1463358-001
a	Plan name 4-M PRECISION INDUSTRIES, INC.	
b	Name of plan sponsor 4-M PRECISION INDUSTRIES, INC.	c EIN-PN 16-1171443-001
a	Plan name EXCELLENCE IN PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor EXCELLENCE IN PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN	c EIN-PN 74-3056680-001
a	Plan name UNIVERSITY PLACE ORTHOPAEDICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSITY PLACE ORTHOPAEDICS 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3911727-001
a	Plan name PESETSKY & BOOKMAN PROFIT SHARING PLAN	
b	Name of plan sponsor PESETSKY & BOOKMAN PROFIT SHARING PLAN	c EIN-PN 13-3741723-001
a	Plan name TRADITIONS AT THE GLEN 401(K) PLAN	
b	Name of plan sponsor TRADITIONS AT THE GLEN 401(K) PLAN	c EIN-PN 20-0482193-001
a	Plan name AMAWALK CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AMAWALK CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 20-3238144-001
a	Plan name 3ANGLES INC 401(K)	
b	Name of plan sponsor 3ANGLES INC 401(K)	c EIN-PN 46-1425547-001
a	Plan name THATS MY GIRL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THATS MY GIRL 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3282760-001

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	D. L. MANUFACTURING, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	D. L. MANUFACTURING, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 20-8111077-001
a Plan name	HELMSLEY SPEAR 401(K) PLAN	
b Name of plan sponsor	HELMSLEY SPEAR 401(K) PLAN	c EIN-PN 26-1146866-001
a Plan name	JOHN SNYDER ARCHITECT PLLC 401(K) PLAN AND TRUST	
b Name of plan sponsor	JOHN SNYDER ARCHITECT PLLC 401(K) PLAN AND TRUST	c EIN-PN 20-0783103-001
a Plan name	REDWOOD GLOBAL PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	REDWOOD GLOBAL PARTNERS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 27-1035120-001
a Plan name	BOCCE CLUB PIZZERIA, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BOCCE CLUB PIZZERIA, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 16-1118873-001
a Plan name	JACOBSON LAW FIRM, P.C. 401(K) PLAN	
b Name of plan sponsor	JACOBSON LAW FIRM, P.C. 401(K) PLAN	c EIN-PN 16-1375635-001
a Plan name	N.A.L.C. THRIFT PLAN	
b Name of plan sponsor	N.A.L.C. THRIFT PLAN	c EIN-PN 16-0584423-001
a Plan name	MICHEL E. AKL, M.D. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	MICHEL E. AKL, M.D. 401K PROFIT SHARING PLAN	c EIN-PN 16-1503247-001
a Plan name	CENTURY DECORATIONS, INC 401K PLAN	
b Name of plan sponsor	CENTURY DECORATIONS, INC 401K PLAN	c EIN-PN 16-1128648-001
a Plan name	BCC 401(K)	
b Name of plan sponsor	BCC 401(K)	c EIN-PN 11-3140240-001
a Plan name	VACATION PROPERTIES REALTY, INC. 401(K) PLAN	
b Name of plan sponsor	VACATION PROPERTIES REALTY, INC. 401(K) PLAN	c EIN-PN 16-1383937-001
a Plan name	BEST, LLC 401(K) PLAN	
b Name of plan sponsor	BEST, LLC 401(K) PLAN	c EIN-PN 46-3476944-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	LOOMIS MASONRY, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LOOMIS MASONRY, INC RETIREMENT SAVINGS PLAN	c EIN-PN 20-2698073-001
a	Plan name	WALKER'S WINE JUICE, LLC 401(K) PLAN	
b	Name of plan sponsor	WALKERS WINE JUICE, LLC 401(K) PLAN	c EIN-PN 20-3520096-001
a	Plan name	SUMMIT WEALTH MANAGEMENT 401K AND PSP	
b	Name of plan sponsor	SUMMIT WEALTH MANAGEMENT 401K AND PSP	c EIN-PN 26-0311141-001
a	Plan name	JOHNSON SECURITY BUREAU, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JOHNSON SECURITY BUREAU, INC. RETIREMENT PLAN	c EIN-PN 13-2657320-001
a	Plan name	FIRST COMMUNITY CARE OF BASSET, LLC 401K PLAN	
b	Name of plan sponsor	FIRST COMMUNITY CARE OF BASSET, LLC 401K PLAN	c EIN-PN 16-1504464-001
a	Plan name	OVANDO, INC. 401(K) PLAN	
b	Name of plan sponsor	OVANDO, INC. 401(K) PLAN	c EIN-PN 04-3591569-001
a	Plan name	LYON FARMS PROFIT SHARING PLAN	
b	Name of plan sponsor	LYON FARMS PROFIT SHARING PLAN	c EIN-PN 26-0255114-001
a	Plan name	DONOVAN LLP 401(K) PLAN	
b	Name of plan sponsor	DONOVAN LLP 401(K) PLAN	c EIN-PN 27-4259938-001
a	Plan name	BLAIR CONSTRUCTION OF AUBURN, NEW YORK, INC. 401(K) PLAN	
b	Name of plan sponsor	BLAIR CONSTRUCTION OF AUBURN, NEW YORK, INC. 401(K) PLAN	c EIN-PN 16-1373006-001
a	Plan name	THE ZIMMET GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ZIMMET GROUP 401(K) PROFIT SHARING PLAN	c EIN-PN 45-4741109-001
a	Plan name	525 AERO DRIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	525 AERO DRIVE, INC. 401(K) PLAN	c EIN-PN 27-4356256-001
a	Plan name	CHADHA MEDICALS PC 401(K) PLAN	
b	Name of plan sponsor	CHADHA MEDICALS PC 401(K) PLAN	c EIN-PN 27-2967994-001

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 MICRON INDUSTRIES OF ROCHESTER, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MICRON INDUSTRIES OF ROCHESTER, INC. PROFIT SHARING PLAN	c EIN-PN 16-1001386-001
a	Plan name LAW OFFICES OF IVAN M. DIAMOND 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF IVAN M. DIAMOND 401(K) PLAN	c EIN-PN 13-4127734-001
a	Plan name INDRANIL GUPTA, PHYSICIAN, PC 401(K) PLAN	
b	Name of plan sponsor INDRANIL GUPTA, PHYSICIAN, PC 401(K) PLAN	c EIN-PN 86-1156265-001
a	Plan name AMHERST CHAMBER OF COMMERCE RETIREMENT PLAN	
b	Name of plan sponsor AMHERST CHAMBER OF COMMERCE RETIREMENT PLAN	c EIN-PN 16-0959485-001
a	Plan name JUST BAGELS MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor JUST BAGELS MANUFACTURING, INC. 401(K) PLAN	c EIN-PN 13-3924649-001
a	Plan name BLACKSTONE ADVANCED TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor BLACKSTONE ADVANCED TECHNOLOGIES LLC 401(K) PLAN	c EIN-PN 46-4304688-001
a	Plan name VINCENT J CRISCUOLO & ASSOCIATES PC	
b	Name of plan sponsor VINCENT J CRISCUOLO & ASSOCIATES PC	c EIN-PN 81-2872869-001
a	Plan name MUSSACHIO ARCHITECTS, PC 401(K) PLAN	
b	Name of plan sponsor MUSSACHIO ARCHITECTS, PC 401(K) PLAN	c EIN-PN 16-1193535-001
a	Plan name SERGIO J. ANILLO MD PC 401(K) PLAN	
b	Name of plan sponsor SERGIO J. ANILLO MD PC 401(K) PLAN	c EIN-PN 26-2520398-001
a	Plan name JUVENTAS PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES, PLLC 401(K) PLAN	
b	Name of plan sponsor JUVENTAS PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES, PLLC	c EIN-PN 45-5526796-001
a	Plan name RED OAK GROUP LLC 401(K) PLAN	
b	Name of plan sponsor RED OAK GROUP LLC 401(K) PLAN	c EIN-PN 86-1249352-001
a	Plan name NEW YORK 811, INC. 401(K) PLAN	
b	Name of plan sponsor NEW YORK 811, INC. 401(K) PLAN	c EIN-PN 90-0289921-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	SEQUOIA RETIREMENT PLAN
b	Name of plan sponsor	SEQUOIA RETIREMENT PLAN
c	EIN-PN	26-3404925-001
a	Plan name	LINGLE & MAZUR PHYSICAL THERAPY, PC 401(K) PLAN
b	Name of plan sponsor	LINGLE & MAZUR PHYSICAL THERAPY, PC 401(K) PLAN
c	EIN-PN	45-2495514-001
a	Plan name	NATE LOWMAN LTD. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NATE LOWMAN LTD. 401(K) PROFIT SHARING PLAN
c	EIN-PN	20-5563428-001
a	Plan name	THOMA LTD PROFIT SHARING PLAN
b	Name of plan sponsor	THOMA LTD PROFIT SHARING PLAN
c	EIN-PN	16-1226407-001
a	Plan name	GROVER CLEVELAND PRESS, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	GROVER CLEVELAND PRESS, INC. PROFIT SHARING PLAN
c	EIN-PN	16-1135513-001
a	Plan name	VITO F. FOTO, DDS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VITO F. FOTO, DDS 401(K) PROFIT SHARING PLAN
c	EIN-PN	13-3845332-001
a	Plan name	THE PUMPING STATION INC. 401(K) PLAN
b	Name of plan sponsor	THE PUMPING STATION INC. 401(K) PLAN
c	EIN-PN	58-1579809-001
a	Plan name	4TH WAVE TECHNOLOGIES LLC
b	Name of plan sponsor	4TH WAVE TECHNOLOGIES LLC
c	EIN-PN	71-0867254-001
a	Plan name	P S Q SERVICES CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	P S Q SERVICES CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
c	EIN-PN	11-3115131-001
a	Plan name	ALTONE ELECTRIC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	ALTONE ELECTRIC 401(K) RETIREMENT PLAN
c	EIN-PN	51-0431436-001
a	Plan name	BAYSHORE INDUSTRIES, INC. 401(K) PLAN
b	Name of plan sponsor	BAYSHORE INDUSTRIES, INC. 401(K) PLAN
c	EIN-PN	11-3308561-001
a	Plan name	CLAIRE EDWARDS CHARAK 401(K) PLAN
b	Name of plan sponsor	CLAIRE EDWARDS CHARAK 401(K) PLAN
c	EIN-PN	11-1076550-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MJ MAYHEW 401(K) PLAN	
b	Name of plan sponsor	MJ MAYHEW 401(K) PLAN	c EIN-PN 46-4258985-001
a	Plan name	TOTTENVILLE MARINA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOTTENVILLE MARINA, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 13-4166291-001
a	Plan name	WALSH & SONS CONSTRUCTION CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	WALSH & SONS CONSTRUCTION CORP. PROFIT SHARING PLAN	c EIN-PN 16-1170889-001
a	Plan name	KENYON PRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	KENYON PRESS, INC. 401(K) PLAN	c EIN-PN 16-1092432-001
a	Plan name	PHILPAC CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILPAC CORPORATION 401(K) PROFIT SHARING PLAN	c EIN-PN 16-1186143-001
a	Plan name	AMTHOR 401(K) PLAN	
b	Name of plan sponsor	AMTHOR 401(K) PLAN	c EIN-PN 14-1496617-001
a	Plan name	METRO MAIL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	METRO MAIL SERVICES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 54-1988261-001
a	Plan name	INDEPENDENT MACHINE 401(K) PLAN	
b	Name of plan sponsor	INDEPENDENT MACHINE 401(K) PLAN	c EIN-PN 22-1917840-001
a	Plan name	FERRIN ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	FERRIN ELECTRIC INC 401K PLAN	c EIN-PN 91-1646245-001
a	Plan name	AJAX MATERIALS CORPORATION UNION 401(K) PLAN	
b	Name of plan sponsor	AJAX MATERIALS CORPORATION UNION 401(K) PLAN	c EIN-PN 38-1683150-001
a	Plan name	JAY COBB CORPORATION UNION 401(K) PLAN	
b	Name of plan sponsor	JAY COBB CORPORATION UNION 401(K) PLAN	c EIN-PN 38-1788230-001
a	Plan name	SHORT PUMP DENTAL, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHORT PUMP DENTAL, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 54-1558672-001

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 VERSA-FAB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VERSA-FAB, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 25-1269773-001
a	Plan name HERITAGE MANAGEMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor HERITAGE MANAGEMENT COMPANY, INC. 401(K) PLAN	c EIN-PN 04-3246449-001
a	Plan name GSE&E 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GSE&E 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-2161451-001
a	Plan name WIRELESS HORIZON, INC. 401(K) PLAN	
b	Name of plan sponsor WIRELESS HORIZON, INC. 401(K) PLAN	c EIN-PN 43-1878261-001
a	Plan name FRAZEE CARE CENTER 401(K) PLAN	
b	Name of plan sponsor FRAZEE CARE CENTER 401(K) PLAN	c EIN-PN 20-8729268-001
a	Plan name OPTEX INCORPORATED 401(K) PLAN	
b	Name of plan sponsor OPTEX INCORPORATED 401(K) PLAN	c EIN-PN 33-0865011-001
a	Plan name Y.C.S.F. 401(K) PLAN	
b	Name of plan sponsor Y.C.S.F. 401(K) PLAN	c EIN-PN 88-0220876-001
a	Plan name TOMTEC, INC. 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor TOMTEC, INC. 401(K) SAVINGS & RETIREMENT PLAN	c EIN-PN 06-1074172-001
a	Plan name HCF MANAGEMENT, INC. RETIREMENT INCENTIVE SAVINGS PLAN (HCF FAMILY OF COMPANIES)	
b	Name of plan sponsor HCF MANAGEMENT, INC.	c EIN-PN 20-0085606-001
a	Plan name WALLACE GROUP, A CALIFORNIA CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLACE GROUP, A CALIFORNIA CORPORATION 401(K) PROFIT SHARING PLAN	c EIN-PN 04-3753801-001
a	Plan name SCHWAB INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SCHWAB INDUSTRIES, INC. PROFIT SHARING PLAN	c EIN-PN 38-2556594-001
a	Plan name CEDAR GATE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor CEDAR GATE TECHNOLOGIES 401(K) PLAN	c EIN-PN 83-1798988-001

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	ONESHIELD, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ONESHIELD, INC. 401(K) RETIREMENT PLAN	c EIN-PN 04-6897296-001
a	Plan name	KAPLAN COMPUTERS, LLC 401(K) PLAN	
b	Name of plan sponsor	KAPLAN COMPUTERS, LLC 401(K) PLAN	c EIN-PN 06-1487376-001
a	Plan name	AMPAM PARKS MECHANICAL 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMPAM PARKS MECHANICAL 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 74-2930667-001
a	Plan name	AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	AURORA BEHAVIORAL HEALTH SAVINGS & RETIREMENT PLAN	c EIN-PN 38-3544748-001
a	Plan name	ANNABESSACOOK VETERINARY CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANNABESSACOOK VETERINARY CLINIC 401(K) PROFIT SHARING PLAN	c EIN-PN 01-0383819-001
a	Plan name	ELWAY DEALERS 401(K) PLAN	
b	Name of plan sponsor	ELWAY DEALERS 401(K) PLAN	c EIN-PN 27-5044375-001
a	Plan name	PAUL J. ROGAN CO., INC. 401(K) PROFIT-SHARING PLAN	
b	Name of plan sponsor	PAUL J. ROGAN CO., INC. 401(K) PROFIT-SHARING PLAN	c EIN-PN 04-2574199-001
a	Plan name	KEDRION BIOPHARMA INC. 401(K) PLAN	
b	Name of plan sponsor	KEDRION BIOPHARMA INC. 401(K) PLAN	c EIN-PN 38-3841851-001
a	Plan name	BROTHERS PLUMBING, HEATING & ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	BROTHERS PLUMBING, HEATING & ELECTRIC, INC. 401(K) PLAN	c EIN-PN 84-1046108-001
a	Plan name	FRIESEN'S AMERICA 401(K) PLAN & TRUST	
b	Name of plan sponsor	FRIESENS AMERICA 401(K) PLAN & TRUST	c EIN-PN 98-0352946-001
a	Plan name	AMERICAN JERSEY CATTLE ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	AMERICAN JERSEY CATTLE ASSOCIATION 401(K) PLAN	c EIN-PN 31-4383429-001
a	Plan name	JOHANSEN AND ANDERSON, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHANSEN AND ANDERSON, INC. 401(K) PLAN	c EIN-PN 36-2428881-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MIDWEST PRODUCTS AND ENGINEERING, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MIDWEST PRODUCTS AND ENGINEERING, INC. 401(K) SAVINGS PLAN	c EIN-PN 39-1345278-001
a	Plan name	AUTO X10D(ZIEBART CORPORATION) 401(K) PLAN	
b	Name of plan sponsor	AUTO X10D(ZIEBART CORPORATION) 401(K) PLAN	c EIN-PN 35-1539397-001
a	Plan name	PROFESSIONAL PACKAGING SYSTEMS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PROFESSIONAL PACKAGING SYSTEMS, LLC	c EIN-PN 75-1728943-001
a	Plan name	JUMPSTARTMD, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JUMPSTARTMD, INC. 401(K) PROFIT SHARING PLAN & TRUST	c EIN-PN 45-2779601-001
a	Plan name	GLANTZ & GLANTZ, PA PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GLANTZ & GLANTZ, PA PROFIT SHARING PLAN & TRUST	c EIN-PN 65-0171572-001
a	Plan name	WINEGAR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WINEGAR INC 401K PROFIT SHARING PLAN	c EIN-PN 41-1348098-001
a	Plan name	WEST TITLE 401(K) PLAN	
b	Name of plan sponsor	WEST TITLE 401(K) PLAN	c EIN-PN 41-1929678-001
a	Plan name	MATHIAS CORPORATION 401K PLAN	
b	Name of plan sponsor	MATHIAS CORPORATION 401K PLAN	c EIN-PN 58-2203326-001
a	Plan name	SENTINEL PROCESS SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SENTINEL PROCESS SYSTEMS, INC. RETIREMENT PLAN	c EIN-PN 23-2647803-001
a	Plan name	PARKER FURNITURE, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARKER FURNITURE, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 93-0439742-003
a	Plan name	AGENTS ALLIANCE EMPLOYERS GROUP 401(K) PLAN	
b	Name of plan sponsor	AGENTS ALLIANCE EMPLOYERS GROUP 401(K) PLAN	c EIN-PN 27-4450298-001
a	Plan name	AMBAC INTERNATIONAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	AMBAC INTERNATIONAL SAVINGS AND RETIREMENT PLAN	c EIN-PN 57-0848339-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<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 VARIABLE ANNUITY ACCOUNT 5	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	D Employer Identification Number (EIN) 84-0467907

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)	0
(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)	520064721 462198080
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(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	520064721	462198080
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	520064721	462198080

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)		0
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)		0
(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)		0
(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)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(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)	76374303
c Other income	2c	769
d Total income. Add all income amounts in column (b) and enter total	2d	76375072

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)	0
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)	0
j Total expenses. Add all expense amounts in column (b) and enter total	2j	0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	76375072
l Transfers of assets:		
(1) To this plan	2l(1)	35635848
(2) From this plan	2l(2)	169877561

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 _____.