

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 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
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1a Name of plan <u>PRINCIPAL LDI INTERMEDIATE DURATION SEPARATE ACCOUNT</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>128</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan</td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>128</u>	1c Effective date of plan	
1b Three-digit plan number (PN) ▶	<u>128</u>				
1c Effective date of plan					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRINCIPAL LIFE INSURANCE COMPANY</u> <u>711 HIGH STREET</u> <u>DES MOINES, IA 50392-1000</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) <u>42-0127290</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>515-362-1107</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> </tr> </table>	2b Employer Identification Number (EIN) <u>42-0127290</u>	2c Plan Sponsor's telephone number <u>515-362-1107</u>	2d Business code (see instructions)	
2b Employer Identification Number (EIN) <u>42-0127290</u>					
2c Plan Sponsor's telephone number <u>515-362-1107</u>					
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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2025</u>	<u>DARIN MCWILLIAMS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>PRINCIPAL LIFE INSURANCE COMPANY</p> <p>711 HIGH STREET DES MOINES, IA 50392-1000</p>	<p>3b Administrator's EIN 42-0127290</p> <p>3c Administrator's telephone number 515-362-1107</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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:

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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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)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 LDI INTERMEDIATE DURATION SEPARATE ACCOUNT</u>	B Three-digit plan number (PN)	<u>128</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:	<u>PRINCIPAL LIQUID ASSETS SEPARATE AC</u>		
b Name of sponsor of entity listed in (a):	<u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
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)	
<u>42-0127290-024</u>	<u>P</u>		<u>40618425</u>
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)	
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)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name AMERICRAFT CARTON, INC. HOURLY RETIREMENT PLAN	
b	Name of plan sponsor GRAPHIC PACKAGING INTERNATIONAL	c EIN-PN 84-0772929-006
a	Plan name THE CROSBY COMPANY BARGAINING EMPLOYEES PENSION PLAN	
b	Name of plan sponsor THE CROSBY COMPANY	c EIN-PN 16-0396660-001
a	Plan name AMANA SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor AMANA SOCIETY	c EIN-PN 42-0112280-001
a	Plan name ROSS MOULD, LLC BARGAINING EMPLOYEES DEFINED BENEFIT PLAN	
b	Name of plan sponsor ROSS MOULD, LLC	c EIN-PN 45-2979151-001
a	Plan name PENSION PLAN FOR UNION EMPLOYEES AT ROSS SAND CASTING INDUSTRIES, INC., PLANT 3,	
b	Name of plan sponsor ROSS MOULD, LLC	c EIN-PN 45-2979151-003
a	Plan name TN AMERICAS HOLDINGS, INC. DEFINED BENEFIT PLAN - ERWIN PLANT EMPLOYEES	
b	Name of plan sponsor TN GEORGIA, INC.	c EIN-PN 58-1884128-009
a	Plan name CITATION-SOUTHERN DUCTILE CASTING COMPANY DEFINED BENEFIT PLAN FBO BESSEMER, ALABAMA BA	
b	Name of plan sponsor SOUTHERN DUCTILE CASTING COMPANY	c EIN-PN 27-1678991-001
a	Plan name CHRISTIAN DIOR, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor CHRISTIAN DIOR, INC.	c EIN-PN 13-1582526-001
a	Plan name THE RETIREMENT PLAN FOR EMPLOYEEES OF UNISEA, INC.	
b	Name of plan sponsor UNISEA INC	c EIN-PN 91-0917126-002
a	Plan name THEATRE DEVELOPMENT FUND, INC. RETIREMENT PLAN	
b	Name of plan sponsor THEATRE DEVELOPMENT FUND, INC.	c EIN-PN 13-6216919-001
a	Plan name BOHN ALUMINUM INC BULTER INDIANA PENSION FOR HOURLY EMPLOYEES REPRES	
b	Name of plan sponsor GREDE WISCONSIN SUBSIDIARIES LLC	c EIN-PN 39-1535863-001
a	Plan name VPI CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor VPI CORPORATION	c EIN-PN 20-1985702-001

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	OZARKS FEDERAL SAVINGS AND LOAN ASSOCIATION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	OZARKS FEDERAL SAVINGS AND LOAN ASSOCIATION	c EIN-PN 43-0445932-001
a	Plan name	CITATION CAMDEN CASTING, INC. HOURLY PENSION PLAN	
b	Name of plan sponsor	CAMDEN CASTING CENTER INC	c EIN-PN 62-0899399-014
a	Plan name	GROUP PENSION PLAN FOR EMPLOYEES OF ACNB BANK	
b	Name of plan sponsor	ACNB BANK	c EIN-PN 23-0581360-001
a	Plan name	FRED USINGER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FRED USINGER, INC	c EIN-PN 39-0672490-001
a	Plan name	DARLING INGREDIENTS INC. HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	DARLING INGREDIENTS INC.	c EIN-PN 36-2495346-008
a	Plan name	DARLING INGREDIENTS RETIREMENT INCOME PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	DARLING INGREDIENTS INC.	c EIN-PN 36-2495346-031
a	Plan name	EAST TEXAS SALT WATER DISPOSAL COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	EAST TEXAS SALT WATER DISPOSAL COMPANY	c EIN-PN 75-0247651-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF AMERICAN SOCIETY OF SAFETY PROFESSIONALS	
b	Name of plan sponsor	AMERICAN SOCIETY OF SAFETY PROFESSIONALS	c EIN-PN 36-2413556-001
a	Plan name	NORCAL INSURANCE COMPANY PENSION PLAN	
b	Name of plan sponsor	NORCAL INSURANCE COMPANY	c EIN-PN 94-2301054-002
a	Plan name	PARR INSTRUMENT COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	PARR INSTRUMENT COMPANY	c EIN-PN 36-1602910-001
a	Plan name	MEMBERS FIRST CREDIT UNION OF FLORIDA DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	MEMBERS FIRST CREDIT UNION OF FLORIDA	c EIN-PN 59-0777511-001
a	Plan name	CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CABELL HUNTINGTON HOSPITAL INC.	c EIN-PN 55-0675666-002

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 SASIB CORPORATION OF AMERICA EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor MPAC MACHINE COMPANY, INC.	c EIN-PN 54-0306840-002
a	Plan name THE RODON/K NEX DEFINED BENEFIT PLAN	
b	Name of plan sponsor STERLING DRIVE VENTURES, L.P.	c EIN-PN 23-2688026-001
a	Plan name NIPPON EXPRESS U.S.A. GROUP PENSION PLAN	
b	Name of plan sponsor NIPPON EXPRESS U.S.A., INC.	c EIN-PN 13-1971441-001
a	Plan name RETIREMENT PLAN OF HERSHEY CREAMERY COMPANY AND ITS SUBSIDIARIES AND AFFILIATES	
b	Name of plan sponsor HERSHEY CREAMERY COMPANY	c EIN-PN 23-0691670-001
a	Plan name INDUSTRIES FOR THE BLIND AND VISUALLY IMPAIRED, INC. SALARIED EMPLOYEES	
b	Name of plan sponsor INDUSTRIES FOR THE BLIND AND VISUALLY IMPAIRE	c EIN-PN 39-0840476-002
a	Plan name THE BETZ INDUSTRIES PENSION PLAN	
b	Name of plan sponsor BETZ INDUSTRIES	c EIN-PN 38-1243090-001
a	Plan name THE BUSINESS ROUNDTABLE, INC. PENSION RETIREMENT PLAN	
b	Name of plan sponsor THE BUSINESS ROUNDTABLE, INC.	c EIN-PN 23-7236607-001
a	Plan name HB PERFORMANCE SYSTEMS INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor HB PERFORMANCE SYSTEMS, INC.	c EIN-PN 20-2905208-001
a	Plan name SMC GLOBAL HOLDINGS, INC. RETIREMENT INCOME PLAN A	
b	Name of plan sponsor SMC GLOBAL HOLDINGS, INC.	c EIN-PN 25-0929301-002
a	Plan name ROFIN-SINAR, INC. PENSION PLAN	
b	Name of plan sponsor ROFIN-SINAR, INC.	c EIN-PN 94-3063482-002
a	Plan name MINOVA USA, INC. PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor MINOVA USA, INC.	c EIN-PN 34-1058461-010
a	Plan name HOUGHTON INTERNATIONAL INC. PENSION PLAN	
b	Name of plan sponsor HOUGHTON INTERNATIONAL INC.	c EIN-PN 23-0712270-001

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	BOOTH AMERICAN COMPANY PENSION PLAN	
b	Name of plan sponsor	BOOTH AMERICAN COMPANY	c EIN-PN 38-0826060-001
a	Plan name	MPD, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	MPD, INC.	c EIN-PN 61-1108817-001
a	Plan name	T. J. SAMSON COMMUNITY HOSPITAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	T.J. SAMSON COMMUNITY HOSPITAL, INC.	c EIN-PN 61-0461767-001
a	Plan name	ARKANSAS GLASS CONTAINER CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor	ARKANSAS GLASS CONTAINER CORPORATION	c EIN-PN 71-0288327-001
a	Plan name	ELEMENTIS SPECIALTIES, INC. CHARLESTON PLANT PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	ELEMENTIS SPECIALTIES, INC.	c EIN-PN 05-0495836-001
a	Plan name	AMERICAN CHROME AND CHEMICALS, INC. CORPUS CHRISTI PLANT PENSION PLAN	
b	Name of plan sponsor	AMERICAN CHROME AND CHEMICALS, INC.	c EIN-PN 42-1557978-004
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	ORANGE REGIONAL MEDICAL CENTER EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	GARNET HEALTH MEDICAL CENTER	c EIN-PN 84-4567449-001
a	Plan name	LITTLE VILLAGE SCHOOL DEFINED BENEFIT PLAN	
b	Name of plan sponsor	HAGEDORN LITTLE VILLAGE SCHOOL	c EIN-PN 11-2222807-001
a	Plan name	MTCO CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	M T C O CORPORATION	c EIN-PN 36-3465368-001
a	Plan name	WESTERLY COMMUNITY CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	WESTERLY COMMUNITY CREDIT UNION	c EIN-PN 05-0255222-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF THE STANDARD CLUB OF CHICAGO	
b	Name of plan sponsor	THE STANDARD CLUB OF CHICAGO	c EIN-PN 36-1811190-001

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 RETIREMENT PLAN OF COLE S QUALITY FOODS, INC. FOR EMPLOYEES IN A BARGAINING UNIT	
b	Name of plan sponsor COLE S QUALITY FOODS, INC.	c EIN-PN 38-1291439-002
a	Plan name RADIO INGRAHAM, LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor RADIO INGRAHAM, LLC	c EIN-PN 01-0794773-001
a	Plan name BC BANK, INC. PENSION PLAN	
b	Name of plan sponsor BC BANK, INC.	c EIN-PN 55-0519325-001
a	Plan name STANDARD-KNAPP, INC. AMENDED AND RESTATED HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor STANDARD-KNAPP, INC.	c EIN-PN 06-1119214-005
a	Plan name DYNEX/RIVETT INC. HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor DYNEX/RIVETT INC.	c EIN-PN 39-1279614-002
a	Plan name PENSION PLAN FOR SALARIED AND PRODUCTION EMPLOYEES OF VALLOUREC STAR, LP	
b	Name of plan sponsor VALLOUREC STAR, LP	c EIN-PN 82-0549409-002
a	Plan name HOAGLAND, LONGO, MORAN, DUNST AND DOUKAS, LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor HOAGLAND, LONGO, MORAN, DUNST AND DOUKAS	c EIN-PN 22-2135615-002
a	Plan name PENSION AGREEMENT BETWEEN AKRO-MILS AND USWA LOCAL 1761-02	
b	Name of plan sponsor MYERS INDUSTRIES, INC.	c EIN-PN 34-0778636-002
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 EDGEWOOD CENTER FOR CHILDREN AND FAMILIES RETIREMENT PLAN	
b	Name of plan sponsor EDGEWOOD CENTER FOR CHILDREN AND FAMILIES	c EIN-PN 94-1186168-001
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 GLENWOOD ACADEMY EMPLOYEES DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor GLENWOOD ACADEMY	c EIN-PN 36-2167087-001

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	MONADNOCK PAPER MILLS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MONADNOCK PAPER MILLS, INC.	c EIN-PN 02-0215853-003
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF FIRST NATIONAL BANK IN DERIDDER	
b	Name of plan sponsor	FIRST NATIONAL BANK IN DERIDDER	c EIN-PN 72-0168925-001
a	Plan name	FOLEY AND LARDNER LLP PENSION PLAN	
b	Name of plan sponsor	FOLEY AND LARDNER LLP	c EIN-PN 39-0473800-003
a	Plan name	SUNMARK CREDIT UNION CASH BALANCE RETIREMENT PENSION PLAN	
b	Name of plan sponsor	SUNMARK CREDIT UNION	c EIN-PN 14-1364933-022
a	Plan name	WESTERN INDUSTRIES, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	WESTERN INDUSTRIES, INC.	c EIN-PN 39-0808688-002
a	Plan name	NASCO PENSION PLAN	
b	Name of plan sponsor	NASCO EDUCATION LLC	c EIN-PN 81-2923579-001
a	Plan name	ADVENT ADVISORY GROUP LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor	ADVENT ADVISORY GROUP LLC	c EIN-PN 20-8592341-001
a	Plan name	INSERRA SUPERMARKETS, INC. PENSION PLAN	
b	Name of plan sponsor	INSERRA SUPERMARKETS, INC.	c EIN-PN 22-1710174-001
a	Plan name	MADISON COUNTY FEDERAL CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	MADISON COUNTY FEDERAL CREDIT UNION	c EIN-PN 35-0868126-001
a	Plan name	ONESOURCE EMPLOYEES RETIREMENT PENSION PLAN	
b	Name of plan sponsor	ONESOURCE HOLDINGS, LLC	c EIN-PN 13-2598740-001
a	Plan name	METROPOLITAN MILWAUKEE ASSOCIATION OF COMMERCE PENSION PLAN	
b	Name of plan sponsor	METROPOLITAN MILWAUKEE ASSOCIATION OF COMMERC	c EIN-PN 39-0475230-001
a	Plan name	COMMONWEALTH CREDIT UNION PENSION PLAN	
b	Name of plan sponsor	COMMONWEALTH FEDERAL CREDIT UNION DBA COMMONW	c EIN-PN 61-0671028-003

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 DEL-CO WATER COMPANY, INC. PENSION PLAN TRUST	
b	Name of plan sponsor DEL-CO WATER COMPANY, INC.	c EIN-PN 31-0749383-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CEDAR CHEMICAL CORPORATION	
b	Name of plan sponsor TRANS-RESOURCES, LLC	c EIN-PN 32-0412727-002
a	Plan name ALECTO HEALTHCARE SERVICES OHIO VALLEY LLC PENSION PLAN	
b	Name of plan sponsor ALECTO HEALTHCARE SERVICES OHIO VALLEY LLC	c EIN-PN 36-4857044-001
a	Plan name DEFINED BENEFIT PENSION PLAN OF THE METRO UNITED WAY, INC.	
b	Name of plan sponsor METRO UNITED WAY, INC.	c EIN-PN 61-0444680-001
a	Plan name MASONIC CHARITY FOUNDATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor MASONIC VILLAGE AT BURLINGTON	c EIN-PN 21-0634536-001
a	Plan name THE DEFINED BENEFIT PLAN OF UNITED WAY OF GREATER ST. LOUIS INC.	
b	Name of plan sponsor UNITED WAY OF GREATER ST. LOUIS INC.	c EIN-PN 43-0714167-001
a	Plan name GRAIN CRAFT, INC. RETIREMENT PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor GRAIN CRAFT, LLC	c EIN-PN 58-1920393-003
a	Plan name PETROLEUM HEAT AND POWER CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor PETROLEUM HEAT AND POWER CO., INC.	c EIN-PN 06-1183025-005
a	Plan name FIRST HARVEST FEDERAL CREDIT UNION CASH BALANCE DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor FIRST HARVEST FEDERAL CREDIT UNION	c EIN-PN 21-0641594-001
a	Plan name ALON USA PENSION PLAN	
b	Name of plan sponsor ALON USA GP, LLC	c EIN-PN 22-3879832-001
a	Plan name ORICA USA INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor ORICA USA INC.	c EIN-PN 75-2661387-001
a	Plan name AMERICAN BROADCAST EMPLOYEES FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN BROADCAST EMPLOYEES FED CREDIT UNION	c EIN-PN 13-6360695-001

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	FARMER BROS. CO. PENSION PLAN	
b	Name of plan sponsor	FARMER BROS. CO.	c EIN-PN 95-0725980-002
a	Plan name	MAKINO INC. PENSION PLAN	
b	Name of plan sponsor	MAKINO INC.	c EIN-PN 31-0352460-119
a	Plan name	SECURITY STATE BANK OF HIBBING PENSION PLAN	
b	Name of plan sponsor	SECURITY STATE BANK OF HIBBING	c EIN-PN 41-0531720-001
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
a	Plan name	RETIREMENT AND BENEFIT PLAN OF GUEST SERVICES, INC.	
b	Name of plan sponsor	GUEST SERVICES, INC.	c EIN-PN 53-0164700-003
a	Plan name	UNITED DAIRY INC SALARIED EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	UNITED DAIRY INC	c EIN-PN 34-1141090-002
a	Plan name	VISION BENEFITS OF AMERICA EMPLOYEES DEFINED BENEFIT PLAN	
b	Name of plan sponsor	VISION BENEFITS OF AMERICA	c EIN-PN 25-1149206-002
a	Plan name	FARMER BROS. CO. HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	FARMER BROS. CO.	c EIN-PN 95-0725980-006
a	Plan name	COOLEY INCORPORATED PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	COOLEY, INCORPORATED	c EIN-PN 05-0124330-002
a	Plan name	ELEMENTIS GLOBAL CAREER REWARD PLAN	
b	Name of plan sponsor	ELEMENTIS GLOBAL LLC	c EIN-PN 51-0357741-011
a	Plan name	ELEMENTIS CHEMICALS INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	ELEMENTIS CHEMICAL INC.	c EIN-PN 51-0259017-001
a	Plan name	ELEMENTIS SPECIALTIES, INC. ST. LOUIS PLANT PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	ELEMENTIS SPECIALTIES, INC.	c EIN-PN 05-0495836-003

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 NORTH EASTON SAVINGS BANK PENSION PLAN	
b	Name of plan sponsor NORTH EASTON SAVINGS BANK	c EIN-PN 99-0481036-001
a	Plan name PENSION PLAN OF CENTERS FOR YOUTH AND FAMILIES	
b	Name of plan sponsor CENTERS FOR YOUTH AND FAMILIES, INC	c EIN-PN 71-0415350-001
a	Plan name DEFINED BENEFIT PENSION PLAN OF THE ALLENDALE ASSOCIATION	
b	Name of plan sponsor THE ALLENDALE ASSOCIATION	c EIN-PN 36-2177140-001
a	Plan name MIDWEST FAMILY MUTUAL INSURANCE COMPANY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor MIDWEST FAMILY MUTUAL INSURANCE COMPANY	c EIN-PN 41-0417260-001
a	Plan name HEALTH SERVICES RETIREMENT PLAN KINGSBROOK JEWISH MEDICAL CENTER	
b	Name of plan sponsor KINGSBROOK JEWISH MEDICAL CENTER	c EIN-PN 11-1631746-050
a	Plan name CROZER-KEYSTONE HEALTH SYSTEM EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor PROSPECT CROZER, LLC	c EIN-PN 61-1778286-001
a	Plan name MALTEUROP NORTH AMERICA INC. HOURLY PENSION PLAN	
b	Name of plan sponsor MALTEUROP NORTH AMERICA INC.	c EIN-PN 75-3269114-001
a	Plan name TEXAS FARM PRODUCTS HOLDING COMPANY DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor TEXAS FARM PRODUCTS COMPANY	c EIN-PN 75-0604330-001
a	Plan name RESTATED PENSION PLAN FOR HOURLY-RATED EMPLOYEES OF AMG VANADIUM LLC	
b	Name of plan sponsor AMG VANADIUM LLC	c EIN-PN 20-2931565-001
a	Plan name PENSION PLAN FOR NON-SALARIED EMPLOYEES AT WENATCHEE	
b	Name of plan sponsor AMG ALUMINUM NORTH AMERICA, LLC	c EIN-PN 26-2388225-018
a	Plan name PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.	
b	Name of plan sponsor EASTER SEALS, INC.	c EIN-PN 36-2171729-001
a	Plan name THE SPRINGPOINT AT MEADOW LAKES, INC. UNION PENSION PLAN	
b	Name of plan sponsor SPRINGPOINT SENIOR LIVING	c EIN-PN 21-0643358-002

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	THE PENSION PLAN FOR THE MOTT CHILDREN S HEALTH CENTER	
b	Name of plan sponsor	MOTT CHILDREN S HEALTH CENTER	c EIN-PN 38-1878678-001
a	Plan name	YONKERS RACING CORPORATION PENSION PLAN	
b	Name of plan sponsor	YONKERS RACING CORPORATION	c EIN-PN 83-2428409-001
a	Plan name	CONCENTRIC ROCKFORD INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CONCENTRIC ROCKFORD INC.	c EIN-PN 36-3262177-002
a	Plan name	THE SOCIETY OF NAVAL ARCHITECTS AND MARINE ENGINEERS PENSION PLAN FOR EMPLOYEES	
b	Name of plan sponsor	THE SOCIETY OF NAVAL ARCHITECTS AND MARINE EN	c EIN-PN 13-5631379-001
a	Plan name	VANDERHEYDEN HALL, INC. EMPLOYEES PENSION PLAN AND TRUST	
b	Name of plan sponsor	VANDERHEYDEN HALL, INC.	c EIN-PN 14-1338575-001
a	Plan name	DEFINED BENEFIT PENSION PLAN OF THE UNION SETTLEMENT ASSOCIATION	
b	Name of plan sponsor	UNION SETTLEMENT ASSOCIATION, INC.	c EIN-PN 13-1632530-001
a	Plan name	SOFTHEON INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	SOFTHEON, INC.	c EIN-PN 11-3580784-001
a	Plan name	RETIREMENT PLAN OF FORTH WORTH MUSEUM OF SCIENCE AND HISTORY	
b	Name of plan sponsor	FORT WORTH MUSEUM OF SCIENCE AND HISTORY	c EIN-PN 75-0755335-001
a	Plan name	CATALENT PHARMA SOLUTIONS, LLC PENSION PLAN	
b	Name of plan sponsor	CATALENT PHARMA SOLUTIONS, INC.	c EIN-PN 13-3523163-010
a	Plan name	SUPERIOR FIBERS, LLC SHAWNEE PLANTDEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	SUPERIOR FIBERS, LLC	c EIN-PN 31-1088252-003
a	Plan name	PENSION PLAN FOR CERTAIN HOURLY EMPLOYEES OF PAULO PRODUCTS COMPANY AND AFFILIATES	
b	Name of plan sponsor	PAULO PRODUCTS COMPANY	c EIN-PN 43-0618815-003
a	Plan name	HARBOR INDUSTRIES, INC. PENSION PLAN	
b	Name of plan sponsor	HARBOR INDUSTRIES, INC.	c EIN-PN 38-0591933-002

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 ACS EMPLOYEES DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor ALASKA CLEAN SEAS	c EIN-PN 92-0163046-001
a	Plan name THE RETIREMENT PLAN OF APPLE BANK FOR SAVINGS	
b	Name of plan sponsor APPLE BANK	c EIN-PN 13-0822710-001
a	Plan name ROYAL BANANA COMPANY, INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor ROYAL BANANA COMPANY, INC.	c EIN-PN 38-2313960-001
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 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 RETIREMENT PLAN FOR EMPLOYEES OF RANGE REGIONAL HEALTH SERVICES	
b	Name of plan sponsor RANGE REGIONAL HEALTH SERVICES	c EIN-PN 41-1293970-003
a	Plan name RICHMOND-SANTA ROSA-VALLEJO NEWSPAPER GUILD RETIREMENT PLAN	
b	Name of plan sponsor RICHMOND-SANTA ROSA-VALLEJO NEWSPAPER GUILD R	c EIN-PN 94-6115024-001
a	Plan name TUBELITE, INC. HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor APOGEE SFS US, LLC.	c EIN-PN 38-3133728-006
a	Plan name FOUR WINDS, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor FOUR WINDS, INC.	c EIN-PN 13-2919257-001
a	Plan name MONONGAHELA VALLEY ASSOCIATION OF HEALTH CENTERS, INC. PENSION PLAN FOR NONBARGAINING	
b	Name of plan sponsor MONONGAHELA VALLEY ASSOCIATION OF HEALTH CENT	c EIN-PN 55-0419191-003
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 PENSION PLAN OF UNITED WAY WORLDWIDE	
b	Name of plan sponsor UNITED WAY WORLDWIDE	c EIN-PN 13-1635294-333

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	SUMITOMO MACHINERY CORPORATION OF AMERICA PENSION PLAN
b	Name of plan sponsor	SUMITOMO MACHINERY CORPORATION OF AMERICA
c	EIN-PN	22-1815055-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF NORTHERN MONTANA HOSPITAL
b	Name of plan sponsor	NORTHERN MONTANA HOSPITAL
c	EIN-PN	81-0231787-001
a	Plan name	NEGWER MATERIALS, INC. RETIREMENT BENEFIT PLAN
b	Name of plan sponsor	NEGWER MATERIALS, INC.
c	EIN-PN	43-0768136-003
a	Plan name	RETIREMENT INCOME PLAN FOR EMPLOYEES OF INDUSTRIAL METAL PRODUCTS CORPORATION
b	Name of plan sponsor	INDUSTRIAL METAL PRODUCTS CORPORATION
c	EIN-PN	38-0677845-001
a	Plan name	ITS, INC. PENSION PLAN
b	Name of plan sponsor	ITS, INC.
c	EIN-PN	42-1171146-001
a	Plan name	WYKAGYL COUNTRY CLUB, INC. PENSION PLAN
b	Name of plan sponsor	WYKAGYL COUNTRY CLUB, INC.
c	EIN-PN	13-1737897-002
a	Plan name	PENSION PLAN OF METALLURG, INC.
b	Name of plan sponsor	METALLURG, INC.
c	EIN-PN	13-1661467-002
a	Plan name	HAMILTON CASTER AND MFG. CO. PENSION PLAN
b	Name of plan sponsor	HAMILTON CASTER AND MFG. CO.
c	EIN-PN	31-0308370-001
a	Plan name	VMPC RESOURCES EMPLOYEE PENSION PLAN
b	Name of plan sponsor	VMPC RESOURCES EMPLOYEE PENSION PLAN
c	EIN-PN	43-1765140-001
a	Plan name	FINS CASH BALANCE PLAN
b	Name of plan sponsor	FUN IN SWIMMING, INC.
c	EIN-PN	76-0629138-002
a	Plan name	HITACHI ASTEMO FINDLAY INC PENSION
b	Name of plan sponsor	HITACHI ASTEMO FINDLAY, INC.
c	EIN-PN	31-1252372-003
a	Plan name	JEWISH HOME FOR THE ELDERLY DEFINED BENEFIT PENSION PLAN
b	Name of plan sponsor	THE JEWISH HOME FOR THE ELDERLY
c	EIN-PN	06-0846991-001

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 SUN COMMUNITY FEDERAL CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor SUN COMMUNITY FEDERAL CREDIT UNION	c EIN-PN 95-1879075-001
a	Plan name EMPLOYEES PENSION PLAN OF AMERICAN ORT, INC.	
b	Name of plan sponsor ORT AMERICA, INC.	c EIN-PN 13-5562424-002
a	Plan name PENSION PLAN FOR EMPLOYEES OF ADVANCED SILICON MATERIALS, LLC	
b	Name of plan sponsor REC ADVANCED SILICON MATERIALS, LLC	c EIN-PN 20-3097239-002
a	Plan name SP NEWSPRINT CO. PENSION PLAN	
b	Name of plan sponsor BRANT INDUSTRIES, INC.	c EIN-PN 20-2432257-002
a	Plan name SOUTHCORP USA HOLDINGS, INC. PENSION PLAN	
b	Name of plan sponsor TREASURY WINE ESTATES	c EIN-PN 94-2227626-010
a	Plan name SERVICE PIPE AND SUPPLY, INC. RETIREMENT PLAN	
b	Name of plan sponsor SERVICE PIPE AND SUPPLY, INC.	c EIN-PN 35-1152006-001
a	Plan name BANK OF WIGGINS PENSION PLAN	
b	Name of plan sponsor BANK OF WIGGINS	c EIN-PN 64-0117320-002
a	Plan name MAUL TECHNOLOGY PENSION PLAN	
b	Name of plan sponsor MAUL TECHNOLOGY, A DIVISION OF VHC, LTD.	c EIN-PN 13-3414104-001
a	Plan name EMPLOYEE BENEFITS PLAN OF METHODIST CHILDREN S HOME SOCIETY	
b	Name of plan sponsor METHODIST CHILDREN S HOME SOCIETY	c EIN-PN 38-1240951-004
a	Plan name U.S. AXLE, INC. HOURLY EMPLOYEES PENSION PLAN AND TRUST	
b	Name of plan sponsor U.S. AXLE, INC.	c EIN-PN 23-2049713-002
a	Plan name CEMETERY EMPLOYER ASSOCIATION UNION PENSION PLAN	
b	Name of plan sponsor CEMETERY EMPLOYER ASSOCIATION UNION PENSION P	c EIN-PN 05-0531461-001
a	Plan name FOUR ROSES DISTILLERY, LLC PENSION PLAN	
b	Name of plan sponsor FOUR ROSES DISTILLERY, LLC	c EIN-PN 06-1636822-002

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 CHARLOTTESVILLE PATHOLOGY ASSOCIATES, PLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor CHARLOTTESVILLE PATHOLOGY ASSOCIATES, PLC	c EIN-PN 54-1686955-003
a	Plan name HAMMERSMITH MANUFACTURING AND SALES, INC. EMPLOYEE DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor HAMMERSMITH MANUFACTURING AND SALES, INC.	c EIN-PN 48-0805986-001
a	Plan name DEFINED BENEFIT PENSION PLAN OF AFFINIA HEALTHCARE	
b	Name of plan sponsor AFFINIA HEALTHCARE	c EIN-PN 43-0817642-001
a	Plan name IQ CREDIT UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor IQ CREDIT UNION	c EIN-PN 91-0576399-003
a	Plan name PINELAWN CEMETERY RETIREMENT PLAN	
b	Name of plan sponsor PINELAWN CEMETERY	c EIN-PN 11-1190044-003
a	Plan name EMPLOYEES RETIREMENT PLAN OF THE UNION LEAGUE CLUB	
b	Name of plan sponsor THE UNION LEAGUE CLUB	c EIN-PN 13-1423100-001
a	Plan name THE MINES PRESS, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor THE MINES PRESS, INC.	c EIN-PN 13-5615119-001
a	Plan name NAVY MUTUAL AID ASSOCIATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor NAVY MUTUAL AID ASSOCIATION	c EIN-PN 53-0116720-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF DIAMOND FRUIT GROWERS, INC.	
b	Name of plan sponsor DIAMOND FRUIT GROWERS, INC	c EIN-PN 93-0113905-001
a	Plan name KAWASAKI MOTORS CORP., U.S.A. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor KAWASAKI MOTORS CORP., U.S.A.	c EIN-PN 22-1824424-003
a	Plan name PENSION PLAN FOR EMPLOYEES OF THE CHARLES STEWART MOTT FOUNDATION	
b	Name of plan sponsor THE CHARLES STEWART MOTT FOUNDATION	c EIN-PN 38-1211227-001
a	Plan name CAMPUS USA CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor CAMPUS USA CREDIT UNION	c EIN-PN 59-0637646-001

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 WISE FOODS PENSION PLAN	
b	Name of plan sponsor WISE FOODS, INC.	c EIN-PN 51-0370373-002
a	Plan name COLUMBIA MEMORIAL HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor COLUMBIA MEMORIAL HOSPITAL	c EIN-PN 93-0583856-001
a	Plan name EP-DIRECT RETIREMENT PLAN	
b	Name of plan sponsor EP DIRECT	c EIN-PN 39-1287457-001
a	Plan name UNITED OHIO INSURANCE COMPANY PENSION PLAN	
b	Name of plan sponsor UNITED OHIO INSURANCE COMPANY	c EIN-PN 34-1008736-001
a	Plan name MINOVA USA, INC. PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor MINOVA USA, INC.	c EIN-PN 34-1058461-011
a	Plan name CRYSTAL CRUISES PENSION PLAN	
b	Name of plan sponsor CRYSTAL CRUISES, LLC	c EIN-PN 95-4156825-001
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 AMERICAN SOYBEAN ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN SOYBEAN ASSOCIATION	c EIN-PN 42-0688064-333
a	Plan name IHCC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor INVESTORS HERITAGE CAPITAL CORPORATION	c EIN-PN 61-6030333-001
a	Plan name ELEMENTIS SPECIALTIES, INC. NEWBERRY SPRINGS PLANT AND HECTOR MINE PENSION PLAN FOR HOURLY	
b	Name of plan sponsor ELEMENTIS SPECIALTIES, INC.	c EIN-PN 05-0495836-002
a	Plan name RETIREMENT PLAN FOR BARGAINING-UNIT EMPLOYEES OF ELEMENTIS PIGMENTS INC.	
b	Name of plan sponsor ELEMENTIS GLOBAL LLC	c EIN-PN 51-0357741-003
a	Plan name FARMERS STATE BANK PENSION PLAN	
b	Name of plan sponsor FARMERS STATE BANK	c EIN-PN 75-0264630-001

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	BLACK BUTTE COAL COMPANY PENSION PLAN	
b	Name of plan sponsor	BLACK BUTTE COAL COMPANY	c EIN-PN 47-6090898-001
a	Plan name	AREA ERECTORS, INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	AREA ERECTORS, INC.	c EIN-PN 36-2536514-002
a	Plan name	GRAND LODGE OF MASONS OR MASONIC HOME, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	GRAND LODGE OF MASONS IN MASSACHUSETTS	c EIN-PN 04-1383607-001
a	Plan name	THE PENSION PLAN OF COMMUNITY ACTION ORGANIZATION OF ERIE COUNTY, INC.	
b	Name of plan sponsor	THE COMMUNITY ACTION ORGANIZATION OF ERIE COU	c EIN-PN 16-0911473-001
a	Plan name	MPAC RICHMOND EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MPAC MACHINE COMPANY, INC.	c EIN-PN 54-0306840-001
a	Plan name	SANDY SPRING BANCORP, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	SANDY SPRING BANCORP, INC.	c EIN-PN 52-1532952-001
a	Plan name	NEWSPAPERS OF NEW ENGLAND, INC. PENSION PLAN	
b	Name of plan sponsor	NEWSPAPERS OF NEW ENGLAND, INC.	c EIN-PN 04-2626570-004
a	Plan name	MOUNTAINONE FINANCIAL, INC. PENSION PLAN	
b	Name of plan sponsor	MOUNTAINONE FINANCIAL, INC.	c EIN-PN 36-4495073-001
a	Plan name	THE JEPH PENSION PLAN	
b	Name of plan sponsor	ELMHURST DAIRY, INC.	c EIN-PN 11-1604484-004
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	FURUKAWA ROCK DRILL USA DEFINED BENEFIT PLAN	
b	Name of plan sponsor	FURUKAWA ROCK DRILL USA	c EIN-PN 34-1656244-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF LOUISIANA MACHINERY COMPANY, L.L.C.	
b	Name of plan sponsor	LOUISIANA MACHINERY COMPANY, L.L.C.	c EIN-PN 72-0540373-001

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	COMMUNITY ACTION AGENCY OF SOUTH ALABAMA DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	COMMUNITY ACTION AGENCY OF SOUTH ALABAMA	c EIN-PN 63-0510904-001
a	Plan name	VAN HOOSE CONSTRUCTION CASH BALANCE PLAN	
b	Name of plan sponsor	VAN HOOSE CONSTRUCTION	c EIN-PN 73-1123324-002
a	Plan name	MONADNOCK PENSION PLAN	
b	Name of plan sponsor	MONADNOCK PAPER MILLS, INC.	c EIN-PN 02-0215853-001
a	Plan name	PRIMUS PIPE AND TUBE, INC. WAGE RETIREMENT PLAN	
b	Name of plan sponsor	PRIMUS PIPE AND TUBE, INC.	c EIN-PN 22-3052092-102
a	Plan name	SHELTERING ARMS CHILDREN AND FAMILY SERVICES, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	SHELTERING ARMS CHILDREN AND FAMILY SERVICES,	c EIN-PN 13-3709095-001
a	Plan name	BRETHREN MUTUAL INSURANCE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BRETHREN MUTUAL INSURANCE COMPANY	c EIN-PN 52-0254590-001
a	Plan name	MONOFRAX, LLC PENSION PLAN FOR REPRESENTED EMPLOYEES OF FALCONER, NEW YORK	
b	Name of plan sponsor	MONOFRAX, LLC	c EIN-PN 20-8250290-003
a	Plan name	IKG HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	IKG USA, LLC	c EIN-PN 84-2520329-019
a	Plan name	BEACON CREDIT UNION CASH BALANCE DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	BEACON CREDIT UNION	c EIN-PN 35-6025844-002
a	Plan name	DEFINED BENEFIT PENSION PLAN FOR FORMER HEARTLAND BANK EMPLOYEES	
b	Name of plan sponsor	MIDLAND STATES BANK	c EIN-PN 37-0259550-003
a	Plan name	ENGINEERED MATERIALS SOLUTIONS PENSION PLAN	
b	Name of plan sponsor	EMS ENGINEERED MATERIALS SOLUTIONS, LLC	c EIN-PN 26-0752055-003
a	Plan name	NATIONAL MINING ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL MINING ASSOCIATION	c EIN-PN 52-1916480-003

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	SUPERIOR FIBERS, LLC DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	SUPERIOR FIBERS, LLC	c EIN-PN 31-1088252-001
a	Plan name	ALM MEDIA, LLC PENSION PLAN	
b	Name of plan sponsor	ALM MEDIA, LLC	c EIN-PN 13-3273851-003
a	Plan name	SPENCER SAVINGS BANK, SLA EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	SPENCER SAVINGS BANK, SLA	c EIN-PN 22-1296609-001
a	Plan name	SUMMIT SCHOOL AT NYACK RETIREMENT PLAN	
b	Name of plan sponsor	THE SUMMIT SCHOOL	c EIN-PN 11-2167091-002
a	Plan name	PRINCIPAL PENSION PLAN FOR CERTAIN FORMER AGENTS	
b	Name of plan sponsor	PRINCIPAL FINANCIAL GROUP, INC.	c EIN-PN 42-1520346-001
a	Plan name	GENERAL DEVICES CO., INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	GENERAL DEVICES CO., INC.	c EIN-PN 35-0922446-001
a	Plan name	THE RETIREMENT PLAN OF NORTH SHORE ANIMAL LEAGUE AMERICA, INC.	
b	Name of plan sponsor	NORTH SHORE ANIMAL LEAGUE AMERICA, INC.	c EIN-PN 11-1666852-002
a	Plan name	GREENSBORO SCIENCE CENTER EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	GREENSBORO SCIENCE CENTER	c EIN-PN 56-0885727-001
a	Plan name	REFRESCO BEVERAGES US INC. - CONCORDVILLE PENSION PLAN	
b	Name of plan sponsor	REFRESCO BEVERAGES US INC.	c EIN-PN 58-1947565-004
a	Plan name	MOUNT AUBURN CEMETERY RETIREMENT INCOME PLAN	
b	Name of plan sponsor	PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN	c EIN-PN 04-1641320-001
a	Plan name	MIDWEST ENERGY COOPERATIVE PENSION PLAN	
b	Name of plan sponsor	MIDWEST ENERGY COOPERATIVE	c EIN-PN 38-3386126-001
a	Plan name	AB MAURI FOOD INC. RETIREMENT PLAN	
b	Name of plan sponsor	AB MAURI FOOD INC	c EIN-PN 22-2723920-333

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 CUNNINGHAM WHOLESALE COMPANY, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor CUNNINGHAM WHOLESALE COMPANY, INC.	c EIN-PN 56-0194146-001
a	Plan name SOUTHSIDE BANCSHARES, INC. DEFINED BENEFIT PL FOR FORMER EMPLOYEES OF OMNIAMERICAN BANK	
b	Name of plan sponsor SOUTHSIDE BANCSHARES, INC.	c EIN-PN 75-1848732-006
a	Plan name THE PENSION PLAN FOR EMPLOYEES OF KBC BANK N. V., NEW YORK BRANCH	
b	Name of plan sponsor KBC BANK N.V., NEW YORK BRANCH	c EIN-PN 52-2100337-003
a	Plan name GROUP PENSION PLAN FOR THE EMPLOYEES OF ZIPPO MANUFACTURING COMPANY	
b	Name of plan sponsor ZIPPO MANUFACTURING COMPANY	c EIN-PN 25-0920247-001
a	Plan name LOUIS DREYFUS PENSION PLAN	
b	Name of plan sponsor LOUIS DREYFUS COMPANY LLC	c EIN-PN 27-3304138-001
a	Plan name LLFLEX PENSION PLAN FOR HOURLY EMPLOYEES OF LOUISVILLE LAMINATING PLANT	
b	Name of plan sponsor LLFLEX, LLC	c EIN-PN 45-3673324-003
a	Plan name UNITED STEELWORKERS OF AMERICA AND VELSICOL CHEMICAL CORP AMENDED AND RESTATED PENSION	
b	Name of plan sponsor VELSICOL CHEMICAL, LLC	c EIN-PN 36-2581533-006
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF SOUTHAMPTON HOSPITAL ASSOCIATION	
b	Name of plan sponsor SOUTHAMPTON HOSPITAL ASSOCIATION	c EIN-PN 11-1667765-001
a	Plan name GREDE WISCONSIN LLC RETIREMENT INCOME PLAN	
b	Name of plan sponsor GREDE WISCONSIN SUBSIDIARIES, LLC	c EIN-PN 39-1535863-003
a	Plan name IMPERIAL SUGAR COMPANY RETIREMENT PLAN	
b	Name of plan sponsor UNITED STATES SUGAR SAVANNAH REFINERY LLC	c EIN-PN 86-3775804-003
a	Plan name AIR AND SPACE FORCES ASSOCIATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor AIR AND SPACE FORCES ASSOCIATION	c EIN-PN 52-6043929-001
a	Plan name SONESTA INTERNATIONAL HOTELS CORPORATION PENSION PLAN	
b	Name of plan sponsor SONESTA INTERNATIONAL HOTELS CORPORATION	c EIN-PN 45-3784316-001

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	HSRP PLAN FOR EPISCOPAL HEALTH SERVICES INC.
b	Name of plan sponsor	EPISCOPAL HEALTH SERVICES, INC.
c	EIN-PN	11-1665825-005
a	Plan name	EASTERN CONNECTICUT HEALTH NETWORK, INC. PENSION PLAN
b	Name of plan sponsor	PROSPECT ECHN, INC.
c	EIN-PN	81-2312893-001
a	Plan name	RETIREMENT PLAN OF COLE S QUALITY FOODS, INC. FOR NON-BARGAINING UNIT
b	Name of plan sponsor	CQF HOLDCO, INC.
c	EIN-PN	38-1291439-001
a	Plan name	EAGLE HILL FOUNDATION, INC. PENSION PLAN
b	Name of plan sponsor	EAGLE HILL FOUNDATION, INC.
c	EIN-PN	06-1072231-001
a	Plan name	VISCOFAN USA, INC. RETIREMENT PLAN
b	Name of plan sponsor	VISCOFAN USA, INC.
c	EIN-PN	63-1196441-007
a	Plan name	R MENT PLAN FOR HRLY EES OF VISCOFAN USA, INC BY THE UNION OF THE NY JOINT BOARD OF UNITE
b	Name of plan sponsor	VISCOFAN USA, INC.
c	EIN-PN	63-1196441-008
a	Plan name	PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.
b	Name of plan sponsor	EASTER SEALS UCP NORTH CAROLINA AND VIRGINIA, I
c	EIN-PN	56-0670676-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF EASTER SEALS, INC.
b	Name of plan sponsor	EASTER SEALS SOUTHERN CALIFORNIA
c	EIN-PN	94-3068149-001
a	Plan name	VILLAGE-LOCAL 72 RETAIL CLERKS EES RET. PLAN
b	Name of plan sponsor	VILLAGE SUPER MARKET, INC.
c	EIN-PN	22-1576170-003
a	Plan name	AZTEC SHOPS, LTD. DEFINED BENEFIT PENSION PLAN - HOURLY EMPLOYEES
b	Name of plan sponsor	AZTEC SHOPS, LTD
c	EIN-PN	95-0516240-001
a	Plan name	THE RETIREMENT PLAN OF RHINEBECK BANK
b	Name of plan sponsor	RHINEBECK BANK
c	EIN-PN	14-1002430-001
a	Plan name	REUTHER MATERIAL COMPANY, INC. EMPLOYEES PENSION PLAN
b	Name of plan sponsor	REUTHER MATERIAL COMPANY, INC.
c	EIN-PN	22-1228835-001

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	CARTHAGE AREA HOSPITAL EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CARTHAGE AREA HOSPITAL	c EIN-PN 15-0622079-001
a	Plan name	VAN DOREN SALES, INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	VAN DOREN SALES, INC.	c EIN-PN 91-0646418-001
a	Plan name	JEFFERSON REHABILITATION CENTER, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	JEFFERSON REHABILITATION CENTER, INC.	c EIN-PN 16-1134631-001
a	Plan name	LOS ANGELES TOURISM AND CONVENTION BOARD RETIREMENT INCOME PLAN	
b	Name of plan sponsor	L.A. TOURISM AND CONVENTION BOARD	c EIN-PN 95-3165255-001
a	Plan name	TRIMAS UNION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	TRIMAS CORPORATION	c EIN-PN 38-2687639-043
a	Plan name	ICON CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	HORIZON CREDIT UNION	c EIN-PN 91-0567788-002
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	ALL-STATE INTERNATIONAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ALL-STATE INTERNATIONAL, INC.	c EIN-PN 22-1496795-002
a	Plan name	H.H. BENFIELD ELECTRIC SUPPLY CO., INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	H. H. BENFIELD ELECTRIC SUPPLY CO., INC.	c EIN-PN 13-1697547-001
a	Plan name	ROTOR CLIP COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ROTOR CLIP COMPANY, INC.	c EIN-PN 22-3615709-001
a	Plan name	FIRST FED BANK DEFINED BENEFIT PLAN	
b	Name of plan sponsor	FIRST FED BANK	c EIN-PN 91-0369590-001
a	Plan name	PHILADELPHIA CORPORATION FOR AGING PENSION PLAN	
b	Name of plan sponsor	PHILADELPHIA CORPORATION FOR AGING	c EIN-PN 23-1905649-001

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	RETIREMENT PLAN FOR THE EMPLOYEES OF ILUKA RESOURCES INC.	
b	Name of plan sponsor	ILKUA RESOURCES INC.	c EIN-PN 59-2419741-001
a	Plan name	MUTUAL BENEFIT INSURANCE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	MUTUAL BENEFIT INSURANCE COMPANY	c EIN-PN 23-6200024-001
a	Plan name	NATIONAL GUARDIAN LIFE INSURANCE COMPANY PENSION PLAN FOR EMPLOYEES	
b	Name of plan sponsor	NATIONAL GUARDIAN LIFE INSURANCE COMPANY	c EIN-PN 39-0493780-001
a	Plan name	CELLMARK USA RETIREMENT PLAN	
b	Name of plan sponsor	CELLMARK USA, LLC	c EIN-PN 99-0362765-001
a	Plan name	STRUCTURE-TONE, INC. PENSION PLAN	
b	Name of plan sponsor	STO BUILDING GROUP INC.	c EIN-PN 81-4302917-002
a	Plan name	HOWARD MILLER - HEKMAN DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	HOWARD MILLER COMPANY	c EIN-PN 38-1258662-001
a	Plan name	SUMMIT SCHOOL RETIREMENT PLAN	
b	Name of plan sponsor	THE SUMMIT SCHOOL	c EIN-PN 11-2167091-001
a	Plan name	JCC ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH	c EIN-PN 13-5599486-333
a	Plan name	THE RETIREMENT PLAN OF UNITED ROOSEVELT SAVINGS BANK	
b	Name of plan sponsor	UNITED ROOSEVELT SAVINGS BANK	c EIN-PN 22-1239600-001
a	Plan name	BEMIS ASSOCIATES INC. PENSION AND SEVERANCE AWARD AGREEMENT	
b	Name of plan sponsor	BEMIS ASSOCIATES INC.	c EIN-PN 04-1078880-003
a	Plan name	THE MAPLE PRESS COMPANY PENSION PLAN	
b	Name of plan sponsor	THE MAPLE PRESS COMPANY	c EIN-PN 23-0838070-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRINCIPAL LDI INTERMEDIATE DURATION SEPARATE ACCOUNT	B Three-digit plan number (PN) ▶ 128
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
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)	32594200	10634960
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4443322	1818938
(2) U.S. Government securities	1c(2)	1068890418	1087888357
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	31930119	17983721
(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)	21983748	40618425
(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)	0	0
(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	1159841807	1158944401
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	27396694	-7839019
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	27396694	-7839019
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1132445113	1166783420

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)	147355	
(B) U.S. Government securities.....	2b(1)(B)	23444573	
(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)	17518245	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41110173
(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)	30936	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	26123138	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-26092202
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	2045952	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2045952

	(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)	1344848
(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)	0
c Other income	2c	16830
d Total income. Add all income amounts in column (b) and enter total	2d	18425601

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)	13406023
(6) Bank or trust company trustee/custodial fees	2i(6)	12324
(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)	67180
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	13485527
j Total expenses. Add all expense amounts in column (b) and enter total	2j	13485527

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	4940074
l Transfers of assets:		
(1) To this plan	2l(1)	124787566
(2) From this plan	2l(2)	95389333

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 _____.