

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PRINCIPAL DIVERSIFIED REAL ASSET SEPARATE ACCOUNT
1b Three-digit plan number (PN): 123
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): PRINCIPAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 42-0127290
2c Plan Sponsor's telephone number: 515-362-1107
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 type="checkbox"/> Same as Plan Sponsor PRINCIPAL LIFE INSURANCE COMPANY 711 HIGH STREET DES MOINES, IA 50392-1000	3b Administrator's EIN 42-0127290 3c Administrator's telephone number 515-362-1107																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6d																					
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>PRINCIPAL DIVERSIFIED REAL ASSET SEPARATE ACCOUNT</u>	B Three-digit plan number (PN)	<u>123</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>42-0127290</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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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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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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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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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)
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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	KGS 401K RETIREMENT PLAN	
b	Name of plan sponsor	GAR ENTERPRISES, INC. DBA K.G.S. ELECTRONICS	c EIN-PN 95-2409247-001
a	Plan name	PLAST-O-MATIC VALVES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PLAST-O-MATIC VALVES, INC.	c EIN-PN 22-1833507-001
a	Plan name	KNEPPER PRESS CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	KNEPPER PRESS CORPORATION	c EIN-PN 25-1260030-001
a	Plan name	JACK B. HENDERSON CONSTRUCTION COMPANY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK B. HENDERSON CONSTRUCTION COMPANY, INC.	c EIN-PN 85-0200020-003
a	Plan name	NP DODGE COMPANY 401K RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	N.P. DODGE COMPANY	c EIN-PN 47-0144420-001
a	Plan name	IOWA BANKERS INSURANCE AND SERVICES, INC. 401K PLAN AND TRUST	
b	Name of plan sponsor	IOWA BANKERS INSURANCE AND SERVICES, INC.	c EIN-PN 42-0984998-002
a	Plan name	BEKAERTDESLEE USA, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	BEKAERTDESLEE USA INC.	c EIN-PN 13-4252286-001
a	Plan name	HERBOLSHEIMER, HENSON, DUNCAN, GIFT, EITEN AND HINTZ, P.C.	
b	Name of plan sponsor	HERBOLSHEIMER, LANNON, HENSON, DUNCAN AND	c EIN-PN 36-2784173-001
a	Plan name	PASMAR, INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PASMAR, INC.	c EIN-PN 37-0958467-004
a	Plan name	WM. B. MORSE LUMBER CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WM. B. MORSE LUMBER CO.	c EIN-PN 16-0560500-001
a	Plan name	P.C. GODFREY, INC. 401K PLAN	
b	Name of plan sponsor	P C. GODFREY, INC.	c EIN-PN 56-0494928-002
a	Plan name	LANDER VAN GUNDY AGENCY, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	LANDER VAN GUNDY AGENCY, INC.	c EIN-PN 37-0841522-001

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	INSURANCE PLANNING, INC. EMPLOYEES PROFIT SHARING SAVINGS PLAN
b	Name of plan sponsor	INSURANCE PLANNING, INC.
c	EIN-PN	48-0734961-002
a	Plan name	SPELLMAN, SPELLMAN, SPELLMAN, SPELLMAN AND KEALHOFFER PROFIT SHARING PLAN
b	Name of plan sponsor	SPELLMAN SPELLMAN SPELLMAN SPELLMAN KEALHOFFER
c	EIN-PN	42-0934216-001
a	Plan name	LITITZ MUTUAL INSURANCE COMPANY SALARY SAVINGS PLAN
b	Name of plan sponsor	LITITZ MUTUAL INSURANCE CO.
c	EIN-PN	23-0813860-002
a	Plan name	N.A. MANS AND SONS INC. 401K PLAN
b	Name of plan sponsor	N.A. MANS AND SONS, INC.
c	EIN-PN	38-0788330-002
a	Plan name	ATC HEALTHCARE SERVICES, INC. 401K PLAN
b	Name of plan sponsor	ATC HEALTHCARE SERVICES, INC.
c	EIN-PN	58-1642356-001
a	Plan name	FRASER BUSINESS EQUIPMENT SALARY DEFERRAL PLAN
b	Name of plan sponsor	WILLIAM A. FRASER, INC. D/B/A FRASER BUSINESS
c	EIN-PN	23-1975860-001
a	Plan name	EAST LAWN AFFILIATES PROFIT SHARING PLAN
b	Name of plan sponsor	EAST LAWN, INC.
c	EIN-PN	94-0445970-001
a	Plan name	HERRMANN PRINTING AND LITHO, INC. PROFIT SHARING PLAN - TRUST
b	Name of plan sponsor	HERRMANN PRINTING AND LITHO, INC.
c	EIN-PN	25-1121132-002
a	Plan name	KREIS ENDERLE DEFERRED PAYMENT PLAN
b	Name of plan sponsor	KREIS, ENDERLE, HUDGINS AND BORSOS, P.C.
c	EIN-PN	38-2023302-001
a	Plan name	ACCESS VG LLC 401K PLAN
b	Name of plan sponsor	ACCESS VG LLC
c	EIN-PN	87-0432299-002
a	Plan name	CASS INFORMATION SYSTEMS, INC. 401K PLAN
b	Name of plan sponsor	CASS INFORMATION SYSTEMS, INC.
c	EIN-PN	43-1265338-002
a	Plan name	AMERICAN SOY PRODUCTS, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AMERICAN SOY PRODUCTS, INC.
c	EIN-PN	38-2616481-001

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	FOOTE EMPLOYEES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FOOTE EQUIPMENT COMPANY	c EIN-PN 47-0353422-001
a	Plan name	WILL TIESIERA FORD-MERCURY INC RETIREMENT PLAN	
b	Name of plan sponsor	WILL TIESIERA FORD-MERCURY INC	c EIN-PN 77-0004464-001
a	Plan name	SVEA MUTUAL INSURANCE COMPANY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	SVEA MUTUAL INSURANCE COMPANY	c EIN-PN 36-1844955-002
a	Plan name	VALLEY GROUP, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY GROUP, INC	c EIN-PN 54-0896662-001
a	Plan name	DOUG SMITH AUTOPLEX INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOUG SMITH AUTOPLEX, INC.	c EIN-PN 87-0461972-001
a	Plan name	HUSH 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUNTING U.S. HOLDINGS, INC.	c EIN-PN 76-0008948-001
a	Plan name	BLUE MOUND GOLF AND COUNTRY CLUB RETIREMENT PLAN	
b	Name of plan sponsor	BLUE MOUND GOLF AND COUNTRY CLUB	c EIN-PN 39-0171520-003
a	Plan name	ALLTECH SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ALLTECH, INC.	c EIN-PN 61-0977517-001
a	Plan name	THE HESS AGENCY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	THE HESS AGENCY INC	c EIN-PN 23-2824187-001
a	Plan name	KAPPA ALPHA THETA FRATERNITY RETIREMENT PLAN	
b	Name of plan sponsor	KAPPA ALPHA THETA FRATERNITY INC	c EIN-PN 36-1305568-001
a	Plan name	BIRCH EQUIPMENT CO., INC. 401K PLAN	
b	Name of plan sponsor	BIRCH EQUIPMENT COMPANY INC.	c EIN-PN 91-1543127-001
a	Plan name	SIOUX CENTER HEALTH 401K PLAN	
b	Name of plan sponsor	SIOUX CENTER HEALTH	c EIN-PN 42-0796764-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NEW ALLIANCE FEDERAL CREDIT UNION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor NEW ALLIANCE FEDERAL CREDIT UNION	c EIN-PN 25-0971818-002
a	Plan name IMMI HOLDINGS, INC. 401K PLAN	
b	Name of plan sponsor IMMI HOLDINGS, INC	c EIN-PN 35-1065251-001
a	Plan name WELLER AUTO PARTS 401K PLAN	
b	Name of plan sponsor WELLER AUTO PARTS, INC.	c EIN-PN 38-1856776-002
a	Plan name HORWITH TRUCKS, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor HORWITH TRUCKS, INC.	c EIN-PN 23-1732270-001
a	Plan name NBCE 401K PLAN	
b	Name of plan sponsor NATIONAL BOARD OF CHIROPRACTIC EXAMINERS	c EIN-PN 74-6069951-001
a	Plan name RETIREMENT PLAN FOR THE EMPLOYEES OF LITTLESTOWN FOUNDRY, INC.	
b	Name of plan sponsor LITTLESTOWN FOUNDRY, INC.	c EIN-PN 23-0814690-002
a	Plan name STOLLY INSURANCE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor STOLLY INSURANCE AGENCY, INC	c EIN-PN 34-1576974-001
a	Plan name IKE U.S. GROUP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor IKE TRADING COMPANY LTD	c EIN-PN 93-0680217-001
a	Plan name 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PCI STAFF LEASING, INC.	c EIN-PN 22-3349434-333
a	Plan name OLSEN, MUHLBAUER AND CO., L.L.P. PENSION PLAN	
b	Name of plan sponsor OLSEN, MUHLBAUER AND CO., L.L.P.	c EIN-PN 42-0950074-001
a	Plan name GTE FEDERAL CREDIT UNION DEFINED BENEFIT PLAN	
b	Name of plan sponsor GTE FEDERAL CREDIT UNION	c EIN-PN 59-0642956-001
a	Plan name TAYLOR FOUNDATION SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor FANNIE E. TAYLOR HOME FOR THE AGED, INC.	c EIN-PN 59-2681152-001

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	VER HOEF 401K SAVINGS PLAN	
b	Name of plan sponsor	VER HOEF AUTOMOTIVE, INC.	c EIN-PN 42-0928067-001
a	Plan name	FARMERS COOP SOCIETY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FARMERS COOPERATIVE SOCIETY	c EIN-PN 42-0243080-001
a	Plan name	OREGON SANDBLASTING AND COATING INC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	OREGON SANDBLASTING AND COATING INC	c EIN-PN 93-0757123-001
a	Plan name	JUPITER I, L.L.C. 401K PLAN	
b	Name of plan sponsor	JUPITER I, L.L.C.	c EIN-PN 84-1454189-001
a	Plan name	PILATUS BUSINESS AIRCRAFT, LTD 401K PLAN	
b	Name of plan sponsor	PILATUS BUSINESS AIRCRAFT, LTD	c EIN-PN 84-1343522-001
a	Plan name	BENDER CONSULTING SERVICES, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	BENDER CONSULTING SERVICES, INC.	c EIN-PN 25-1774523-001
a	Plan name	DARLING INGREDIENTS INC. SALARIED EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	DARLING INGREDIENTS INC.	c EIN-PN 36-2495346-001
a	Plan name	PAUL S SHEET METAL 401K PLAN	
b	Name of plan sponsor	PAUL S SHEET METAL, INC.	c EIN-PN 39-0804349-001
a	Plan name	JOHN C. GRIMBERG CO. INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JOHN C. GRIMBERG CO. INC.	c EIN-PN 52-0655642-002
a	Plan name	PCB THRIFT PLAN	
b	Name of plan sponsor	PLEASANTS COUNTY BANK	c EIN-PN 55-0255725-001
a	Plan name	LEE KUM KEE EMPLOYEES 401K RETIREMENT PLAN	
b	Name of plan sponsor	LEE KUM KEE USA INC., - L.A.	c EIN-PN 95-3848577-001
a	Plan name	GUTH LABORATORIES INC SAVINGS PLAN	
b	Name of plan sponsor	GUTH LABORATORIES, INC.	c EIN-PN 23-2139091-001

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 WHITE S HARLEY-DAVIDSON SALES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WHITE S HARLEY-DAVIDSON SALES, INC.	c EIN-PN 23-2119994-001
a	Plan name EDUCATIONAL MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EDUCATIONAL MANAGEMENT	c EIN-PN 92-0071890-001
a	Plan name GUYMANN CONSTRUCTION 401 K PLAN	
b	Name of plan sponsor GUYMANN CONSTRUCTION OF FLORIDA, INC.	c EIN-PN 65-0507332-002
a	Plan name BCER ENGINEERING INC 401K RETIREMENT PLAN	
b	Name of plan sponsor BCER ENGINEERING INC	c EIN-PN 84-1284721-001
a	Plan name SOUTHWESTERN FAIR COMMISSION INC PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWESTERN FAIR COMMISSION INC	c EIN-PN 86-0294014-001
a	Plan name WEBB INDUSTRIES, INC. DBA SMITH SHEET METAL EMPLOYEE 401K PLAN	
b	Name of plan sponsor WEBB INDUSTRIES, INC. DBA SMITH SHEET METAL	c EIN-PN 93-1109326-001
a	Plan name CONSOLIDATED MUTUAL WATER COMPANY 401 K SAVINGS PLAN	
b	Name of plan sponsor CONSOLIDATED MUTUAL WATER COMPANY	c EIN-PN 84-0177040-003
a	Plan name LIPPERT/HEILSHORN 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor LIPPERT/HEILSHORN AND ASSOCIATES, INC.	c EIN-PN 13-3190130-001
a	Plan name DIMARCO, ARAUJO AND MONTEVIDEO 401K PROFIT SHARING PLAN	
b	Name of plan sponsor DIMARCO, ARAUJO AND MONTEVIDEO	c EIN-PN 95-3203926-001
a	Plan name FARMERS MUTUAL INS. CO. OF NEBRASKA	
b	Name of plan sponsor FARMERS MUTUAL INSURANCE COMPANY OF NEBRASKA	c EIN-PN 47-0157205-001
a	Plan name FRANK HUTH AND SONS INC EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK HUTH AND SONS INC	c EIN-PN 23-1998287-001
a	Plan name MODESTO DIVISION - CHAPTER 13 TRUSTEE RETIREMENT PLAN	
b	Name of plan sponsor MODESTO DIVISION - CHAPTER 13 TRUSTEE	c EIN-PN 93-2289716-001

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 HENEGHAN AND ASSOCIATES, P.C. SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor HENEGHAN AND ASSOCIATES, P.C.	c EIN-PN 37-1194616-001
a	Plan name HERBERGER CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HERBERGER CONSTRUCTION COMPANY, INC.	c EIN-PN 42-1161562-001
a	Plan name MARTINEAU, MILLER, FRAZIER AGENCY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MARTINEAU, MILLER, FRAZIER AGENCY	c EIN-PN 34-1669929-001
a	Plan name SEITHER AND CHERRY QUAD CITIES, INC. EMPLOYEE PROFIT SHARING SAVINGS PLAN	
b	Name of plan sponsor SEITHER AND CHERRY QUAD CITIES, INC.	c EIN-PN 42-1348056-001
a	Plan name ILLINOIS NURSES ASSOCIATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor ILLINOIS NURSES ASSOCIATION	c EIN-PN 36-1258142-002
a	Plan name ENSCICON 401K PLAN	
b	Name of plan sponsor ENSCICON CORPORATION	c EIN-PN 84-1271053-001
a	Plan name CONTROL CHIEF CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CONTROL CHIEF CORPORATION	c EIN-PN 25-1210844-001
a	Plan name SAMUEL ENGINEERING, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor SAMUEL ENGINEERING, INC.	c EIN-PN 84-1354363-001
a	Plan name MESSICK FARM EQUIPMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MESSICK FARM EQUIPMENT, INC.	c EIN-PN 23-1856055-001
a	Plan name CTI PROFIT SHARING PLAN	
b	Name of plan sponsor CONTROL TECHNOLOGY INTERNATIONAL, INC.	c EIN-PN 84-1291537-001
a	Plan name CHARLOTTE PLASTIC SURGERY CENTER 401K SAFE HARBOR PLAN	
b	Name of plan sponsor CHARLOTTE PLASTIC SURGERY CENTER, P.A.	c EIN-PN 56-0944051-002
a	Plan name SPARE TIME, INC. 401K PLAN	
b	Name of plan sponsor SPARE TIME, INC.	c EIN-PN 94-2157700-001

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	PAINTERS LOCAL UNION 802 RETIREMENT PLAN	
b	Name of plan sponsor	TRUSTEES OF PAINTERS LOCAL UNION 802	c EIN-PN 51-6035231-002
a	Plan name	LICO, INC. 401K PLAN	
b	Name of plan sponsor	LICO, INC.	c EIN-PN 01-0653151-001
a	Plan name	BALLINGER COMPANY 401K PLAN	
b	Name of plan sponsor	BALLINGER COMPANY	c EIN-PN 23-1713492-001
a	Plan name	HOME BUYERS WARRANTY 401K PLAN	
b	Name of plan sponsor	HBW HOLDINGS, INC.	c EIN-PN 76-0717719-001
a	Plan name	GLOBAL PACIFIC PROPERTIES, INC. AND AFFILIATES 401K PLAN	
b	Name of plan sponsor	GLOBAL PACIFIC PROPERTIES, INC.	c EIN-PN 84-1216728-001
a	Plan name	AZURITE PROFESSIONAL COMMUNITY 401K PLAN	
b	Name of plan sponsor	AZURITE PROFESSIONAL COMMUNITY, INC.	c EIN-PN 85-0336964-002
a	Plan name	LANDMARK BUILDERS PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LANDMARK BUILDERS, INC.	c EIN-PN 56-1109168-001
a	Plan name	ERICKSON IMMIGRATION GROUP RETIREMENT PLAN	
b	Name of plan sponsor	ERICKSON IMMIGRATION GROUP	c EIN-PN 54-1440981-001
a	Plan name	FOURGEN HOLDINGS INC. RETIREMENT PLAN	
b	Name of plan sponsor	FOURGEN HOLDINGS INC.	c EIN-PN 01-0750002-001
a	Plan name	MALLOY 401K PLAN	
b	Name of plan sponsor	MALLOY LINCOLN MERCURY, INC.	c EIN-PN 54-1619073-001
a	Plan name	GREY OAKS COUNTRY CLUB, LTD SAVINGS PLAN	
b	Name of plan sponsor	GREY OAKS COUNTRY CLUB, LTD	c EIN-PN 65-0347219-001
a	Plan name	REDWOOD PLASTICS CORPORATION 401K RETIREMENT PLAN	
b	Name of plan sponsor	REDWOOD PLASTICS CORPORATION	c EIN-PN 52-1417566-001

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	KEYSTONE ASSOCIATES ARCHITECTS, ENGINEERS AND SURVEYORS, LLC 401K	
b	Name of plan sponsor	KEYSTONE ASSOCIATES ARCHITECTS, ENGINEERS AND	c EIN-PN 16-1511433-001
a	Plan name	CCHN 401K PLAN	
b	Name of plan sponsor	COLORADO COMMUNITY HEALTH NETWORK	c EIN-PN 84-0910590-001
a	Plan name	FOURTEEN FOODS 401K PLAN	
b	Name of plan sponsor	MDF HOLDINGS I LLC	c EIN-PN 45-3628126-001
a	Plan name	ANTWERP INSURANCE AGENCY, INC. PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	ANTWERP INSURANCE AGENCY, INC.	c EIN-PN 34-1012260-002
a	Plan name	AMERICAN WEATHERMAKERS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHERN WEATHERMAKERS, INC.	c EIN-PN 36-4387414-001
a	Plan name	LJ INC. 401K PLAN	
b	Name of plan sponsor	LJ INC.	c EIN-PN 27-4173369-001
a	Plan name	CENTRIS FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor	CENTRIS FEDERAL CREDIT UNION	c EIN-PN 47-0376036-001
a	Plan name	KINGSDOWN 401K PLAN	
b	Name of plan sponsor	KINGSDOWN INCORPORATED	c EIN-PN 56-0319850-001
a	Plan name	VEENSTRA AND KIMM, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VEENSTRA AND KIMM, INC.	c EIN-PN 42-1137727-001
a	Plan name	HOLLAND 1916 INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	HOLLAND 1916 INC.	c EIN-PN 20-2152106-001
a	Plan name	BOSS HOLDINGS, INC. 401K PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	BOSS HOLDINGS, INC.	c EIN-PN 58-1972066-001
a	Plan name	EDUCATORS HEALTH PLANS LIFE 401K PLAN	
b	Name of plan sponsor	EDUCATORS HEALTH PLANS LIFE, ACCIDENT AND HEA	c EIN-PN 20-4023720-001

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	LOCKTON, INC. 401K PLAN	
b	Name of plan sponsor	LOCKTON, INC.	c EIN-PN 90-0007886-002
a	Plan name	MODERN PROCESS EQUIPMENT, INC. PROFIT SHARING/401K PLAN	
b	Name of plan sponsor	MODERN PROCESS EQUIPMENT, INC.	c EIN-PN 36-3305702-002
a	Plan name	3U TECHNOLOGIES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	3U TECHNOLOGIES, LLC	c EIN-PN 76-0588470-001
a	Plan name	HOLLYWOOD PARK CASINO COMPANY, LLC 401K PLAN	
b	Name of plan sponsor	HOLLYWOOD PARK CASINO COMPANY, LLC	c EIN-PN 20-5136818-001
a	Plan name	SEVENTH SENSE CONSULTING, LLC 401K PLAN	
b	Name of plan sponsor	SEVENTH SENSE CONSULTING, LLC	c EIN-PN 45-4768424-001
a	Plan name	FRERES LUMBER CO., INC. SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FRERES LUMBER CO., INC.	c EIN-PN 93-0357299-001
a	Plan name	CAMPBELL S NURSERIES AND GARDEN CENTER, INC. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMPBELL S NURSERIES AND GARDEN CENTER, INC.	c EIN-PN 47-0524518-001
a	Plan name	HOME FEDERAL SAVINGS AND LOAN ASSOCIATION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	HOME FEDERAL SAVINGS AND LOAN	c EIN-PN 47-0465799-001
a	Plan name	DIEGO G. ALLENDE, D.O. 401K PLAN	
b	Name of plan sponsor	DIEGO ALLENDE, MEDICAL CORPORATION	c EIN-PN 77-0574555-001
a	Plan name	LITTLE BEAVER, INC. 401K PLAN	
b	Name of plan sponsor	LITTLE BEAVER, INC.	c EIN-PN 74-1916419-001
a	Plan name	GENOVATION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENOVATION, INC.	c EIN-PN 33-0350433-001
a	Plan name	FEYEN ZYLSTRA L.L.C. 401K PLAN	
b	Name of plan sponsor	FEYEN ZYLSTRA L.L.C.	c EIN-PN 20-0463125-001

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	RE/SPEC INC. EMPLOYEE 401K RETIREMENT PLAN
b	Name of plan sponsor	RE/SPEC INC.
c	EIN-PN	46-0315848-001
a	Plan name	LENNY AND LARRY S 401K PLAN
b	Name of plan sponsor	LENNY AND LARRY S, LLC
c	EIN-PN	95-4849181-002
a	Plan name	NATALIS COUNSELING AND PSYCHOLOGY SOLUTIONS 401K PLAN
b	Name of plan sponsor	NATALIS COUNSELING AND PSYCHOLOGY SOLUTIONS
c	EIN-PN	41-1383557-001
a	Plan name	THE POST ADVISORY GROUP, LLC 401K PLAN
b	Name of plan sponsor	POST ADVISORY GROUP, LLC
c	EIN-PN	95-4818300-002
a	Plan name	H. D. HUDSON LEGACY DEFINED BENEFIT PENSION PLAN
b	Name of plan sponsor	H. D. HUDSON MANUFACTURING COMPANY
c	EIN-PN	36-1243360-009
a	Plan name	MARSH FURNITURE COMPANY
b	Name of plan sponsor	MARSH FURNITURE COMPANY
c	EIN-PN	56-0310260-001
a	Plan name	WEBB CHEMICAL SERVICE CORPORATION RETIREMENT PLAN
b	Name of plan sponsor	WEBB CHEMICAL SERVICE CORPORATION
c	EIN-PN	38-2021884-001
a	Plan name	401K RETIREMENT PLAN FOR REYNOLDS CONSUMER PRODUCTS
b	Name of plan sponsor	REYNOLDS CONSUMER PRODUCTS LLC
c	EIN-PN	77-0710443-010
a	Plan name	MANUFACTURERS RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	NATIONAL ASSOCIATION OF MANUFACTURERS OF THE
c	EIN-PN	13-1084330-004
a	Plan name	CONTEXTURE LLC 401K PLAN
b	Name of plan sponsor	CONTEXTURE LLC
c	EIN-PN	87-2742463-001
a	Plan name	EASYKNOCK INC. 401K PLAN
b	Name of plan sponsor	EASYKNOCK INC. 401K PLAN
c	EIN-PN	81-4225150-001
a	Plan name	LARRY H. MILLER ASSOCIATES RETIREMENT PLAN
b	Name of plan sponsor	LHM ADM BEN, INC.
c	EIN-PN	87-0325010-001

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 CURRIER MCCABE AND ASSOCIATES, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CURRIER MCCABE AND ASSOCIATES, INC.	c EIN-PN 22-2580799-001
a	Plan name GREENSCAPE, INC. 401K PLAN	
b	Name of plan sponsor GREENSCAPE, INC.	c EIN-PN 56-1228417-001
a	Plan name MICHIGAN ORAL AND MAXILLOFACIAL SURGEONS, P.C. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor MICHIGAN ORAL AND MAXILLOFACIAL SURGEONS, P.C.	c EIN-PN 38-2319561-003
a	Plan name JERRY S BUILDING MATERIALS, INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor JERRY S BUILDING MATERIALS, INC	c EIN-PN 93-0612307-002
a	Plan name MATERIALS TESTING CONSULTANTS, INC. 401K PLAN	
b	Name of plan sponsor MATERIALS TESTING CONSULTANTS, INC.	c EIN-PN 38-1866284-002
a	Plan name SOCIETY INSURANCE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SOCIETY INSURANCE, A MUTUAL COMPANY	c EIN-PN 39-0711880-002
a	Plan name ALABAMA COUSHATTA RETIREMENT PLAN	
b	Name of plan sponsor ALABAMA COUSHATTA TRIBE OF TEXAS	c EIN-PN 74-1381437-001
a	Plan name LC ENGINEERING GROUP, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor LC ENGINEERING GROUP, INC.	c EIN-PN 20-1601831-001
a	Plan name RAYMOND JAMES FINANCIAL, INC. 401K PLAN	
b	Name of plan sponsor RAYMOND JAMES FINANCIAL, INC.	c EIN-PN 59-1517485-010
a	Plan name CHAMLIN AND ASSOCIATES, INC. SAVINGS PLAN	
b	Name of plan sponsor CHAMLIN AND ASSOCIATES, INC.	c EIN-PN 36-2593961-001
a	Plan name FLORIDA ROADS CONTRACTING, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor FLORIDA ROADS CONTRACTING, INC.	c EIN-PN 59-2715840-001
a	Plan name SMC GLOBAL HOLDINGS, INC. RETIREMENT INCOME PLAN B	
b	Name of plan sponsor SMC GLOBAL HOLDINGS, INC.	c EIN-PN 25-0929301-001

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	BRILLIANCE MOTOR SALES, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRILLIANCE MOTOR SALES, INC.	c EIN-PN 20-4214132-001
a	Plan name	GEORGE F. BOWMAN, INC. 401K PLAN	
b	Name of plan sponsor	GEORGE F. BOWMAN, INC.	c EIN-PN 25-1197171-001
a	Plan name	MCCOWN GORDON CONSTRUCTION, L.L.C. PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	MCCOWN GORDON CONSTRUCTION, L.L.C.	c EIN-PN 43-1857518-001
a	Plan name	THORNEBURG HOSIERY MILLS, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THORNEBURG HOSIERY MILLS, INC.	c EIN-PN 56-0574862-002
a	Plan name	O STEEN AUTOMOTIVE GROUP, INC. 401K PLAN	
b	Name of plan sponsor	O STEEN AUTOMOTIVE GROUP, INC.	c EIN-PN 59-3356584-001
a	Plan name	NORWOOD DENTAL 401K PLAN	
b	Name of plan sponsor	NORWOOD DENTAL ASSOCIATES, PA	c EIN-PN 41-1869188-001
a	Plan name	TICOMIX 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TNA, INC. DBA TICOMIX	c EIN-PN 36-4326147-001
a	Plan name	SMART SAND, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SMART SAND INC	c EIN-PN 45-2809926-001
a	Plan name	US TITLE AND CLOSING SERVICES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	US TITLE AND CLOSING SERVICES, LLC	c EIN-PN 39-2012650-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF WELLS PRINT AND DIGITAL SERVICES, INC.	
b	Name of plan sponsor	WELLS PRINT AND DIGITAL SERVICES, INC.	c EIN-PN 39-1080275-001
a	Plan name	NATURAL MEDICAL CARE 401K PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor	AVICENNA, LLC DBA NATURAL MEDICAL CARE	c EIN-PN 43-1857177-001
a	Plan name	FTE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLORIDA TRANSPORTATION ENGINEERING, INC.	c EIN-PN 65-0183924-001

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	STAGNARO DISTRIBUTING 401K PLAN	
b	Name of plan sponsor	STAGNARO DISTRIBUTING	c EIN-PN 31-0565494-001
a	Plan name	FRONTIER MILLS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FRONTIER MILLS, INC.	c EIN-PN 46-0362521-001
a	Plan name	DEUTSCH FAMILY WINE AND SPIRITS 401K SAVINGS PLAN	
b	Name of plan sponsor	W.J. DEUTSCH AND SONS, LTD. DBA DEUTSCH FAMILY	c EIN-PN 13-3539989-001
a	Plan name	ELIOR, INC. 401K PLAN	
b	Name of plan sponsor	ELIOR, INC.	c EIN-PN 26-2223480-001
a	Plan name	WOODLAND CREEK FURNITURE 401K PLAN	
b	Name of plan sponsor	WOODLAND CREEK FURNITURE INC.	c EIN-PN 33-1030480-001
a	Plan name	GLOBAL PROMOTIONAL SOURCING, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL PROMOTIONAL SOURCING, LLC DBA PROFORMA	c EIN-PN 88-0485216-002
a	Plan name	BEAVER DAM PARTNERS INC. 401K PLAN	
b	Name of plan sponsor	BEAVER DAM PARTNERS INC.	c EIN-PN 27-1027329-001
a	Plan name	DEXTER REAL ESTATE DEVELOPMENT CORP.	
b	Name of plan sponsor	DEXTER REAL ESTATE DEVELOPMENT CORP.	c EIN-PN 90-0795132-001
a	Plan name	AMERICAN ACADEMY OF PAIN MANAGEMENT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN ACADEMY OF PAIN MANAGEMENT	c EIN-PN 77-0183674-001
a	Plan name	YOLI 401K PLAN	
b	Name of plan sponsor	YOLI, LLC	c EIN-PN 46-2406428-001
a	Plan name	MACPHERSON WESTERN TOOL AND SUPPLY CO., INC. 401K PLAN	
b	Name of plan sponsor	MACPHERSON WESTERN TOOL AND SUPPLY CO., INC.	c EIN-PN 94-1492715-002
a	Plan name	BOVEDA INC. 401K PLAN	
b	Name of plan sponsor	BOVEDA INC.	c EIN-PN 41-1881840-001

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	CRAIN COMMUNICATIONS INC 401K PLAN	
b	Name of plan sponsor	CRAIN COMMUNICATIONS INC	c EIN-PN 36-0708800-001
a	Plan name	N.S. INTERNATIONAL, LTD. 401K PLAN	
b	Name of plan sponsor	N.S. INTERNATIONAL, LTD.	c EIN-PN 95-2811138-003
a	Plan name	MARTIN AUTO GROUP 401K PLAN	
b	Name of plan sponsor	MARTIN CHEVROLET-BUICK, INC. DBA MARTIN CHEVR	c EIN-PN 74-1266043-001
a	Plan name	EMPLOYEE SAVINGS PLAN FOR GRAHAM PACKAGING	
b	Name of plan sponsor	GRAHAM PACKAGING COMPANY, L.P.	c EIN-PN 23-2786688-011
a	Plan name	DIPASQUA TEAMS, LLC SAVINGS PLAN	
b	Name of plan sponsor	DIPASQUA TEAMS, LLC SAVINGS PLAN	c EIN-PN 93-3873416-001
a	Plan name	CROS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	COLORADO REGIONAL ORAL SURGERY ASSOCIATES, P.	c EIN-PN 84-1581172-001
a	Plan name	BERKSHIRE GLOBAL ADVISORS LP 401K PLAN	
b	Name of plan sponsor	BERKSHIRE GLOBAL ADVISORS LP	c EIN-PN 20-0907947-002
a	Plan name	SMP AUTOMOTIVE SYSTEMS EMPLOYEE 401K PLAN	
b	Name of plan sponsor	SMP AUTOMOTIVE SYSTEMS ALABAMA INC	c EIN-PN 47-4185173-001
a	Plan name	TAURUS TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	TAURUS TECHNOLOGIES, INC.	c EIN-PN 30-0143183-001
a	Plan name	GRANITE CITY ALASKA 401K PLAN	
b	Name of plan sponsor	GRANITE CITY ALASKA, INC.	c EIN-PN 20-3518674-001
a	Plan name	EMPLOYEE RETIREMENT PLAN FOR CLOSURE SYSTEMS INTERNATIONAL	
b	Name of plan sponsor	THE CLOSURE SYSTEMS COMPANIES INC	c EIN-PN 92-1198130-001
a	Plan name	COMPREHENSIVE RADIOLOGY SERVICES, PLLC CASH BALANCE PLAN	
b	Name of plan sponsor	COMPREHENSIVE RADIOLOGY SERVICES, PLLC	c EIN-PN 64-0409419-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GREG PUDENZ CATTLE COMPANY LLC 401K PLAN	
b	Name of plan sponsor	GREG PUDENZ CATTLE COMPANY LLC 401K PLAN	c EIN-PN 46-1799113-001
a	Plan name	MERIT CRO 401K PLAN	
b	Name of plan sponsor	MERIT CRO, INC.	c EIN-PN 81-1264583-001
a	Plan name	STEEL ENCOUNTERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	STEEL ENCOUNTERS, INC.	c EIN-PN 87-0426368-001
a	Plan name	E.T. VIDEO, INC. 401K PLAN	
b	Name of plan sponsor	E.T. VIDEO, INC.	c EIN-PN 42-1316830-001
a	Plan name	KEMPOWER INC	
b	Name of plan sponsor	KEMPOWER INC.	c EIN-PN 34-4239699-001
a	Plan name	WHITMORE CHEVROLET COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITMORE CHEVROLET COMPANY INC	c EIN-PN 54-0804587-002
a	Plan name	THE TOA REINSURANCE COMPANY OF AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	THE TOA REINSURANCE COMPANY OF AMERICA	c EIN-PN 13-2918573-001
a	Plan name	THE CONNABLE OFFICE, INC. PROFIT-SHARING AND 401K PLAN	
b	Name of plan sponsor	THE CONNABLE OFFICE, INC.	c EIN-PN 57-1173782-001
a	Plan name	PROASSURANCE GROUP SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	PROASSURANCE GROUP SAVINGS AND RETIREMENT PLA	c EIN-PN 63-1285505-003
a	Plan name	KNOXVILLE TVA EMPLOYEES CREDIT UNION DEFINED BENEFIT PLAN	
b	Name of plan sponsor	KNOXVILLE TVA EES CREDIT UNION	c EIN-PN 62-0263105-002
a	Plan name	CENTRAL INDIANA COMMUNITY FOUNDATION RETIREMENT PLAN	
b	Name of plan sponsor	CENTRAL INDIANA COMM FOUNDATION	c EIN-PN 35-1793680-001
a	Plan name	SLATER BUILDERS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SLATER BUILDERS, INC.	c EIN-PN 95-4439666-001

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	LACKS ENTERPRISES, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LACKS ENTERPRISES, INC.	c EIN-PN 38-2650857-005
a	Plan name	THE CHALLENGE MACHINERY COMPANY FROZEN DEFINED BENEFIT PLAN	
b	Name of plan sponsor	THE CHALLENGE MACHINERY COMPANY	c EIN-PN 38-0411340-002
a	Plan name	SGI GLOBAL, LLC 401KPLAN	
b	Name of plan sponsor	SGI GLOBAL, LLC	c EIN-PN 26-2219598-001
a	Plan name	EAGLE ALLOY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EAGLE ALLOY, INC.	c EIN-PN 38-2219733-001
a	Plan name	EMPLOYEE SAVINGS PLAN FOR PACTIV BARGAINING	
b	Name of plan sponsor	PACTIV EVERGREEN SERVICES INC.	c EIN-PN 27-0147082-034
a	Plan name	CROSS TECHNOLOGIES INC. 401K PLAN	
b	Name of plan sponsor	CROSS TECHNOLOGIES INC.	c EIN-PN 56-0600094-004
a	Plan name	LOVE INSURANCE 401K PLAN	
b	Name of plan sponsor	INSURANCE SPECIALISTS GROUP, INC. AND	c EIN-PN 34-1953290-001
a	Plan name	KENNEDY, ARCHER AND GIFFEN 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KENNEDY, ARCHER AND GIFFEN, A CALIFORNIA PROFES	c EIN-PN 77-0550060-001
a	Plan name	REINS INTERNATIONAL U.S.A. RETIREMENT PLAN	
b	Name of plan sponsor	REINS INTERNATIONAL U.S.A. CO. LTD.	c EIN-PN 99-0356230-001
a	Plan name	TRI-STATE FOREST PRODUCTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TRI-STATE FOREST PRODUCTS, INC.	c EIN-PN 38-3140885-001
a	Plan name	LANSTATUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LANSTATUS, LLC	c EIN-PN 06-1627581-001
a	Plan name	ISM 401K PLAN	
b	Name of plan sponsor	INTEGRATED SOLUTIONS MANAGEMENT, INC.	c EIN-PN 59-3071551-001

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	INNOCENTI CONSTRUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOCENTI CONSTRUCTION, INC.	c EIN-PN 26-1686788-001
a	Plan name	GODES AND PREIS, LLP 401K PLAN	
b	Name of plan sponsor	GODES AND PREIS, LLP	c EIN-PN 80-0519480-001
a	Plan name	AMBAFLEX MANUFACTURING INC. 401K PLAN	
b	Name of plan sponsor	AMBAFLEX MANUFACTURING INC.	c EIN-PN 80-0600099-001
a	Plan name	HEARTCORE WOMEN 401K PLAN	
b	Name of plan sponsor	HEARTCORE WOMEN	c EIN-PN 68-0160969-001
a	Plan name	COIL TUBING PARTNERS 401K PLAN	
b	Name of plan sponsor	COIL TUBING PARTNERS, LLC	c EIN-PN 45-5258418-001
a	Plan name	FRAZIER AVIATION, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FRAZIER AVIATION, INC.	c EIN-PN 95-2003529-001
a	Plan name	SYSTEM 1, INC. 401K PLAN	
b	Name of plan sponsor	SYSTEM 1, INC.	c EIN-PN 52-1364688-001
a	Plan name	MUTH ELECTRIC, INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	MUTH ELECTRIC INC	c EIN-PN 71-0893353-001
a	Plan name	FRY EYE ASSOCIATES, P.A. 401K PLAN	
b	Name of plan sponsor	FRY EYE ASSOCIATES, P.A.	c EIN-PN 48-0828641-004
a	Plan name	BROWNING AND ASSOCIATES SAVINGS PLAN	
b	Name of plan sponsor	BROWNING	c EIN-PN 87-0340348-002
a	Plan name	E2 RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	E2 CONSULTING ENGINEERS, INC.	c EIN-PN 94-3061417-001
a	Plan name	DYE SEED RANCH, INC. 401K PLAN	
b	Name of plan sponsor	DYE SEED RANCH, INC.	c EIN-PN 91-0724513-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CANADA GOOSE US 401K PLAN	
b	Name of plan sponsor	CANADA GOOSE US INC	c EIN-PN 98-1102179-001
a	Plan name	ACTIVCARE LIVING INC.	
b	Name of plan sponsor	ACTIVCARE LIVING INC.	c EIN-PN 95-3696840-001
a	Plan name	WISE FOODS 401K PLAN	
b	Name of plan sponsor	WISE FOODS, INC.	c EIN-PN 51-0370373-001
a	Plan name	TRIANGLE PACKAGE MACHINERY COMPANY BARGAINING UNIT 401K PLAN	
b	Name of plan sponsor	TRIANGLE PACKAGE MACHINERY COMPANY	c EIN-PN 36-2053124-004
a	Plan name	INDUSTRIAL BEARING SUPPLY COMPANY 401K PLAN	
b	Name of plan sponsor	INDUSTRIAL BEARING SUPPLY COMPANY	c EIN-PN 84-3595026-001
a	Plan name	WELLMARK, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	WELLMARK, INC.	c EIN-PN 42-0318333-002
a	Plan name	CONSTRUCTION AHEAD, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CONSTRUCTION AHEAD, INC.	c EIN-PN 91-1553616-002
a	Plan name	VIVAGE SENIOR LIVING 401K PLAN	
b	Name of plan sponsor	QP HEALTH CARE SERVICES, LLC. DBA VIVAGE	c EIN-PN 45-3183193-333
a	Plan name	ALLEN ELECTRIC, INC. 401K PLAN	
b	Name of plan sponsor	ALLEN ELECTRIC INC.	c EIN-PN 90-0677122-001
a	Plan name	EASTSPRING INVESTMENTS, INC. 401K PLAN	
b	Name of plan sponsor	EASTSPRING INVESTMENTS, INC.	c EIN-PN 45-5144183-001
a	Plan name	SSR MINING INC. 401K AND SAVINGS PLAN	
b	Name of plan sponsor	SSR MINING INC.	c EIN-PN 98-0211014-001
a	Plan name	BRODY WILKINSON P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRODY WILKINSON P.C.	c EIN-PN 06-1118463-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	MERRITT TRAILERS, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	MERRITT TRAILERS, INC.
c	EIN-PN	47-4306348-002
a	Plan name	FORTIS BANCORP 401K PROFIT SHARING PLAN
b	Name of plan sponsor	FORTIS BANCORP
c	EIN-PN	20-8116869-001
a	Plan name	CTI 401K SAVINGS PLAN
b	Name of plan sponsor	CTI, INC.
c	EIN-PN	86-0291476-001
a	Plan name	EPES TRANSPORT SYSTEM 401K RETIREMENT PLAN
b	Name of plan sponsor	EPES TRANSPORT SYSTEM, LLC
c	EIN-PN	54-0409030-001
a	Plan name	LAKEWOOD BRICK AND TILE COMPANY PROFIT SHARING PLAN
b	Name of plan sponsor	LAKEWOOD BRICK AND TILE CO.
c	EIN-PN	84-0247850-001
a	Plan name	ROMAN MANUFACTURING, INC. EMPLOYEES INVESTMENT PLAN
b	Name of plan sponsor	ROMAN MANUFACTURING, INC.
c	EIN-PN	38-2309443-001
a	Plan name	DRAKE S 7 DEES 401K PLAN
b	Name of plan sponsor	DRAKE S 7 DEES, INC.
c	EIN-PN	93-0709775-001
a	Plan name	EP-DIRECT RETIREMENT PLAN
b	Name of plan sponsor	EP DIRECT
c	EIN-PN	39-1287457-001
a	Plan name	THE LAW OFFICES OF KENNETH R. FEINBERG PC CASH BALANCE PLAN
b	Name of plan sponsor	THE LAW OFFICES OF KENNETH R. FEINBERG, PC
c	EIN-PN	47-3781446-003
a	Plan name	401K RETIREMENT PLAN FOR REYNOLDS BARGAINING
b	Name of plan sponsor	REYNOLDS CONSUMER PRODUCTS LLC
c	EIN-PN	77-0710443-005
a	Plan name	ORENCO SYSTEMS, INC. RETIREMENT PLAN
b	Name of plan sponsor	ORENCO SYSTEMS, INC.
c	EIN-PN	93-0781063-501
a	Plan name	NEVERS INDUSTRIES, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	NEVERS INDUSTRIES, INC.
c	EIN-PN	41-1291670-001

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	ONWARD ENERGY 401K RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ONWARD ENERGY MANAGEMENT, LLC
c	EIN-PN	47-5468489-001
a	Plan name	DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF GATEWAY-LONGVIEW, INC. WILLIAMSVILLE, NY
b	Name of plan sponsor	GATEWAY-LONGVIEW INC.
c	EIN-PN	16-0743081-001
a	Plan name	TAYLOR FRESH FOODS, INC. 401K PLAN
b	Name of plan sponsor	TAYLOR FRESH FOODS, INC.
c	EIN-PN	93-1214572-001
a	Plan name	GALAXY SYSTEMS, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	GALAXY SYSTEMS, INC.
c	EIN-PN	13-3583090-002
a	Plan name	DUNCAN FINANCIAL SAFE HARBOR 401K PLAN
b	Name of plan sponsor	DUNCAN INVESTMENT ADVISORS, INC.
c	EIN-PN	45-0596877-001
a	Plan name	SRP 401K AND PROFIT SHARING PLAN
b	Name of plan sponsor	SRP HOLDINGS GROUP, LLC
c	EIN-PN	31-1825175-001
a	Plan name	FORREST PAINT CO. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	FORREST PAINT CO
c	EIN-PN	93-0612986-001
a	Plan name	CMS RETIREMENT INCOME PLANNING LLC
b	Name of plan sponsor	CMS RETIREMENT INCOME PLANNING LLC
c	EIN-PN	83-3966838-001
a	Plan name	M CORP. DBA ACCUTECH MECHANICAL SERVICES 401K PROFIT SHARING PLAN
b	Name of plan sponsor	M CORP. DBA ACCUTECH MECHANICAL SERVICES
c	EIN-PN	26-0076386-001
a	Plan name	CV, INC 401K
b	Name of plan sponsor	CV INC
c	EIN-PN	27-0951932-001
a	Plan name	ELECTRONIC PROTECTION SYSTEMS, INC. 401K PLAN
b	Name of plan sponsor	ELECTRONIC PROTECTION SYSTEMS, INC.
c	EIN-PN	59-1700465-001
a	Plan name	ANCOM SYSTEMS 401K PLAN
b	Name of plan sponsor	ANCOM SYSTEMS, INC.
c	EIN-PN	65-0720187-001

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	LISA A. GOFF, D.M.D., P.A. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LISA A. GOFF, D.M.D., P.A.	c EIN-PN 59-3340440-001
a	Plan name	TSC ACCOUNTS RECEIVABLE SOLUTIONS 401K PLAN	
b	Name of plan sponsor	MIKE SHERMAN, INC.	c EIN-PN 75-2516059-001
a	Plan name	MILK INDUSTRY MANAGEMENT CORPORATION CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	MILK INDUSTRY MANAGEMENT CORPORATION	c EIN-PN 23-1718524-004
a	Plan name	SILVON SOFTWARE INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SILVON SOFTWARE INC	c EIN-PN 36-3539617-001
a	Plan name	HAARBERG FARMS 401K PLAN	
b	Name of plan sponsor	HAARBERG FARMS	c EIN-PN 47-0927463-001
a	Plan name	INTEGRATED COMPUTER SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor	INTEGRATED COMPUTER SOLUTIONS, INC.	c EIN-PN 47-0784352-001
a	Plan name	PRETORIUS AND PURVIS 401K PLAN	
b	Name of plan sponsor	KJA 1 HOLDINGS, INC.	c EIN-PN 82-4954943-001
a	Plan name	GOOD LIFE RV 401K PLAN	
b	Name of plan sponsor	GOOD LIFE RV	c EIN-PN 42-1457207-001
a	Plan name	UNDERHILL MANAGEMENT 401K PLAN	
b	Name of plan sponsor	UNDERHILL MANAGEMENT CORPORATION	c EIN-PN 35-2413400-001
a	Plan name	DIGESTIVE HEALTH ASSOCIATES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DIGESTIVE HEALTH ASSOCIATES OF NORTHERN	c EIN-PN 38-3006944-001
a	Plan name	HIGGINBOTTOM ORTHODONTICS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGGINBOTTOM ORTHODONTICS	c EIN-PN 52-1355696-001
a	Plan name	WHEN I WORK, INC. 401K PLAN	
b	Name of plan sponsor	WHEN I WORK, INC.	c EIN-PN 46-4155806-001

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	FRERES BUILDING SUPPLY EMPLOYEES 401K PROFIT SHARING PLAN
b	Name of plan sponsor	FRERES BUILDING SUPPLY, INC.
c	EIN-PN	93-0353617-001
a	Plan name	CARLSON MCCAIN, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	CARLSON MCCAIN, INC.
c	EIN-PN	04-3684414-001
a	Plan name	J TUCKER CONSTRUCTION 401K PLAN
b	Name of plan sponsor	J TUCKER CONSTRUCTION, INC.
c	EIN-PN	75-2597170-001
a	Plan name	BLAISE PYROTECHNICS LLC 401K
b	Name of plan sponsor	BLAISE PYROTECHNICS LLC
c	EIN-PN	27-1671305-001
a	Plan name	FIRST 401K PLAN
b	Name of plan sponsor	FIRST PROTOCOL, INC.
c	EIN-PN	20-1231125-001
a	Plan name	THE MARC GUP TEAM, LLC 401K PLAN
b	Name of plan sponsor	THE MARC GUP TEAM, LLC
c	EIN-PN	46-1642884-001
a	Plan name	GRAND LODGE OF GEORGIA 401K PLAN
b	Name of plan sponsor	GRAND LODGE OF GEORGIA FANDAM
c	EIN-PN	58-0248620-004
a	Plan name	VADC 401K PLAN
b	Name of plan sponsor	VETERINARY ALLERGY AND DERMATOLOGY CLINIC, LL
c	EIN-PN	20-3747675-001
a	Plan name	AERSALE 401K PLAN
b	Name of plan sponsor	AERSALE
c	EIN-PN	26-3065158-001
a	Plan name	AP KEATON, INC. 401K PLAN
b	Name of plan sponsor	AP KEATON, INC.
c	EIN-PN	37-1842458-001
a	Plan name	COLORADO DOORWAYS, INC. 401K PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	COLORADO DOORWAYS, INC.
c	EIN-PN	84-1031972-001
a	Plan name	BELLATRIX PHARMACEUTICALS, INC. 401K PLAN
b	Name of plan sponsor	COSMOBIOLABS, INC.
c	EIN-PN	81-1913938-001

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 CASTLEBERRY S FOOD COMPANY RETIREMENT PLAN	
b	Name of plan sponsor BUMBLE BEE FOODS, LLC	c EIN-PN 58-1931051-001
a	Plan name WATERFALL ASSET MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor WATERFALL ASSET MANAGEMENT LLC	c EIN-PN 20-2421778-001
a	Plan name LIDDERDALE COUNTRY STORE 401K PLAN	
b	Name of plan sponsor LIDDERDALE COUNTRY STORE, INC.	c EIN-PN 20-2990581-001
a	Plan name STRATEGIC CONNECTIONS 401K PLAN	
b	Name of plan sponsor STRATEGIC CONNECTIONS, INC.	c EIN-PN 56-2100480-001
a	Plan name HICAPS, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HICAPS, INC.	c EIN-PN 56-1561637-001
a	Plan name BML CONSTRUCTION, LLC 401K PLAN	
b	Name of plan sponsor BML CONSTRUCTION, LLC	c EIN-PN 55-0821043-001
a	Plan name TRIANGLE PACKAGE MACHINERY COMPANY OFFICE 401K PLAN	
b	Name of plan sponsor TRIANGLE PACKAGE MACHINERY COMPANY	c EIN-PN 36-2053124-003
a	Plan name TRUSTEES OF SCHAEFER SCREW PRODUCTS PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor SCHAEFER SCREW PRODUCTS COMPANY	c EIN-PN 38-1292090-001
a	Plan name WESTCO SERVICES INC. 401K PLAN	
b	Name of plan sponsor WESTCO SERVICES INC.	c EIN-PN 91-0907096-001
a	Plan name AMERICAN FIDELITY COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor AMERICAN FIDELITY CORPORATION	c EIN-PN 73-0966202-002
a	Plan name 3E RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor 3E COMPANY ENVIRONMENTAL, ECOLOGICAL AND ENGI	c EIN-PN 81-0551631-003
a	Plan name KH TRUCKING 401K PLAN	
b	Name of plan sponsor KH TRUCKING INC	c EIN-PN 46-0497361-001

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	STOCKTON 12 EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	STOCKTON 12 HONDA AUTOMOTIVE, INC.	c EIN-PN 84-1396686-001
a	Plan name	911 HEALTH INC 401K PROFIT SHARING	
b	Name of plan sponsor	911 HEALTH INC	c EIN-PN 88-3055159-001
a	Plan name	DEJ HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor	DEJ HOLDINGS, LLC	c EIN-PN 56-2120168-001
a	Plan name	NORTHWEST WORKFORCE DEVELOPMENT COUNCIL PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST SERVICES COUNCIL DBA NORTHWEST	c EIN-PN 91-0967162-001
a	Plan name	WESTERN OB-GYN, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN OB-GYN, LTD.	c EIN-PN 41-1247510-001
a	Plan name	NUSTEP LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	NUSTEP LLC	c EIN-PN 38-3347347-001
a	Plan name	BOB S CYCLE SUPPLY, INC. 401K PLAN	
b	Name of plan sponsor	BOB S CYCLE SUPPLY, INC.	c EIN-PN 41-1385161-001
a	Plan name	AB MAURI FOOD INC. RETIREMENT PLAN	
b	Name of plan sponsor	AB MAURI FOOD INC	c EIN-PN 22-2723920-333
a	Plan name	G.K. CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor	G.K. CONSTRUCTION, INC	c EIN-PN 83-0250856-001
a	Plan name	PDE TECHNOLOGY 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PDE TECHNOLOGY CORPORATION	c EIN-PN 33-0780488-001
a	Plan name	BILL ERICKSON HEAVY CONSTRUCTION, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BILL ERICKSON HEAVY CONSTRUCTION, INC.	c EIN-PN 93-1017358-001
a	Plan name	EMPLOYEE SAVINGS PLAN FOR EVERGREEN PACKAGING	
b	Name of plan sponsor	EVERGREEN PACKAGING LLC	c EIN-PN 20-8042663-007

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	EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PACTIV EVERGREEN SERVICES INC.	c EIN-PN 27-0147082-004
a	Plan name	WHYFFS, LLC 401K PLAN	
b	Name of plan sponsor	WHYFFS, LLC	c EIN-PN 26-3514007-001
a	Plan name	I.T. VERDIN CO., INC. DBA THE VERDIN CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	I.T. VERDIN CO. INC. DBA THE VERDIN CO.	c EIN-PN 31-0476790-001
a	Plan name	CIGAR ASSOCIATION OF AMERICA, INC. 401K PLAN	
b	Name of plan sponsor	CIGAR ASSOCIATION OF AMERICA, INC.	c EIN-PN 13-5568722-002
a	Plan name	JONSSON COMPANIES 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN CHRISTIAN TOURS, INC.	c EIN-PN 33-0050607-001
a	Plan name	CARPENTER PROPERTY MANAGEMENT 401K PLAN	
b	Name of plan sponsor	SCCAC LLC DBA CARPENTER PROPERTY MANAGEMENT	c EIN-PN 27-2076736-001
a	Plan name	BAKERSTARRETT LLP	
b	Name of plan sponsor	BAKERSTARRETT LLP	c EIN-PN 45-3514343-001
a	Plan name	GARRETT PILLSBURY 401K PLAN	
b	Name of plan sponsor	CSA ENTERPRISES, LLC DBA GARRETT PILLSBURY	c EIN-PN 42-1671591-001
a	Plan name	OETMAN EXCAVATING 401K PLAN	
b	Name of plan sponsor	OETMAN EXCAVATING, LLC	c EIN-PN 38-3576110-001
a	Plan name	INTEGRATED SURFACE TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	INTEGRATED SURFACE TECHNOLOGIES, INC.	c EIN-PN 26-1186014-001
a	Plan name	MIS SCIENCES CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MIS SCIENCES CORPORATION	c EIN-PN 95-4590941-001
a	Plan name	BROCK CONTRACT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BROCK CONTRACT SERVICES, INC	c EIN-PN 26-3691435-001

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	DOUGLAS DENTAL, PLLC 401K PLAN	
b	Name of plan sponsor	DOUGLAS DENTAL, PLLC	c EIN-PN 26-0045856-001
a	Plan name	GUNGHO ONLINE ENTERTAINMENT AMERICA INC 401K PLAN	
b	Name of plan sponsor	GUNGHO ONLINE ENTERTAINMENT AMERICA, INC.	c EIN-PN 45-4874220-001
a	Plan name	SALAZAR FINANCIAL GROUP, LLC 401K PLAN	
b	Name of plan sponsor	SALAZAR FINANCIAL GROUP, LLC	c EIN-PN 30-1206300-001
a	Plan name	FARM BUREAU EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MICHIGAN FARM BUREAU	c EIN-PN 38-1718391-001
a	Plan name	NORTH COUNTY EYE PHYSICIANS, INC. 401K PLAN	
b	Name of plan sponsor	NORTH COUNTY EYE PHYSICIANS, INC.	c EIN-PN 45-5105319-001
a	Plan name	MORRIS MURDOCK LLC 401K PLAN	
b	Name of plan sponsor	MORRIS MURDOCK TRAVEL 401K PLAN	c EIN-PN 87-0651732-001
a	Plan name	PATHLIGHT CAPITAL, LP 401K PLAN	
b	Name of plan sponsor	PATHLIGHT CAPITAL, LP	c EIN-PN 82-3540461-001
a	Plan name	BBGG 401K PLAN	
b	Name of plan sponsor	DCSS II, INC. DBA BAJA BETTY S	c EIN-PN 37-1524327-001
a	Plan name	SANJEEV S. TENDOLKAR, M.D. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SANJEEV S. TENDOLKAR, M.D., LLC	c EIN-PN 45-5455524-001
a	Plan name	CLEAR SITE INDUSTRIAL, LLC 401K PLAN	
b	Name of plan sponsor	CLEAR SITE INDUSTRIAL, LLC	c EIN-PN 27-0470378-001
a	Plan name	TRAIL-EZE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAIL-EZE, INC.	c EIN-PN 46-0277591-001
a	Plan name	ARCH GLOBAL HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor	ARCH GLOBAL HOLDINGS LLC	c EIN-PN 45-3353645-001

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 WHEELER MANUFACTURING CO., INC. PROFIT SHARING/401K TRUST	
b	Name of plan sponsor WHEELER MANUFACTURING CO., INC.	c EIN-PN 46-0259808-002
a	Plan name COMMUNITY STAFFING SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor COMMUNITY STAFFING SOLUTIONS, INC.	c EIN-PN 27-2687242-001
a	Plan name CRETEX COMPANIES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CRETEX COMPANIES, INC.	c EIN-PN 41-0207645-005
a	Plan name GETZEL SCHIFF AND PESCE LLP 401K SAVINGS PLAN	
b	Name of plan sponsor GETZEL SCHIFF AND PESCE	c EIN-PN 11-3575844-001
a	Plan name RILEY 401K PLAN	
b	Name of plan sponsor RILEY-ARMSTRONG PLUMBING AND HEATING, INC.	c EIN-PN 42-1331317-001
a	Plan name VETERANS TRADING COMPANY, INC. 401K PLAN	
b	Name of plan sponsor VETERANS TRADING COMPANY, INC.	c EIN-PN 20-2833303-001
a	Plan name SAES GETTERS 401K PLAN	
b	Name of plan sponsor SAES GETTERS USA, INC.	c EIN-PN 83-0534075-002
a	Plan name MUSKEGON OPERATING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor MUSKEGON OPERATING COMPANY, LLC	c EIN-PN 83-4066833-001
a	Plan name SCHOENFELDER RENOVATION,	
b	Name of plan sponsor SCHOENFELDER RENOVATIONS, INC.	c EIN-PN 41-1869321-001
a	Plan name SHOCKWAVE TECHNOLOGIES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SHOCKWAVE TECHNOLOGIES, LLC	c EIN-PN 81-3209860-001
a	Plan name ALLTECH BEVERAGE DIVISION, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor ALLTECH BEVERAGE DIVISION, LLC	c EIN-PN 27-3279222-001
a	Plan name BETANXT, INC. 401K PLAN	
b	Name of plan sponsor BETANXT, INC.	c EIN-PN 88-1708677-001

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 PRINCIPAL DIVERSIFIED REAL ASSET SEPARATE ACCOUNT	B Three-digit plan number (PN) ▶ 123
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 42-0127290

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	76549741	69688589
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

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	76549741	69688589
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1142	773
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1142	773
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	76548599	69687816

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2228945
c Other income	2c		10
d Total income. Add all income amounts in column (b) and enter total	2d		2228955

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	-74897	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		-74897
j Total expenses. Add all expense amounts in column (b) and enter total	2j		-74897

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2303852
l Transfers of assets:			
(1) To this plan	2l(1)		19775153
(2) From this plan	2l(2)		28939788

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 _____.