

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: PRINCIPAL GLOBAL MULTI-STRATEGY SEPARATE ACCOUNT; 1b Three-digit plan number (PN): 132; 1c Effective date of plan; 2a Plan sponsor's name: PRINCIPAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 42-0127290; 2c Plan Sponsor's telephone number: 515-362-1107; 2d Business code

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	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
6g(1)																					
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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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PRINCIPAL GLOBAL MULTI-STRATEGY SEPARATE ACCOUNT</u>	B Three-digit plan number (PN)	<u>132</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)
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 PASMAR, INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PASMAR, INC.	c EIN-PN 37-0958467-004
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 MIDWEST TOPS 401K RETIREMENT PLAN	
b	Name of plan sponsor MIDWEST TOPS INC. OF OOSTBURG	c EIN-PN 39-1249518-001
a	Plan name INTERCOMP COMPANY 401K SAVINGS AND	
b	Name of plan sponsor INTERCOMP COMPANY	c EIN-PN 41-1321109-001
a	Plan name THE GREATER BOSTON HOTEL EMPLOYEES LOCAL 26 401K PLAN	
b	Name of plan sponsor COMMANDER PROPERTIES, INC.	c EIN-PN 04-2302498-003
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 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 OHIO DENTAL ASSOCIATION 401K SAVINGS PLAN	
b	Name of plan sponsor OHIO DENTAL ASSOCIATION	c EIN-PN 31-4361266-002
a	Plan name AUTO-WARES GROUP 401K SAVINGS PLAN	
b	Name of plan sponsor AWI HOLDINGS, LLC	c EIN-PN 20-3778359-001
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 7SIGNAL 401K PLAN	
b	Name of plan sponsor 7SIGNAL, INC	c EIN-PN 45-1823625-001
a	Plan name CORNERSTONE BANK 401K PLAN	
b	Name of plan sponsor CORNERSTONE BANK	c EIN-PN 22-3659781-001

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	DELLNER INC.	
b	Name of plan sponsor	DELLNER, INC.	c EIN-PN 36-3018422-001
a	Plan name	FLYNN WEALTH PARTNERS 401K PLAN	
b	Name of plan sponsor	FLYNN WEALTH PARTNERS, LLC	c EIN-PN 38-3732205-001
a	Plan name	TANDIGM HEALTH, LLC 401K PLAN	
b	Name of plan sponsor	TANDIGM HEALTH, LLC	c EIN-PN 46-5339475-001
a	Plan name	CONVEYOR AND STORAGE SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor	CONVEYOR AND STORAGE SOLUTIONS, INC.	c EIN-PN 33-0716159-001
a	Plan name	KC REAL ESTATE MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor	KC REAL ESTATE MANAGEMENT LLC	c EIN-PN 51-0499830-001
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	ALMETEK INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALMETEK INDUSTRIES, INC.	c EIN-PN 13-2808382-001
a	Plan name	IRONSIDES TECHNOLOGY, LLC 401K PLAN	
b	Name of plan sponsor	IRONSIDES TECHNOLOGY, LLC	c EIN-PN 20-5879921-001
a	Plan name	INTERNATIONAL FREIGHT TRANSPORT, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL FREIGHT TRANSPORT, INC.	c EIN-PN 22-2893156-001
a	Plan name	LANCASTER SWINE HEALTH SERVICES 401K PLAN	
b	Name of plan sponsor	LANCASTER SWINE HEALTH SERVICES, P.C.	c EIN-PN 45-2975883-001
a	Plan name	BILDSTEN LANDSCAPE SERVICES, INC. 401K PLAN	
b	Name of plan sponsor	BILDSTEN LANDSCAPE SERVICES, INC.	c EIN-PN 31-1309354-001
a	Plan name	M-PAK CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	M-PAK CONSTRUCTION, INC.	c EIN-PN 81-4676188-001

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 GLOBAL TUNGSTEN AND POWDERS CORPORATION PENSION PLAN	
b	Name of plan sponsor GLOBAL TUNGSTEN AND POWDERS LLC	c EIN-PN 77-0720929-002
a	Plan name BOVEDA INC. 401K PLAN	
b	Name of plan sponsor BOVEDA INC.	c EIN-PN 41-1881840-001
a	Plan name JAYS COMPANY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JAYS COMPANY INC	c EIN-PN 41-1763010-001
a	Plan name ON TRACK CONSTRUCTION 401K PLAN	
b	Name of plan sponsor ON TRACK CONSTRUCTION	c EIN-PN 81-3371489-001
a	Plan name BONFITTO INCORPORATED 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BONFITTO INCORPORATED	c EIN-PN 23-2628126-001
a	Plan name KASHABLE LLC	
b	Name of plan sponsor KASHABLE LLC	c EIN-PN 46-4016350-001
a	Plan name ARTHUR JENKINS, MD LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ARTHUR JENKINS, MD LLC	c EIN-PN 82-2816551-001
a	Plan name HBI, INC. 401K PLAN	
b	Name of plan sponsor HARDING BELL INTERNATIONAL, INC	c EIN-PN 59-3672993-003
a	Plan name THE OFFICIAL COMPANY, LLC 401K PLAN	
b	Name of plan sponsor THE OFFICIAL COMPANY, LLC	c EIN-PN 82-2180586-001
a	Plan name THE CORN CITY STATE BANK 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE CORN CITY STATE BANK	c EIN-PN 34-4211190-002
a	Plan name PLASTIC SURGERY SERVICES OF FREDERICKSBURG 401K PROFIT SHARING	
b	Name of plan sponsor PLASTIC SURGERY SERVICES OF FREDERICKSBURG,	c EIN-PN 54-1385681-001
a	Plan name E GROUP, INC. 401K PLAN	
b	Name of plan sponsor E GROUP, INC.	c EIN-PN 41-1793664-001

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 GLOBAL ENGINEERING AND TECHNOLOGY 401K PLAN	
b	Name of plan sponsor GLOBAL ENGINEERING AND TECHNOLOGY, INC.	c EIN-PN 65-1003579-001
a	Plan name WETHERINGTON HAMILTON, P.A. RETIREMENT PLAN	
b	Name of plan sponsor WETHERINGTON HAMILTON, P.A.	c EIN-PN 59-3353340-001
a	Plan name HEARTLAND OPTICAL, INC. SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HEARTLAND OPTICAL, INC.	c EIN-PN 47-0663058-001
a	Plan name TM CAPTURE SERVICES LLC 401K PLAN	
b	Name of plan sponsor TM CAPTURE SERVICES LLC	c EIN-PN 80-0777218-001
a	Plan name MY PILLOW 401 K PLAN	
b	Name of plan sponsor MY PILLOW, INC.	c EIN-PN 27-0478020-001
a	Plan name AMERICAN COMMERCIAL INDUSTRIAL ELECTRIC 401K PLAN	
b	Name of plan sponsor AMERICAN COMMERCIAL INDUSTRIAL ELECTRIC, LLC	c EIN-PN 20-2339779-001
a	Plan name CENTROME, INC. D/B/A ADVANCED BIOTECH CASH BALANCE PENSION TRUST	
b	Name of plan sponsor CENTROME, INC. D/B/A BIOTECH	c EIN-PN 22-3253350-003
a	Plan name QUICK TANKS/ALUM-ELEC STRUCTURES RETIREMENT READINESS 401K PLAN	
b	Name of plan sponsor QUICK TANKS, INC.	c EIN-PN 35-0891163-001
a	Plan name TONYA STEWART LAW, PA 401K PLAN	
b	Name of plan sponsor TONYA STEWART LAW, PA	c EIN-PN 81-0795153-001
a	Plan name R AND K EXCAVATION, INC. 401K PLAN	
b	Name of plan sponsor R AND K EXCAVATION, INC.	c EIN-PN 43-1563294-002
a	Plan name QEO GROUP, LLC 401K PLAN	
b	Name of plan sponsor QEO GROUP, LLC	c EIN-PN 27-1117455-002
a	Plan name EASTSPRING INVESTMENTS, INC. 401K PLAN	
b	Name of plan sponsor EASTSPRING INVESTMENTS, INC.	c EIN-PN 45-5144183-001

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	HALES MACHINE TOOL, INC. 401K PLAN	
b	Name of plan sponsor	HALES MACHINE TOOL, INC.	c EIN-PN 41-1456173-001
a	Plan name	THE AMERICAN SOCIETY FOR NONDESTRUCTIVE TESTING 401K RETIREMENT PLAN	
b	Name of plan sponsor	THE AMERICAN SOCIETY FOR NONDESTRUCTIVE	c EIN-PN 31-1231529-002
a	Plan name	SMS DIRECT 401K PLAN	
b	Name of plan sponsor	SMS DIRECT, INC.	c EIN-PN 54-1284432-001
a	Plan name	CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES 401K PLAN	
b	Name of plan sponsor	CENTREX DISTRIBUTORS, INC.	c EIN-PN 05-0427071-004
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	HARMONIX SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	HARMONIX SYSTEMS, INC. DBA LUMISTAR INC.	c EIN-PN 46-3148524-002
a	Plan name	ENCORE GROUP OF PROFESSIONALS 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ENCORE GROUP OF PROFESSIONALS	c EIN-PN 27-1122917-001
a	Plan name	BRINK CHIROPRACTIC CLINIC LLC 401K PLAN	
b	Name of plan sponsor	BRINK CHIROPRACTIC CLINIC LLC	c EIN-PN 45-3478776-001
a	Plan name	MILES AHEAD BRANDS	
b	Name of plan sponsor	MILES AHEAD MANAGEMENT, LLC	c EIN-PN 61-1966593-001
a	Plan name	RICHARD S ALTMAN PC 401K PLAN	
b	Name of plan sponsor	RICHARD S. ALTMAN PC	c EIN-PN 20-4319037-001
a	Plan name	TUTTLE AND ASSOCIATES, LLC 401K PLAN	
b	Name of plan sponsor	TUTTLE AND ASSOCIATES, LLC	c EIN-PN 82-5098937-001
a	Plan name	TRUITT AND WHITE LUMBER COMPANY PENSION PLAN	
b	Name of plan sponsor	TRUITT AND WHITE LUMBER COMPANY	c EIN-PN 94-1497579-009

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	B AND B INSTRUMENTS, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	B AND B INSTRUMENTS INC	c EIN-PN 35-1274744-001
a	Plan name	PENN PANEL AND BOX CO RETIREMENT PLAN	
b	Name of plan sponsor	PENN PANEL AND BOX CO.	c EIN-PN 23-0952492-002
a	Plan name	THE RETIREMENT PLAN OF ESSEX SAVINGS BANK	
b	Name of plan sponsor	ESSEX SAVINGS BANK	c EIN-PN 06-0336850-001
a	Plan name	CAMPBELL FOUNDRY 401K PLAN	
b	Name of plan sponsor	CAMPBELL FOUNDRY COMPANY	c EIN-PN 22-0804730-001
a	Plan name	MMR GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MMR GROUP, INC.	c EIN-PN 72-1046000-002
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	ARCH GLOBAL HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor	ARCH GLOBAL HOLDINGS LLC	c EIN-PN 45-3353645-001
a	Plan name	ZIMMERMAN INSURANCE AGENCY, INC.	
b	Name of plan sponsor	ZIMMERMAN INSURANCE AGENCY, INC.	c EIN-PN 47-0471086-001
a	Plan name	DETROIT ENGINEERED PRODUCTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DETROIT ENGINEERED PRODUCTS, INC.	c EIN-PN 38-3182776-001
a	Plan name	THE BARDESS GROUP, LTD PROFIT SHARING PLAN	
b	Name of plan sponsor	BARDESS GROUP, LTD	c EIN-PN 22-3516437-001
a	Plan name	MAURER S MARKET 401K	
b	Name of plan sponsor	KRISTIE S FOODS DELLS DBA MAURER S MARKET	c EIN-PN 81-4161056-001
a	Plan name	WILDER BROTHERS, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WILDER BROTHERS, INC.	c EIN-PN 54-2086591-001

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 GLOBAL MULTI-STRATEGY SEPARATE ACCOUNT	B Three-digit plan number (PN) ▶ 132
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.

Assets	(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) 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) 7089285	4954090
(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	7089285	4954090
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	45	47
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	45	47
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7089240	4954043

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)		
(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)		

		(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)		417173
c Other income	2c		1
d Total income. Add all income amounts in column (b) and enter total	2d		417174

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)	4391	
(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)		4391
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4391

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		412783
l Transfers of assets:			
(1) To this plan	2l(1)		1166390
(2) From this plan	2l(2)		3714370

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 _____.