

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan 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

<p>1a Name of plan <u>PRINCIPAL DIVERSIFIED INCOME SEPARATE ACCOUNT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>134</u></p>
<p>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></p> <p><u>711 HIGH STREET</u> <u>DES MOINES, IA 50392-1000</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>42-0127290</u></p> <p>2c Plan Sponsor's telephone number <u>515-362-1107</u></p> <p>2d Business code (see instructions)</p>

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>PRINCIPAL DIVERSIFIED INCOME SEPARATE ACCOUNT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>134</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>42-0127290</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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:

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 HERBOLSHEIMER, HENSON, DUNCAN, GIFT, EITEN AND HINTZ, P.C.	
b	Name of plan sponsor HERBOLSHEIMER, LANNON, HENSON, DUNCAN AND	c EIN-PN 36-2784173-001
a	Plan name PASMAR, INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PASMAR, INC.	c EIN-PN 37-0958467-004
a	Plan name CASE FARMS 401K PLAN	
b	Name of plan sponsor CASE FOODS, INC.	c EIN-PN 52-1702529-001
a	Plan name BAADER NORTH AMERICA CORPORATION 401K RETIREMENT PLAN	
b	Name of plan sponsor BAADER NORTH AMERICA CORPORATION	c EIN-PN 04-2694739-002
a	Plan name SPELLMAN, SPELLMAN, SPELLMAN, SPELLMAN AND KEALHOFER PROFIT SHARING PLAN	
b	Name of plan sponsor SPELLMAN SPELLMAN SPELLMAN SPELLMAN KEALHOFER	c EIN-PN 42-0934216-001
a	Plan name EXXEL ENGINEERING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EXXEL ENGINEERING, INC.	c EIN-PN 38-1981508-001
a	Plan name D AGOSTINO IZZO QUIRK SAVINGS PLAN	
b	Name of plan sponsor D AGOSTINO IZZO QUIRK ARCHITECTS	c EIN-PN 04-3298785-001
a	Plan name WRIGHT-GARDNER INSURANCE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WRIGHT-GARDNER INSURANCE, INC.	c EIN-PN 52-0584140-003
a	Plan name HIGHLIGHT INDUSTRIES INC 401K RETIREMENT PLAN	
b	Name of plan sponsor HIGHLIGHT INDUSTRIES INC	c EIN-PN 38-2418671-001
a	Plan name NATIONAL LEADBURNERS PENSION FUND 401K PLAN	
b	Name of plan sponsor NATIONAL LEADBURNERS	c EIN-PN 23-2251078-333
a	Plan name HOMETOWN RESTYLING, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor HOMETOWN RESTYLING, LLC	c EIN-PN 82-3768253-001
a	Plan name JASPER PRODUCTS L.L.C. 401K PLAN	
b	Name of plan sponsor JASPER PRODUCTS L.L.C.	c EIN-PN 43-1838738-001

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 TWENTY-FIRST CENTURY PRESS 401K PLAN	
b	Name of plan sponsor TWENTY-FIRST CENTURY PRESS, INC.	c EIN-PN 16-1555737-001
a	Plan name HENEGHAN AND ASSOCIATES, P.C. SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor HENEGHAN AND ASSOCIATES, P.C.	c EIN-PN 37-1194616-001
a	Plan name CONTROL CHIEF CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CONTROL CHIEF CORPORATION	c EIN-PN 25-1210844-001
a	Plan name DUI COUNTERATTACK, HILLSBOROUGH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DUI COUNTERATTACK, HILLSBOROUGH, INC.	c EIN-PN 23-7126778-001
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 FIORE AND SONS, INC. 401K PLAN	
b	Name of plan sponsor FIORE AND SONS, INC.	c EIN-PN 84-0789161-001
a	Plan name THREAD-RITE TOOL AND MFG, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor THREAD-RITE TOOL AND MFG, INC.	c EIN-PN 31-0783993-001
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 HOLLYWOOD PARK CASINO COMPANY, LLC 401K PLAN	
b	Name of plan sponsor HOLLYWOOD PARK CASINO COMPANY, LLC	c EIN-PN 20-5136818-001
a	Plan name SEVENTH SENSE CONSULTING, LLC 401K PLAN	
b	Name of plan sponsor SEVENTH SENSE CONSULTING, LLC	c EIN-PN 45-4768424-001
a	Plan name PETROPLEX ACIDIZING, INC. 401K PLAN	
b	Name of plan sponsor PETROPLEX ACIDIZING, INC.	c EIN-PN 75-1763027-001
a	Plan name DR. ROBERT H. ZOELLNER AND ASSOCIATES, P.C. RETIREMENT PLAN	
b	Name of plan sponsor DR. ROBERT H. ZOELLNER AND ASSOC AND TULSA AUTO	c EIN-PN 73-1471990-001

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	INFINITY EXCAVATING, LLC SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INFINITY EXCAVATING, LLC	c EIN-PN 68-0648667-001
a	Plan name	NEW BREED 401K PLAN	
b	Name of plan sponsor	NEW BREED MARKETING	c EIN-PN 54-2063048-001
a	Plan name	FRESHONE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FRESHONE, LLC	c EIN-PN 87-0763259-001
a	Plan name	WCH SYNERGY INVESTMENTS, LLC 401K PLAN	
b	Name of plan sponsor	WCH SYNERGY INVESTMENTS, LLC	c EIN-PN 27-3027530-001
a	Plan name	LABC AND LABC INSTITUTE 401K PLAN	
b	Name of plan sponsor	LOS ANGELES BUSINESS COUNCIL	c EIN-PN 95-1366460-001
a	Plan name	ARTS AND SCIENCES DEPARTMENT, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTS AND SCIENCES DEPARTMENT, LLC	c EIN-PN 27-4399778-001
a	Plan name	APOLLO ENGINEERING, LLC 401K PLAN	
b	Name of plan sponsor	APOLLO ENGINEERING, LLC	c EIN-PN 27-1144795-001
a	Plan name	GMFS, LLC 401K PLAN	
b	Name of plan sponsor	GMFS, LLC	c EIN-PN 72-1441479-002
a	Plan name	PARAMOUNT TECHNOLOGIES, INC. DBA PAIRSOFT 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor	PARAMOUNT TECHNOLOGIES, INC. DBA PAIRSOFT	c EIN-PN 38-3224510-001
a	Plan name	Z66 AUTO AUCTION 401K PLAN	
b	Name of plan sponsor	Z66 AUTO AUCTION, LLC	c EIN-PN 46-2038807-001
a	Plan name	NATIONAL BANK OF COMMERCE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NATCOM BANCSHARES, INC.	c EIN-PN 39-1921969-002
a	Plan name	PVD INTERNAL MEDICINE 401K PLAN	
b	Name of plan sponsor	PVD INTERNAL MEDICINE	c EIN-PN 83-0704729-001

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 INDIAN NATION WHOLESALE EMPLOYEE 401K PLAN	
b	Name of plan sponsor STEPHENSON WHOLESALE COMPANY, INC.	c EIN-PN 73-0968950-001
a	Plan name ART 401K PLAN	
b	Name of plan sponsor ARTNOCO, LLC DBA ADVANCED ROOFING TECHNOLOGIE	c EIN-PN 83-2041102-001
a	Plan name CURRIER MCCABE AND ASSOCIATES, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CURRIER MCCABE AND ASSOCIATES, INC.	c EIN-PN 22-2580799-001
a	Plan name NUTEX HEALTH HOLDCO LLC 401K	
b	Name of plan sponsor NUTEX HEALTH HOLDCO LLC	c EIN-PN 87-3220295-001
a	Plan name LIBERTY HOSPITALITY PARTNERS, L.P. 401K PLAN	
b	Name of plan sponsor LIBERTY HOSPITALITY PARTNERS, L.P.	c EIN-PN 25-1896630-001
a	Plan name NELCO, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NELCO, INC.	c EIN-PN 61-0588795-001
a	Plan name GEO RESOURCE ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor GEO RESOURCES ASSOCIATES LLC	c EIN-PN 27-1465937-001
a	Plan name SB SPECIALTY METALS LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor SB SPECIALTY METALS LLC	c EIN-PN 27-1518976-001
a	Plan name SMITH-BERCLAIR INSURANCE RETIREMENT PLAN	
b	Name of plan sponsor SMITH-BERCLAIR INSURANCE, INC.	c EIN-PN 62-1048322-001
a	Plan name STANISLAUS BUSINESS ALLIANCE	
b	Name of plan sponsor STANISLAUS BUSINESS ALLIANCE	c EIN-PN 20-5186517-001
a	Plan name OHIO ASSOCIATION OF COUNTY BOARDS 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OHIO ASSOC OF COUNTY BOARDS SERVING PEOPLE WI	c EIN-PN 31-1392869-001
a	Plan name S E H GROUP, LLC 401K PLAN	
b	Name of plan sponsor S E H GROUP, LLC	c EIN-PN 46-2474733-001

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	DENZLER SEEDS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DENZLER SEEDS, INC.	c EIN-PN 35-1972381-001
a	Plan name	J. SUPOR AND SON TRUCKING AND RIGGING CO., INC. 401K PLAN	
b	Name of plan sponsor	J. SUPOR AND SON TRUCKING AND RIGGING CO., INC.	c EIN-PN 22-1804252-001
a	Plan name	HAAG MULLER, INC. SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	HAAG MULLER, INC.	c EIN-PN 39-1277782-001
a	Plan name	XIU QIN HOU 401K PLAN	
b	Name of plan sponsor	XIU QIN HOU DBA HOU FINANCIAL GROUP	c EIN-PN 68-0637498-001
a	Plan name	CEDAR VALLEY BANK AND TRUST EMPLOYEE S 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CEDAR VALLEY BANK AND TRUST	c EIN-PN 42-0426430-004
a	Plan name	RAND INDUSTRIES RETIREMENT PLAN	
b	Name of plan sponsor	RAND INDUSTRIES	c EIN-PN 36-4181517-001
a	Plan name	CARDINAL ROOFING, INC. 401K PLAN	
b	Name of plan sponsor	CARDINAL ROOFING, INC.	c EIN-PN 43-1981484-001
a	Plan name	MODO NETWORKS 401K PLAN	
b	Name of plan sponsor	MODO NETWORKS LLC	c EIN-PN 26-3431600-001
a	Plan name	MONTEITH CONSTRUCTION CORP. 401K PLAN	
b	Name of plan sponsor	MONTEITH CONSTRUCTION CORP	c EIN-PN 98-0190888-001
a	Plan name	DUANE L. COKER AND ASSOCIATES, P.C. RETIREMENT TRUST	
b	Name of plan sponsor	DUANE L. COKER AND ASSOCIATES, P.C.	c EIN-PN 20-4286362-001
a	Plan name	MICHEL MERCIER PRODUCTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHEL MERCIER PRODUCTS, INC.	c EIN-PN 22-2473382-001
a	Plan name	NORMAN AND COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NORMAN AND COMPANY	c EIN-PN 59-3050353-001

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 SPORT AND REHAB, INCORPORATED 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SPORT AND REHAB PHYSICAL THERAPY INC.	c EIN-PN 46-0486182-001
a	Plan name C. NAUGHTON CORP 401K RETIREMENT PLAN	
b	Name of plan sponsor C. NAUGHTON CORP	c EIN-PN 04-3530940-001
a	Plan name SAPERIA ORTHOPAEDICS AND SPORTS MEDICINE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SAPERIA ORTHOPAEDICS AND SPORTS MEDICINE, INC	c EIN-PN 04-3214413-002
a	Plan name DEL CAL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor DEL CAL INC.	c EIN-PN 51-0296635-001
a	Plan name MFI HEALTH CARE RETIREMENT PLAN	
b	Name of plan sponsor MFI HEALTH CARE, LLC	c EIN-PN 36-4819988-001
a	Plan name ALBUQUERQUE ER AND HOSPITAL, 401K PLAN	
b	Name of plan sponsor ALBUQUERQUE ER AND HOSPITAL	c EIN-PN 82-0984034-001
a	Plan name STATEWIDE STRIPING AND ASPHALT SERVICES, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor STATEWIDE STRIPING AND ASPHALT SERVICES, INC.	c EIN-PN 38-3057952-001
a	Plan name DIXITKUMAR N MODI MD PA 401K PLAN	
b	Name of plan sponsor DIXITKUMAR N MODI MD PA	c EIN-PN 84-2682380-001
a	Plan name MARTIN S WELDING 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MARTIN S WELDING	c EIN-PN 25-1751829-001
a	Plan name GARRIS-EVANS LUMBER COMPANY, INC.	
b	Name of plan sponsor GARRIS-EVANS LUMBER COMPANY, INC.	c EIN-PN 56-0232430-001
a	Plan name CUBBON AND ASSOCIATES 401K SAVINGS PLAN	
b	Name of plan sponsor CUBBON AND ASSOCIATES COMPANY LPA	c EIN-PN 34-1765156-001
a	Plan name ANTENNA TECHNOLOGY COMMUNICATIONS INC 401K PLAN	
b	Name of plan sponsor ANTENNA TECHNOLOGY COMMUNICATIONS, INC.	c EIN-PN 86-0669122-001

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 O.A.G. OUTDOOR APPAREL GROUP 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OUTDOOR APPAREL GROUP	c EIN-PN 56-1782046-001
a	Plan name R.W. SCOTT CONSTRUCTION COMPANY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor R.W. SCOTT CONSTRUCTION COMPANY, INC.	c EIN-PN 95-3239315-001
a	Plan name LACKS ENTERPRISES, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor LACKS ENTERPRISES, INC.	c EIN-PN 38-2650857-005
a	Plan name IGD INDUSTRIES, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor IGD INDUSTRIES, INC.	c EIN-PN 20-3947215-001
a	Plan name GSP MARKETING TECHNOLOGIES, INC. 401K P/S PLAN	
b	Name of plan sponsor GSP MARKETING TECHNOLOGIES, INC.	c EIN-PN 59-1834766-001
a	Plan name SITAR COMPANY 401K PLAN	
b	Name of plan sponsor SITAR REALTY COMPANY	c EIN-PN 22-2703914-001
a	Plan name TRANIC ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor TRANIC ENTERPRISES, INC.	c EIN-PN 27-3091788-001
a	Plan name ROSY BLUE JEWELRY INC. 401K SAVINGS PLAN	
b	Name of plan sponsor ROSY BLUE JEWELRY INC.	c EIN-PN 13-3204700-001
a	Plan name BREE AND ASSOCIATES, INC. 401K PSP	
b	Name of plan sponsor BREE AND ASSOCIATES, INC.	c EIN-PN 74-2961821-001
a	Plan name CLAXTON OFFICE SUPPLY AND PRINTING INC. EMPLOYEES INCENTIVE PLAN	
b	Name of plan sponsor CLAXTON OFFICE SUPPLY AND PRINTING INC.	c EIN-PN 58-2132161-001
a	Plan name ACCELERATED ENVIRONMENTAL SERVICES, INC. 401K PLAN	
b	Name of plan sponsor ACCELERATED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 10-8467520-001
a	Plan name GOLDEN TRIANGLE EMERGENCY CENTER 401K PLAN	
b	Name of plan sponsor GOLDEN TRIANGLE EMERGENCY CENTER, LLC	c EIN-PN 46-3151282-001

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	KINGS CLINIC AND URGENT CARE PLLC 401K P/S PLAN	
b	Name of plan sponsor	KINGS CLINIC AND URGENT CARE, PLLC	c EIN-PN 87-0762669-001
a	Plan name	RENO S APPLIANCE 401K PLAN	
b	Name of plan sponsor	RENO S T.V., INC.	c EIN-PN 22-1968456-001
a	Plan name	TYVAN 401K PLAN	
b	Name of plan sponsor	TYVAN, LLC	c EIN-PN 27-3732121-001
a	Plan name	PROCESS TECHNICAL SERVICES, INC. 401K PLAN	
b	Name of plan sponsor	PROCESS TECHNICAL SERVICES, INC.	c EIN-PN 76-0259538-001
a	Plan name	PREMIUM PHYSICAL THERAPY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PREMIUM PHYSICAL THERAPY, INC.	c EIN-PN 47-4164818-001
a	Plan name	F.S. AND GS. SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	F.S. AND GS. SERVICES, INC.	c EIN-PN 91-1429279-001
a	Plan name	SUN AVIATION, INC. 401K PLAN	
b	Name of plan sponsor	SUN AVIATION, INC.	c EIN-PN 59-1056796-001
a	Plan name	USTA-MIDWEST, INC. SECTION 401K PLAN	
b	Name of plan sponsor	USTA/MIDWEST, INC.	c EIN-PN 23-7417933-001
a	Plan name	AAMVS 401K PLAN	
b	Name of plan sponsor	AUSTIN AREA MOBILE VETERINARY SURGERY	c EIN-PN 46-3248158-001
a	Plan name	AALC, INC. PLAN	
b	Name of plan sponsor	AALC, INC.	c EIN-PN 94-3456139-001
a	Plan name	BEACH HOUSE GROUP SALES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BEACH HOUSE GROUP SALES	c EIN-PN 47-4173320-001
a	Plan name	ROTATEK 401K PLAN	
b	Name of plan sponsor	ROTATEK LLC	c EIN-PN 14-1874902-001

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 R AND R MARKETING SERVICES LLC 401K PLAN	
b	Name of plan sponsor R AND R MARKETING SERVICES LLC	c EIN-PN 81-3465020-001
a	Plan name WISE FOODS 401K PLAN	
b	Name of plan sponsor WISE FOODS, INC.	c EIN-PN 51-0370373-001
a	Plan name MARREL CORPORATION 401K PLAN	
b	Name of plan sponsor MARREL CORPORATION	c EIN-PN 95-4106502-001
a	Plan name LITTLE ROCK HOSPITAL 1, LLC, 401K PLAN	
b	Name of plan sponsor LITTLE ROCK HOSPITAL 1, LLC	c EIN-PN 82-4121998-001
a	Plan name NUTRA TECH 401K	
b	Name of plan sponsor NUTRA TECH 1, INC.	c EIN-PN 20-4012332-001
a	Plan name DILIGENT HEALTH SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor DILIGENT HEALTH SOLUTIONS, LLC	c EIN-PN 83-2940355-001
a	Plan name CALVADA SALES COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CALVADA SALES COMPANY	c EIN-PN 94-1667143-002
a	Plan name OXBOW MARINA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor OXBOW MARINA	c EIN-PN 94-6259367-001
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 CONSTRUCTION AHEAD, INC. RETIREMENT PLAN	
b	Name of plan sponsor CONSTRUCTION AHEAD, INC.	c EIN-PN 91-1553616-002
a	Plan name O SULLIVAN COMMUNICATIONS 401K PLAN	
b	Name of plan sponsor THE MARYKNOLL GROUP, LLC	c EIN-PN 20-5904708-003
a	Plan name CONVO COMMUNICATIONS LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CONVO COMMUNICATIONS LLC	c EIN-PN 26-4751776-001

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	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	SEQUOIA TOOL 401K PLAN	
b	Name of plan sponsor	SEQUOIA TOOL, INC.	c EIN-PN 38-3176821-001
a	Plan name	AMERIPHYSICS, LLC 401K PLAN	
b	Name of plan sponsor	AMERIPHYSICS, LLC	c EIN-PN 26-3930299-001
a	Plan name	HEINZEROTH MARKETING GROUP, INC. 401K PLAN	
b	Name of plan sponsor	HEINZEROTH MARKETING GROUP, INC.	c EIN-PN 36-3882536-001
a	Plan name	BARDAVON HEALTH INNOVATIONS, INC. 401K PLAN	
b	Name of plan sponsor	BARDAVON HEALTH INNOVATIONS, INC.	c EIN-PN 27-0313357-001
a	Plan name	DR. BRIAN LEVE, MD RETIREMENT PLAN	
b	Name of plan sponsor	DR. BRIAN LEVE, MD	c EIN-PN 21-4234212-001
a	Plan name	SGI 401K PLAN	
b	Name of plan sponsor	SOLID GROUND, INC.	c EIN-PN 39-1982728-002
a	Plan name	ROSY BLUE INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	ROSY BLUE INC.	c EIN-PN 13-3561198-001
a	Plan name	GPS REALTY 401K PLAN	
b	Name of plan sponsor	GONNELLA PROPERTY SERVICES, INC DBA GPS REALT	c EIN-PN 26-0102560-001
a	Plan name	SIXB LABELS CORPORATION 401K PLAN	
b	Name of plan sponsor	SIXB LABELS CORPORATION	c EIN-PN 75-1645012-001
a	Plan name	HERITAGE CONSULTANTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HERITAGE CONSULTANTS, INC	c EIN-PN 59-2305659-001
a	Plan name	PI 401K PLAN	
b	Name of plan sponsor	PLANNING INTERIORS, INC.	c EIN-PN 46-2170852-001

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	TCER 401K PLAN	
b Name of plan sponsor	TCER, LLC	c EIN-PN 46-5557331-001
a Plan name	JIAHERB, INC. 401K PLAN	
b Name of plan sponsor	JIAHERB INC	c EIN-PN 26-1771808-001
a Plan name	EXCAV SERVICES INC. 401K PLAN	
b Name of plan sponsor	EXCAV SERVICES INC.	c EIN-PN 11-3584478-001
a Plan name	COHEN, HOCHMAN AND ALLEN 401K PLAN	
b Name of plan sponsor	ROBERT HOCHMAN PC DBA COHEN, HOCHMAN AND ALLEN	c EIN-PN 80-0020411-001
a Plan name	LIEDEL LAW GROUP 401K PROFIT SHARING PLAN	
b Name of plan sponsor	LIEDEL LAW GROUP	c EIN-PN 38-2722872-001
a Plan name	GENEXUS INTERNATIONAL, INC. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	GENEXUS INTERNATIONAL, INC.	c EIN-PN 95-4303740-002
a Plan name	NEJAME LAW 401K PLAN	
b Name of plan sponsor	NEJAME LAW	c EIN-PN 59-3403786-001
a Plan name	CFS 401K PLAN	
b Name of plan sponsor	CORPORATE FULFILLMENT SYSTEMS, INC.	c EIN-PN 04-3087661-001
a Plan name	COHEN CLAIR LANS GREIFER AND SIMPSON LLP 401K PROFIT SHARING PLAN	
b Name of plan sponsor	COHEN CLAIR LANS GREIFER AND SIMPSON LLP	c EIN-PN 27-5320312-001
a Plan name	BESTCARE DENTAL SERVICES PC 401K PLAN	
b Name of plan sponsor	BESTCARE DENTAL SERVICES PC	c EIN-PN 20-4284017-001
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	MHB, LLC 401K PLAN	
b Name of plan sponsor	MHB, LLC	c EIN-PN 47-1731140-001

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	P.C.I. 401K RETIREMENT PLAN	
b	Name of plan sponsor	P.C.I. LLC	c EIN-PN 38-3569266-001
a	Plan name	SHP 401K RETIREMENT PLAN	
b	Name of plan sponsor	STEED HAMMOND PAUL, INC. DBA SHP	c EIN-PN 31-0997825-001
a	Plan name	MASTIN AND CAIN PROPERTIES LLC 401K PLAN	
b	Name of plan sponsor	MASTIN AND CAIN PROPERTIES LLC	c EIN-PN 46-2714163-001
a	Plan name	ETERNITY HOMES LLC 401K PLAN	
b	Name of plan sponsor	ETERNITY HOMES, LLC	c EIN-PN 90-0593884-001
a	Plan name	CENTER FOR INFORMATION MANAGEMENT, INC. 401K PLAN	
b	Name of plan sponsor	CENTER FOR INFORMATION MANAGEMENT, INC.	c EIN-PN 38-2487188-001
a	Plan name	HY-PRODUCTION, INC. EMPLOYEES 401K PROFIT SHARING TRUST AND PLAN	
b	Name of plan sponsor	HY-PRODUCTION, INC.	c EIN-PN 34-0974469-001
a	Plan name	CASEY WOODWYK, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CASEY WOODWYK, INC.	c EIN-PN 38-1855051-001
a	Plan name	TRUSTEES OF SCHAEFER SCREW PRODUCTS PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	SCHAEFER SCREW PRODUCTS COMPANY	c EIN-PN 38-1292090-001
a	Plan name	BACKYARD ENCLOSURES, INC 401K PLAN	
b	Name of plan sponsor	BACKYARD ENCLOSURES INC.	c EIN-PN 06-1665329-001
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
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	TWININGS NORTH AMERICA, INC. EMPLOYEES RETIREMENT AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TWININGS NORTH AMERICA, INC.	c EIN-PN 22-2294837-001

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	ST BUNN CONSTRUCTION CO. INC. 401K PLAN	
b	Name of plan sponsor	ST BUNN CONSTRUCTION CO. INC.	c EIN-PN 63-0596813-001
a	Plan name	FIGARI AND DAVENPORT, LLP 401K PLAN	
b	Name of plan sponsor	FIGARI AND DAVENPORT, L.L.P.	c EIN-PN 75-2137988-001
a	Plan name	SAVINGS PLAN FOR THE SUBSIDIARIES OF SOUTHSIDE BANCSHARES, INC.	
b	Name of plan sponsor	SOUTHSIDE BANCSHARES, INC.	c EIN-PN 75-1848732-002
a	Plan name	CYCLONE WELL SERVICE, INC. 401K PLAN	
b	Name of plan sponsor	CYCLONE WELL SERVICE, INC.	c EIN-PN 48-0923623-001
a	Plan name	ENVIROSOUTH, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVIROSOUTH, INC.	c EIN-PN 56-2235120-001
a	Plan name	DUNN S FLOOR COVERING 401K PLAN	
b	Name of plan sponsor	DUNN S FLOOR COVERING, INC.	c EIN-PN 52-0960013-001
a	Plan name	JOLLEY LAW GROUP, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JOLLEY LAW GROUP, LLC	c EIN-PN 46-3973658-001
a	Plan name	ROSLAND CAPITAL LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSLAND CAPITAL	c EIN-PN 26-2678670-001
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	GRL LAW 401K PLAN	
b	Name of plan sponsor	GOURLEY, REHKEMPER AND LINDHOLM, P.C.	c EIN-PN 20-3745074-001
a	Plan name	CALIFORNIA PSYCHOLOGICAL INSTI 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CALIFORNIA PSYCHOLOGICAL INSTITUTE	c EIN-PN 77-0563843-001
a	Plan name	DISPENZIERE AND ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	DISPENZIERE AND ASSOCIATES LLC	c EIN-PN 26-2899749-001

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	US SKILLED SERVE FACILITIES 401K PLAN
b	Name of plan sponsor	US SKILLED SERVE FACILITIES
c	EIN-PN	26-1656317-001
a	Plan name	NOBLE BUILDING AND DEVELOPMENT 401K PLAN
b	Name of plan sponsor	NOBLE BUILDING AND DEVELOPMENT, LLC
c	EIN-PN	26-1120343-001
a	Plan name	IMPACT7G, INC. 401K PLAN
b	Name of plan sponsor	IMPACT7G, INC.
c	EIN-PN	27-4291748-001
a	Plan name	REGION SMILES, PC 401K PLAN
b	Name of plan sponsor	REGION SMILES, PC
c	EIN-PN	81-1626457-001
a	Plan name	GETZEL SCHIFF AND PESCE LLP 401K SAVINGS PLAN
b	Name of plan sponsor	GETZEL SCHIFF AND PESCE
c	EIN-PN	11-3575844-001
a	Plan name	RILEY 401K PLAN
b	Name of plan sponsor	RILEY-ARMSTRONG PLUMBING AND HEATING, INC.
c	EIN-PN	42-1331317-001
a	Plan name	KORODY BUSINESS SERVICES 401K PLAN
b	Name of plan sponsor	GAMBOGI, LLC DBA KORODY BUSINESS SERVICES
c	EIN-PN	77-0708844-001
a	Plan name	DIXON AND RYAN 401K RETIREMENT PLAN
b	Name of plan sponsor	DIXON AND RYAN CORP.
c	EIN-PN	38-2727626-001
a	Plan name	A-PLUS INDUSTRIES 401K PLAN
b	Name of plan sponsor	A-PLUS INDUSTRIES
c	EIN-PN	30-0406599-001
a	Plan name	SKAGIT RIVER STEEL AND RECYCLING, INC. 401K PLAN
b	Name of plan sponsor	SKAGIT RIVER STEEL AND RECYCLING, INC.
c	EIN-PN	91-0689806-001
a	Plan name	PANORAMA MORTGAGE GROUP, LLC 401K PLAN
b	Name of plan sponsor	PANORAMA MORTGAGE GROUP, LLC
c	EIN-PN	20-8083209-001
a	Plan name	KEYSTOPS, LLC EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	KEYSTOPS, LLC
c	EIN-PN	61-0700391-001

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 ENVIRO EXPRESS, INC. 401K PLAN

b Name of plan sponsor ENVIRO EXPRESS, INC. **c** EIN-PN 13-3384461-001

a Plan name HOFFMAN ELECTRONIC SYSTEMS 401K PROFIT SHARING PLAN AND TRUST

b Name of plan sponsor HOFFMAN ELECTRONIC SYSTEMS **c** EIN-PN 77-0079072-001

a Plan name ALLEY INTERACTIVE, LLC 401K PLAN

b Name of plan sponsor ALLEY INTERACTIVE, LLC **c** EIN-PN 27-1602976-001

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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 DIVERSIFIED INCOME SEPARATE ACCOUNT	B Three-digit plan number (PN) ▶ 134
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)	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)	5010084	8392931
(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	5010084	8392931
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5010084	8392931

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)		380214
c Other income	2c		2
d Total income. Add all income amounts in column (b) and enter total	2d		380216

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)	24036	
(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)		24036
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24036

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		356180
l Transfers of assets:			
(1) To this plan	2l(1)		6000455
(2) From this plan	2l(2)		2973788

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 _____.