

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>PRINCIPAL ORIGIN EMERGING MARKETS SEPARATE ACCOUNT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>178</u>  <b>1c</b> Effective date of plan
<b>2a</b> 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>	<b>2b</b> Employer Identification Number (EIN) <u>42-0127290</u>  <b>2c</b> Plan Sponsor's telephone number <u>515-362-1107</u>  <b>2d</b> 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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/24/2025</u>	<u>DARIN MCWILLIAMS</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> 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	<b>3b</b> Administrator's EIN 42-0127290  <b>3c</b> Administrator's telephone number 515-362-1107																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>		<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>PRINCIPAL ORIGIN EMERGING MARKETS SEPARATE ACCOUNT</u>	<b>B</b> Three-digit plan number (PN)	<u>178</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>42-0127290</u>	

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

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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE RETIREMENT PLAN OF UNITED ROOSEVELT SAVINGS BANK	
<b>b</b>	Name of plan sponsor UNITED ROOSEVELT SAVINGS BANK	<b>c</b> EIN-PN 22-1239600-001
<b>a</b>	Plan name BEK FOODS LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor BEK FOODS LLC	<b>c</b> EIN-PN 85-2725486-002
<b>a</b>	Plan name JBDC MGMT. CORP PENSION PLAN	
<b>b</b>	Name of plan sponsor JBDC MGMT. CORP	<b>c</b> EIN-PN 84-2710275-002
<b>a</b>	Plan name LANGERAK ROOF SYSTEMS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LANGERAK ROOF SYSTEMS, INC.	<b>c</b> EIN-PN 38-2267013-001
<b>a</b>	Plan name JCC ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH	<b>c</b> EIN-PN 13-5599486-333
<b>a</b>	Plan name SUMMIT SCHOOL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE SUMMIT SCHOOL	<b>c</b> EIN-PN 11-2167091-001
<b>a</b>	Plan name TOLL SOLUTIONS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor TOLL SOLUTIONS, LLC	<b>c</b> EIN-PN 27-3530081-003
<b>a</b>	Plan name SONOGRAPHY SERVICES, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor SONOGRAPHY SERVICES, INC.	<b>c</b> EIN-PN 56-1771133-003
<b>a</b>	Plan name GROWERS HOUSE HOLDINGS 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GROWERS HOUSE HOLDINGS, LLC	<b>c</b> EIN-PN 86-2783480-001
<b>a</b>	Plan name ULTIMATE POWER, INC. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ULTIMATE POWER, INC.	<b>c</b> EIN-PN 11-2223060-004
<b>a</b>	Plan name QUEEN CITY ELECTRIC, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor QUEEN CITY ELECTRIC, INC.	<b>c</b> EIN-PN 20-3272417-002
<b>a</b>	Plan name THE PENSION PLAN FOR EMPLOYEES OF THE TOWN OF PORTSMOUTH	
<b>b</b>	Name of plan sponsor TOWN OF PORTSMOUTH, RHODE ISLAND	<b>c</b> EIN-PN 05-6000320-004

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PENNERGY SOLUTIONS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PENNERGY SOLUTIONS	<b>c</b> EIN-PN 27-3255605-001
<b>a</b>	Plan name	MT. OLIVE FAMILY DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	MT. OLIVE FAMILY DENTAL, P.C.	<b>c</b> EIN-PN 46-0811620-001
<b>a</b>	Plan name	PRESTIGE FRAGRANCES CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE FRAGRANCES, INC.	<b>c</b> EIN-PN 22-3858879-002
<b>a</b>	Plan name	FINS 401K PLAN	
<b>b</b>	Name of plan sponsor	FUN IN SWIMMING, INC.	<b>c</b> EIN-PN 76-0629138-001
<b>a</b>	Plan name	COLLECTIVE, LLC	
<b>b</b>	Name of plan sponsor	COLLECTIVE, LLC	<b>c</b> EIN-PN 45-0678246-001
<b>a</b>	Plan name	SANTOS AND SANTOS ENTERPRISE DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	SANTOS AND SANTOS ENTERPRISE	<b>c</b> EIN-PN 41-2198118-001
<b>a</b>	Plan name	BVPV STYRENICS LLC RETIREMENT PLAN FOR BEAVER VALLEY HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	BVPV STYRENICS LLC	<b>c</b> EIN-PN 85-2318004-001
<b>a</b>	Plan name	TIMELINE REMODELING 401K PLAN	
<b>b</b>	Name of plan sponsor	TIMELINE REMODELING	<b>c</b> EIN-PN 85-3934889-001
<b>a</b>	Plan name	CHURCH DITCH WATER AUTHORITY 401K PLAN	
<b>b</b>	Name of plan sponsor	CHURCH DITCH WATER AUTHORITY	<b>c</b> EIN-PN 32-0131714-001
<b>a</b>	Plan name	ALL TRADES DISTRIBUTION LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL TRADES DISTRIBUTION LLC	<b>c</b> EIN-PN 47-2596300-001
<b>a</b>	Plan name	ELOHI STRATEGIC ADVISORS 401K PLAN	
<b>b</b>	Name of plan sponsor	ELOHI STRATEGIC ADVISORS	<b>c</b> EIN-PN 47-3504041-001
<b>a</b>	Plan name	JPV LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	JPV LLC	<b>c</b> EIN-PN 87-4023782-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CBJR HOLDINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	CBJR HOLDINGS, LLC	<b>c</b> EIN-PN 27-3664399-001
<b>a</b>	Plan name	SMITH BROTHERS AGRONOMY 401K PLAN	
<b>b</b>	Name of plan sponsor	SMITH BROTHERS AGRONOMY INC.	<b>c</b> EIN-PN 81-5140646-001
<b>a</b>	Plan name	BONFIRE CREATIVE GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BONFIRE CREATIVE GROUP LLC	<b>c</b> EIN-PN 47-3421785-001
<b>a</b>	Plan name	VALLEY RADIOLOGISTS AND ASSOCIATES, P.A. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VALLEY RADIOLOGISTS AND ASSOCIATES, P.A.	<b>c</b> EIN-PN 74-1940911-003
<b>a</b>	Plan name	SALON NORMAN DEE 401K PLAN	
<b>b</b>	Name of plan sponsor	CM COIFFURE LLC DBA SALON NORMAN DEE	<b>c</b> EIN-PN 99-2524766-001
<b>a</b>	Plan name	ROGGY EYE CLINIC 401K PLAN	
<b>b</b>	Name of plan sponsor	ROGGY VISION CENTER DBA ROGGY EYE CLINIC	<b>c</b> EIN-PN 82-4343938-001
<b>a</b>	Plan name	COUNTRY CHEVROLET INC 401K PLAN	
<b>b</b>	Name of plan sponsor	COUNTRY CHEVROLET INC	<b>c</b> EIN-PN 41-1710805-001
<b>a</b>	Plan name	CARLSON CASH 401K PLAN	
<b>b</b>	Name of plan sponsor	CARLSON CASH, LLC	<b>c</b> EIN-PN 84-4260184-001
<b>a</b>	Plan name	PONTIAC BANCORP, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	PONTIAC BANCORP, INC.	<b>c</b> EIN-PN 37-1111348-001
<b>a</b>	Plan name	WARNICK WELDING LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WARNICK WELDING LLC	<b>c</b> EIN-PN 47-3706805-001
<b>a</b>	Plan name	GIVECAMPUS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GIVECAMPUS, INC.	<b>c</b> EIN-PN 47-2482633-001
<b>a</b>	Plan name	NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEW JERSEY BUSINESS AND INDUSTRY ASSOCIATION	<b>c</b> EIN-PN 21-0506685-001

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.)	
<b>a</b>	Plan name LOS ANGELES TOURISM AND CONVENTION BOARD RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor L.A. TOURISM AND CONVENTION BOARD	<b>c</b> EIN-PN 95-3165255-001
<b>a</b>	Plan name VAN DOREN SALES, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor VAN DOREN SALES, INC.	<b>c</b> EIN-PN 91-0646418-001
<b>a</b>	Plan name CARTHAGE AREA HOSPITAL EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor CARTHAGE AREA HOSPITAL	<b>c</b> EIN-PN 15-0622079-001
<b>a</b>	Plan name THE RETIREMENT PLAN OF RHINEBECK BANK	
<b>b</b>	Name of plan sponsor RHINEBECK BANK	<b>c</b> EIN-PN 14-1002430-001
<b>a</b>	Plan name EAGLE HILL FOUNDATION, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor EAGLE HILL FOUNDATION, INC.	<b>c</b> EIN-PN 06-1072231-001
<b>a</b>	Plan name RETIREMENT PLAN FOR EMPLOYEES OF NEW YORK INSTITUTE FOR SPECIAL EDUCATION	
<b>b</b>	Name of plan sponsor NEW YORK INSTITUTE FOR SPECIAL EDUCATION	<b>c</b> EIN-PN 13-1740010-001
<b>a</b>	Plan name TOYAL AMERICA, INC. SALARIED PENSION PLAN	
<b>b</b>	Name of plan sponsor TOYAL AMERICA, INC.	<b>c</b> EIN-PN 36-3821482-002
<b>a</b>	Plan name PENN PANEL AND BOX CO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PENN PANEL AND BOX CO.	<b>c</b> EIN-PN 23-0952492-002
<b>a</b>	Plan name UNITED STEELWORKERS OF AMERICA AND VELSICOL CHEMICAL CORP AMENDED AND RESTATED PENSION	
<b>b</b>	Name of plan sponsor VELSICOL CHEMICAL, LLC	<b>c</b> EIN-PN 36-2581533-006
<b>a</b>	Plan name LOUIS DREYFUS PENSION PLAN	
<b>b</b>	Name of plan sponsor LOUIS DREYFUS COMPANY LLC	<b>c</b> EIN-PN 27-3304138-001
<b>a</b>	Plan name SOUTHSIDE BANCSHARES, INC. DEFINED BENEFIT PI FOR FORMER EMPLOYEES OF OMNIAMERICAN BANK	
<b>b</b>	Name of plan sponsor SOUTHSIDE BANCSHARES, INC.	<b>c</b> EIN-PN 75-1848732-006
<b>a</b>	Plan name DESIGN PLUMBING AND HEATING SERVICE, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DESIGN PLUMBING AND HEATING SERVICE, INC.	<b>c</b> EIN-PN 11-2486526-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	AB MAURI FOOD INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AB MAURI FOOD INC
<b>c</b>	EIN-PN	22-2723920-333
<b>a</b>	Plan name	MIDWEST ENERGY COOPERATIVE PENSION PLAN
<b>b</b>	Name of plan sponsor	MIDWEST ENERGY COOPERATIVE
<b>c</b>	EIN-PN	38-3386126-001
<b>a</b>	Plan name	INDEPENDENT SALT COMPANY DEFINED BENEFIT PENSION PLAN
<b>b</b>	Name of plan sponsor	INDEPENDENT SALT COMPANY
<b>c</b>	EIN-PN	48-0981376-002
<b>a</b>	Plan name	DUKE EVETT 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DUKE EVETT, PLLC
<b>c</b>	EIN-PN	45-3781611-001
<b>a</b>	Plan name	GENERAL DEVICES CO., INC. EMPLOYEES PENSION PLAN
<b>b</b>	Name of plan sponsor	GENERAL DEVICES CO., INC.
<b>c</b>	EIN-PN	35-0922446-001
<b>a</b>	Plan name	SUMMIT SCHOOL AT NYACK RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE SUMMIT SCHOOL
<b>c</b>	EIN-PN	11-2167091-002
<b>a</b>	Plan name	ROBERTS SINTO CORPORATION EMPLOYEES RETIREMENT AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ROBERT SINTO CORPORATION
<b>c</b>	EIN-PN	38-2734031-002
<b>a</b>	Plan name	JPM PHYSICAL THERAPY PC 401K PLAN
<b>b</b>	Name of plan sponsor	JPM PHYSICAL THERAPY PC
<b>c</b>	EIN-PN	27-3491337-001
<b>a</b>	Plan name	ASHBY ORTHODONTICS, LTD. CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	ASHBY ORTHODONTICS, LTD.
<b>c</b>	EIN-PN	54-0924264-002
<b>a</b>	Plan name	DESERT SPINE AND SPORTS PHYSICIANS, PLLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DESERT SPINE AND SPORTS PHYSICIANS, PLLC
<b>c</b>	EIN-PN	20-4696949-002
<b>a</b>	Plan name	INNOVATIVE SURFACE WORKS 401K PLAN
<b>b</b>	Name of plan sponsor	INNOVATIVE SURFACE WORKS
<b>c</b>	EIN-PN	45-3977975-001
<b>a</b>	Plan name	RETINA AND VITREOUS CENTER, P.C. CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	RETINA AND VITREOUS CENTER, PC DBA WAGNER MACUL
<b>c</b>	EIN-PN	54-1406743-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KENNEDY AND ASSOCIATES, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY AND ASSOCIATES, LLC	<b>c</b> EIN-PN 27-4416650-002
<b>a</b>	Plan name	GREEN DROP GARAGE 401K PLAN	
<b>b</b>	Name of plan sponsor	GREEN DROP COMPANY	<b>c</b> EIN-PN 26-4613075-001
<b>a</b>	Plan name	SOUTHEASTERN OHIO COUNSELING CENTER, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEASTERN OHIO COUNSELING CENTER, LLC	<b>c</b> EIN-PN 45-4333791-002
<b>a</b>	Plan name	CALM WATERS, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CALM WATERS, INC.	<b>c</b> EIN-PN 47-5308164-002
<b>a</b>	Plan name	HIGHLAND MEDICAL GROUP, INC. 401K	
<b>b</b>	Name of plan sponsor	HIGHLAND MEDICAL GROUP	<b>c</b> EIN-PN 81-2605594-001
<b>a</b>	Plan name	MAROON ASSOCIATES, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAROON ASSOCIATES, INC.	<b>c</b> EIN-PN 26-4146523-001
<b>a</b>	Plan name	NORTHWAY HIGH VOLTAGE AND LINE CONSTRUCTION, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	NORTHWAY HIGH VOLTAGE AND LINE CONSTRUCTION, INC.	<b>c</b> EIN-PN 84-1129022-002
<b>a</b>	Plan name	SUMMIT FAMILY DENTISTRY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT FAMILY DENTISTRY	<b>c</b> EIN-PN 81-3746527-001
<b>a</b>	Plan name	VIEWPOINT MOLECULAR TARGETING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	VIEWPOINT MOLECULAR TARGETING, INC.	<b>c</b> EIN-PN 26-3526327-001
<b>a</b>	Plan name	ST. LAURENT COLLISION AUTO, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ST. LAURENT COLLISION AUTO, INC.	<b>c</b> EIN-PN 84-3902392-001
<b>a</b>	Plan name	GLOBAL WIND SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL WIND SERVICE	<b>c</b> EIN-PN 82-1962523-001
<b>a</b>	Plan name	ELLA WASHINGTON AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor	ELLA WASHINGTON AGENCY INC	<b>c</b> EIN-PN 68-0515199-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MERIDIAN RISK MANAGEMENT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MERIDIAN RISK MANAGEMENT, INC.	<b>c</b> EIN-PN 20-0490714-001
<b>a</b>	Plan name	RED E 401K	
<b>b</b>	Name of plan sponsor	RED E, LLC	<b>c</b> EIN-PN 46-1613381-001
<b>a</b>	Plan name	BULLDOG ROOFING 401K PLAN	
<b>b</b>	Name of plan sponsor	BULLDOG SALES LLC DBA BULLDOG ROOFING	<b>c</b> EIN-PN 47-4528029-001
<b>a</b>	Plan name	TETRAD CORPORATION AND AFFILIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TETRAD CORPORATION	<b>c</b> EIN-PN 47-0711315-002
<b>a</b>	Plan name	PENNY LANE PUBLISHING, LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PENNY LANE PUBLISHING, LLC LIVERPOOL ART	<b>c</b> EIN-PN 82-2562139-001
<b>a</b>	Plan name	CHAD HARRISON CPA PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CHAD HARRISON CPA PLLC	<b>c</b> EIN-PN 81-4618897-001
<b>a</b>	Plan name	WALLACE E MILLER INC. DBA MICRO-TEC 401K PLAN	
<b>b</b>	Name of plan sponsor	WALLACE E MILLER INC. DBA MICRO-TEC	<b>c</b> EIN-PN 95-3805912-001
<b>a</b>	Plan name	TRUSTEES OF SCHAEFER SCREW PRODUCTS PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCHAEFER SCREW PRODUCTS COMPANY	<b>c</b> EIN-PN 38-1292090-001
<b>a</b>	Plan name	PHOENIX CONCRETE AND UNDERGROUND 401K PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX CONCRETE, LLC	<b>c</b> EIN-PN 46-1466175-001
<b>a</b>	Plan name	IKG HOURLY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	IKG USA, LLC	<b>c</b> EIN-PN 84-2520329-019
<b>a</b>	Plan name	SRS ENTERPRISE, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SRS ENTERPRISE, INC.	<b>c</b> EIN-PN 81-1763053-001
<b>a</b>	Plan name	THE BOARD OF EDUCATION, TOWN OF WOLCOTT, CONNECTICUT RETIREMENT ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	WOLCOTT PUBLIC SCHOOLS	<b>c</b> EIN-PN 06-6002140-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	EMPIRE OPERATIONS INSURANCE SERVICES LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMPIRE OPERATIONS INSURANCE SERVICES LLC	<b>c</b> EIN-PN 82-5196330-001
<b>a</b>	Plan name	IAI NORTH AMERICA, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	IAI NORTH AMERICA, INC.	<b>c</b> EIN-PN 54-0846186-001
<b>a</b>	Plan name	PRIMUS PIPE AND TUBE, INC. WAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRIMUS PIPE AND TUBE, INC.	<b>c</b> EIN-PN 22-3052092-102
<b>a</b>	Plan name	MONADNOCK PENSION PLAN	
<b>b</b>	Name of plan sponsor	MONADNOCK PAPER MILLS, INC.	<b>c</b> EIN-PN 02-0215853-001
<b>a</b>	Plan name	THE WILLS GROUP, INC. EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	THE WILLS GROUP, INC.	<b>c</b> EIN-PN 52-1461039-002
<b>a</b>	Plan name	COMMUNITY ACTION AGENCY OF SOUTH ALABAMA DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY ACTION AGENCY OF SOUTH ALABAMA	<b>c</b> EIN-PN 63-0510904-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF LOUISIANA MACHINERY COMPANY, L.L.C.	
<b>b</b>	Name of plan sponsor	LOUISIANA MACHINERY COMPANY, L.L.C.	<b>c</b> EIN-PN 72-0540373-001
<b>a</b>	Plan name	RHC ENTERPRISES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RHC ENTERPRISES, INC.	<b>c</b> EIN-PN 16-1363443-001
<b>a</b>	Plan name	THE JEPH PENSION PLAN	
<b>b</b>	Name of plan sponsor	ELMHURST DAIRY, INC.	<b>c</b> EIN-PN 11-1604484-004
<b>a</b>	Plan name	MPAC RICHMOND EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MPAC MACHINE COMPANY, INC.	<b>c</b> EIN-PN 54-0306840-001
<b>a</b>	Plan name	CORNERSTONE BANK NA 401K PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE BANK NA	<b>c</b> EIN-PN 26-1473752-001
<b>a</b>	Plan name	FARMERS STATE BANK PENSION PLAN	
<b>b</b>	Name of plan sponsor	FARMERS STATE BANK	<b>c</b> 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.)		
<b>a</b>	Plan name <b>NVFS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN VIRGINIA FAMILY SERVICE, INC.</b>	<b>c</b> EIN-PN <b>54-0791977-002</b>
<b>a</b>	Plan name <b>RETIREMENT PLAN FOR EMPLOYEES OF THE FIRST STATE BANK</b>	
<b>b</b>	Name of plan sponsor <b>FIRST STATE BANK</b>	<b>c</b> EIN-PN <b>75-0270410-001</b>
<b>a</b>	Plan name <b>PENNSYLVANIA STATE EMPLOYEE CREDIT UNION RETIREMENT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PENNSYLVANIA STATE EMPLOYEE CREDIT UNION</b>	<b>c</b> EIN-PN <b>23-0961140-001</b>
<b>a</b>	Plan name <b>T.D. SAWVEL CO., INC. 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>T.D. SAWVEL CO., INC.</b>	<b>c</b> EIN-PN <b>41-1347347-001</b>
<b>a</b>	Plan name <b>TOYAL AMERICA, INC. HOURLY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOYAL AMERICA, INC.</b>	<b>c</b> EIN-PN <b>36-3821482-001</b>
<b>a</b>	Plan name <b>PENSION PLAN FOR OFFICERS AND PROFESSIONAL STAFF OF INTL LONGSHORE AND WAREHOUSE UNION</b>	
<b>b</b>	Name of plan sponsor <b>INTL LONGSHORE AND WAREHOUSE UNION</b>	<b>c</b> EIN-PN <b>94-0577594-333</b>
<b>a</b>	Plan name <b>MINOVA USA, INC. PENSION PLAN FOR HOURLY EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>MINOVA USA, INC.</b>	<b>c</b> EIN-PN <b>34-1058461-011</b>
<b>a</b>	Plan name <b>UNITED OHIO INSURANCE COMPANY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>UNITED OHIO INSURANCE COMPANY</b>	<b>c</b> EIN-PN <b>34-1008736-001</b>
<b>a</b>	Plan name <b>CENTREX DISTRIBUTORS, INC. UNION EMPLOYEES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTREX DISTRIBUTORS, INC.</b>	<b>c</b> EIN-PN <b>05-0427071-004</b>
<b>a</b>	Plan name <b>FURNACE AND TUBE SERVICE, INC. 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FURNACE AND TUBE SERVICE, INC.</b>	<b>c</b> EIN-PN <b>76-0828772-001</b>
<b>a</b>	Plan name <b>EP-DIRECT RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EP DIRECT</b>	<b>c</b> EIN-PN <b>39-1287457-001</b>
<b>a</b>	Plan name <b>THE FARMERS BANK DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE FARMERS BANK</b>	<b>c</b> EIN-PN <b>62-0197640-001</b>

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.)	
<b>a</b>	Plan name CW INVESTMENTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CW INVESTMENTS, LLC	<b>c</b> EIN-PN 54-1351443-001
<b>a</b>	Plan name COLUMBIA MEMORIAL HOSPITAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COLUMBIA MEMORIAL HOSPITAL	<b>c</b> EIN-PN 93-0583856-001
<b>a</b>	Plan name PENSION PLAN FOR EMPLOYEES OF THE CHARLES STEWARD MOTT FOUNDATION	
<b>b</b>	Name of plan sponsor THE CHARLES STEWARD MOTT FOUNDATION	<b>c</b> EIN-PN 38-1211227-001
<b>a</b>	Plan name STEPHEN CHELBAY COMPANY CASH ACCOUNT PENSION PLAN	
<b>b</b>	Name of plan sponsor STEPHEN CHELBAY COMPANY	<b>c</b> EIN-PN 94-1750014-001
<b>a</b>	Plan name LOPAREX INC. CULLMAN UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LOPAREX, INC.	<b>c</b> EIN-PN 36-3029659-002
<b>a</b>	Plan name LOPAREX INC. DIXON UNION EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LOPAREX, INC.	<b>c</b> EIN-PN 36-3029659-001
<b>a</b>	Plan name HAMMERSMITH MANUFACTURING AND SALES, INC. EMPLOYEE DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor HAMMERSMITH MANUFACTURING AND SALES, INC.	<b>c</b> EIN-PN 48-0805986-001
<b>a</b>	Plan name BRIGHTSTAR CARE 401K PLAN	
<b>b</b>	Name of plan sponsor HANDM INTEGRATED INVESTMENTS, LLC DBA BRIGHTSTAR	<b>c</b> EIN-PN 47-4787454-001
<b>a</b>	Plan name AMERICAN LUNG AND SLEEP CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor AMERICAN LUNG AND SLEEP DISORDERS CONSULTANTS	<b>c</b> EIN-PN 59-3534545-003
<b>a</b>	Plan name S.F. GILMORE, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor S.F. FILMORE, INC.	<b>c</b> EIN-PN 38-2766193-001
<b>a</b>	Plan name JUNO CAPITAL PARTNERS, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor JUNO CAPITAL PARTNERS, LLC	<b>c</b> EIN-PN 81-4354786-002
<b>a</b>	Plan name EASTWAY MEDICAL CLINIC AND URGENT CARE, PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor EASTWAY MEDICAL CLINIC AND URGENT CARE, PLLC	<b>c</b> EIN-PN 46-3558505-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	ABILITY TREE EXPERTS, LLC CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	ABILITY TREE EXPERTS, LLC
<b>c</b>	EIN-PN	27-4155487-002
<b>a</b>	Plan name	WORKSHOP DESIGN LLC CASH BALANCE PENSION PLAN
<b>b</b>	Name of plan sponsor	WORKSHOP DESIGN LLC
<b>c</b>	EIN-PN	13-4125027-002
<b>a</b>	Plan name	DR. HAROLD A. GILLESPIE, MD CASH BALANCE DEFINED BENEFIT PLAN
<b>b</b>	Name of plan sponsor	DR. HAROLD A. GILLESPIE, MD
<b>c</b>	EIN-PN	99-1974900-002
<b>a</b>	Plan name	CLIENTFIRST TITLE LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CLIENTFIRST TITLE LLC
<b>c</b>	EIN-PN	82-4010218-001
<b>a</b>	Plan name	PITA JUNGLE 401K PLAN
<b>b</b>	Name of plan sponsor	JUNGLE CONCEPTS, LLC
<b>c</b>	EIN-PN	26-3679169-001
<b>a</b>	Plan name	CORA HEALTH SERVICES RETIREMENT SALARY SAVINGS PLAN
<b>b</b>	Name of plan sponsor	CORA HEALTH SERVICES, INC.
<b>c</b>	EIN-PN	34-1853567-001
<b>a</b>	Plan name	RX-360 401K PLAN
<b>b</b>	Name of plan sponsor	RX-360
<b>c</b>	EIN-PN	45-2410498-001
<b>a</b>	Plan name	WHITE COTTAGE PIZZA CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	WHITE COTTAGE PIZZA INC.
<b>c</b>	EIN-PN	36-3445219-002
<b>a</b>	Plan name	ELSBERRY AND SHIVELY, P.C. 401K PLAN
<b>b</b>	Name of plan sponsor	ELSBERRY AND SHIVELY, P.C.
<b>c</b>	EIN-PN	46-4362202-001
<b>a</b>	Plan name	FEMACRES FARMS, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	FEMACRES FARMS, INC.
<b>c</b>	EIN-PN	58-2359130-001
<b>a</b>	Plan name	HALBERSTADT'S CLOTHIERS OF NORTH DAKOTA 401K
<b>b</b>	Name of plan sponsor	HALBERSTADT'S CLOTHIERS OF NORTH DAKOTA
<b>c</b>	EIN-PN	46-4518777-001
<b>a</b>	Plan name	GUNFLINT LODGE AND OUTFITTERS 401K PLAN
<b>b</b>	Name of plan sponsor	MJ RESORT, INC. DBA GUNFLINT LODGE AND OUTFITTERS
<b>c</b>	EIN-PN	81-2782762-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	EASTSPRING INVESTMENTS, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	EASTSPRING INVESTMENTS, INC.
<b>c</b>	EIN-PN	45-5144183-001
<b>a</b>	Plan name	HD TRANSPORTATION, LLC RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	HD TRANSPORTATION, LLC
<b>c</b>	EIN-PN	27-2765274-001
<b>a</b>	Plan name	O PRY LAW FIRM LLC CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	O PRY LAW FIRM LLC
<b>c</b>	EIN-PN	46-4907694-002
<b>a</b>	Plan name	GENESYS CONSTRUCTION CORP 401K PLAN
<b>b</b>	Name of plan sponsor	GENESYS CONSTRUCTION CORP
<b>c</b>	EIN-PN	83-2168630-001
<b>a</b>	Plan name	EEPOD, LLC DEFINED BENEFIT PENSION PLAN
<b>b</b>	Name of plan sponsor	EEPOD, LLC
<b>c</b>	EIN-PN	04-3786902-002
<b>a</b>	Plan name	RELIEF HOME HEALTH SERVICE INC. 401K PLAN
<b>b</b>	Name of plan sponsor	RELIEF HOME HEALTH SERVICE INC.
<b>c</b>	EIN-PN	26-3778967-001
<b>a</b>	Plan name	ISAACSON VETERINARY HOSPITAL 401K PLAN
<b>b</b>	Name of plan sponsor	ISAACSON VETERINARY HOSPITAL, PLLC
<b>c</b>	EIN-PN	46-5489949-001
<b>a</b>	Plan name	KINGS COUNTIES DAIRY HERD IMPROVEMENT ASSOCIATION 401K PLAN
<b>b</b>	Name of plan sponsor	KINGS COUNTY DHIA
<b>c</b>	EIN-PN	94-1189625-001
<b>a</b>	Plan name	MAFIAPAPERS, INC. DEFINED BENEFIT PENSION PLAN
<b>b</b>	Name of plan sponsor	MAFIAPAPERS, INC.
<b>c</b>	EIN-PN	42-1634622-001
<b>a</b>	Plan name	BRILLIANT BORDERS 401K PLAN
<b>b</b>	Name of plan sponsor	BRILLIANT BORDERS
<b>c</b>	EIN-PN	27-1281638-001
<b>a</b>	Plan name	R AND K EXCAVATION, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	R AND K EXCAVATION, INC.
<b>c</b>	EIN-PN	43-1563294-002
<b>a</b>	Plan name	MANCHESTERSTORY FUND MANAGEMENT, L.P. 401K PLAN
<b>b</b>	Name of plan sponsor	MANCHESTERSTORY FUND MANAGEMENT, L.P.
<b>c</b>	EIN-PN	81-5033568-001

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.)		
<b>a</b> Plan name	B.A. HARRIS 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	B.A. HARRIS, LLP	<b>c</b> EIN-PN 46-4364096-004
<b>a</b> Plan name	HERE PLUS NOW RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	HERE PLUS NOW, LLC	<b>c</b> EIN-PN 83-3920791-001
<b>a</b> Plan name	MAUL TECHNOLOGY PENSION PLAN	
<b>b</b> Name of plan sponsor	MAUL TECHNOLOGY, A DIVISION OF VHC, LTD.	<b>c</b> EIN-PN 13-3414104-001
<b>a</b> Plan name	G AND A COMPANIES, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	G AND A COMPANIES, LLC	<b>c</b> EIN-PN 45-4926975-001
<b>a</b> Plan name	COASTAL BREWING COMPANY, LLC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	COASTAL BREWING COMPANY, LLCDBA OLD DOMINION	<b>c</b> EIN-PN 20-8101852-001
<b>a</b> Plan name	RENGEL PRINTING CO., INC. 401K PLAN	
<b>b</b> Name of plan sponsor	RENGEL PRINTING CO., INC.	<b>c</b> EIN-PN 41-0958419-001
<b>a</b> Plan name	JEWISH HOME FOR THE ELDERLY DEFINED BENEFIT PENSION PLAN	
<b>b</b> Name of plan sponsor	THE JEWISH HOME FOR THE ELDERLY	<b>c</b> EIN-PN 06-0846991-001
<b>a</b> Plan name	MY PILLOW 401K PLAN	
<b>b</b> Name of plan sponsor	MY PILLOW, INC.	<b>c</b> EIN-PN 27-0478020-001
<b>a</b> Plan name	PENSION PLAN OF METALLURG, INC.	
<b>b</b> Name of plan sponsor	METALLURG, INC.	<b>c</b> EIN-PN 13-1661467-002
<b>a</b> Plan name	J. PHILIPS MORTGAGE 401K PLAN	
<b>b</b> Name of plan sponsor	J. PHILIPS MORTGAGE, INC.	<b>c</b> EIN-PN 26-0381657-001
<b>a</b> Plan name	EAGLE HILL-SOUTHPORT SCHOOL, INC. PENSION PLAN	
<b>b</b> Name of plan sponsor	EAGLE HILL-SOUTHPORT SCHOOL, INC.	<b>c</b> EIN-PN 06-1135389-001
<b>a</b> Plan name	WATSON AND RYAN 401K PLAN	
<b>b</b> Name of plan sponsor	WATSON AND RYAN P.L.C.	<b>c</b> EIN-PN 45-4237447-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	ITS, INC. PENSION PLAN
<b>b</b>	Name of plan sponsor	ITS, INC.
<b>c</b>	EIN-PN	42-1171146-001
<b>a</b>	Plan name	ARROWHEAD ELECTRIC COOPERATIVE, INC. NON UNION CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	ARROWHEAD ELECTRIC COOPERATIVE, INC.
<b>c</b>	EIN-PN	41-0735682-002
<b>a</b>	Plan name	CLAXTON OFFICE SUPPLY AND PRINTING INC. EMPLOYEES INCENTIVE PLAN
<b>b</b>	Name of plan sponsor	CLAXTON OFFICE SUPPLY AND PRINTING INC.
<b>c</b>	EIN-PN	58-2132161-001
<b>a</b>	Plan name	MIDWEST GEOTHERMAL 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MIDWEST GEOTHERMAL
<b>c</b>	EIN-PN	26-2016063-001
<b>a</b>	Plan name	NEGWER MATERIALS, INC. RETIREMENT BENEFIT PLAN
<b>b</b>	Name of plan sponsor	NEGWER MATERIALS, INC.
<b>c</b>	EIN-PN	43-0768136-003
<b>a</b>	Plan name	E GROUP, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	E GROUP, INC.
<b>c</b>	EIN-PN	41-1793664-001
<b>a</b>	Plan name	SUMITOMO MACHINERY CORPORATION OF AMERICA PENSION PLAN
<b>b</b>	Name of plan sponsor	SUMITOMO MACHINERY CORPORATION OF AMERICA
<b>c</b>	EIN-PN	22-1815055-001
<b>a</b>	Plan name	SNF HOLDING COMPANY RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SNF HOLDING COMPANY
<b>c</b>	EIN-PN	51-0329277-003
<b>a</b>	Plan name	AUTO FINISHES OF WNY, INC. DBA URBAN PAINT RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AUTO FINISHES OF WNY, INC. DBA URBAN PAINT
<b>c</b>	EIN-PN	16-1468224-001
<b>a</b>	Plan name	FOUR WINDS, INC. RETIREMENT INCOME PLAN
<b>b</b>	Name of plan sponsor	FOUR WINDS, INC.
<b>c</b>	EIN-PN	13-2919257-001
<b>a</b>	Plan name	KENT COUNTRY CLUB 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KENT COUNTRY CLUB
<b>c</b>	EIN-PN	38-0713560-002
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF RANGE REGIONAL HEALTH SERVICES
<b>b</b>	Name of plan sponsor	RANGE REGIONAL HEALTH SERVICES
<b>c</b>	EIN-PN	41-1293970-003

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.)	
<b>a</b>	Plan name <b>PETIT POIS CORP. 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PETIT POIS CORP.</b>	<b>c</b> EIN-PN <b>23-2686647-001</b>
<b>a</b>	Plan name <b>ABERDEEN MANUFACTURING FALL RIVER, MA PLANT PENSION PLAN FOR BARGAINED EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>CHF INDUSTRIES INC</b>	<b>c</b> EIN-PN <b>01-0671659-001</b>
<b>a</b>	Plan name <b>KNOXVILLE TVA EMPLOYEES CREDIT UNION DEFINED BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KNOXVILLE TVA EES CREDIT UNION</b>	<b>c</b> EIN-PN <b>62-0263105-002</b>
<b>a</b>	Plan name <b>THE TOA REINSURANCE COMPANY OF AMERICA RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE TOA REINSURANCE COMPANY OF AMERICA</b>	<b>c</b> EIN-PN <b>13-2918573-001</b>
<b>a</b>	Plan name <b>MORTGAGE GRADER, INC. DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MORTGAGE GRADER INC.</b>	<b>c</b> EIN-PN <b>20-2597058-002</b>
<b>a</b>	Plan name <b>HARBOR INDUSTRIES, INC. PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARBOR INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>38-0591933-002</b>
<b>a</b>	Plan name <b>POOLE JOINT REPLACEMENT SPECIALISTS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POOLE JOINT REPLACEMENT SPECIALISTS</b>	<b>c</b> EIN-PN <b>83-2512330-002</b>
<b>a</b>	Plan name <b>CATALYST PARTNERS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CATALYST PARTNERS LLC</b>	<b>c</b> EIN-PN <b>38-3774535-001</b>
<b>a</b>	Plan name <b>DICKINSON AND AVELLA, PLLC CASH BALANCE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DICKINSON AND AVELLA, PLLC</b>	<b>c</b> EIN-PN <b>81-1419754-001</b>
<b>a</b>	Plan name <b>MICHEL HANNA MD CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHEL HANNA MD, PC</b>	<b>c</b> EIN-PN <b>76-0809886-002</b>
<b>a</b>	Plan name <b>THE CONSOLIDATED MUTUAL WATER COMPANY DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CONSOLIDATED MUTUAL WATER COMPANY</b>	<b>c</b> EIN-PN <b>84-0177040-001</b>
<b>a</b>	Plan name <b>ROSE CITY NUTRITIONALS, LLC DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROSE CITY NUTRITIONALS, LLC</b>	<b>c</b> EIN-PN <b>83-2855534-002</b>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	PRIME RHEUMATOLOGY CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	PRIME RHEUMATOLOGY CLINIC, PLLC
<b>c</b>	EIN-PN	47-3114702-002
<b>a</b>	Plan name	SPORTTRADE, INC 401K PLAN
<b>b</b>	Name of plan sponsor	SPORTTRADE, INC
<b>c</b>	EIN-PN	83-0696365-001
<b>a</b>	Plan name	SAVINGS UNITED INC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SAVINGS UNITED INC
<b>c</b>	EIN-PN	83-2562502-001
<b>a</b>	Plan name	MESD 401K PLAN
<b>b</b>	Name of plan sponsor	MOJO ME LLC
<b>c</b>	EIN-PN	83-0757335-001
<b>a</b>	Plan name	HUNTINGTON FEDERAL SAVINGS BANK RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	HUNTINGTON FEDERAL SAVINGS BANK
<b>c</b>	EIN-PN	55-0199620-001
<b>a</b>	Plan name	DAISY PASCUALVACA 401K PLAN
<b>b</b>	Name of plan sponsor	DAISY PASCUALVACA, PH.D. AND ASSOCIATES, LLC
<b>c</b>	EIN-PN	45-2974047-001
<b>a</b>	Plan name	PENSION PLAN FOR THE EMPLOYEES OF FARMERS STATE BANK
<b>b</b>	Name of plan sponsor	FARMERS STATE BANK
<b>c</b>	EIN-PN	62-0198260-001
<b>a</b>	Plan name	FROE BROS DRILLING LLC 401K PLAN
<b>b</b>	Name of plan sponsor	FROE BROS DRILLING, LLC
<b>c</b>	EIN-PN	84-5185779-001
<b>a</b>	Plan name	CHRISTENSEN PEDIATRIC DENTISTRY 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CHRISTENSEN PEDIATRIC DENTISTRY, INC.
<b>c</b>	EIN-PN	85-1862909-001
<b>a</b>	Plan name	BENEKIVA 401K PLAN
<b>b</b>	Name of plan sponsor	BENEKIVA
<b>c</b>	EIN-PN	82-4303382-001
<b>a</b>	Plan name	GRANITE STATE PAINTERS, INC. 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GRANITE STATE PAINTERS INC.
<b>c</b>	EIN-PN	04-5264003-001
<b>a</b>	Plan name	SHEGERIAN AND ASSOCIATES, INC. DEFINED BENEFIT PLAN
<b>b</b>	Name of plan sponsor	SHEGERIAN AND ASSOCIATES, INC.
<b>c</b>	EIN-PN	94-4849880-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HONOUR CAPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	HONOUR CAPITAL, LLC	<b>c</b> EIN-PN 83-4299378-001
<b>a</b>	Plan name	BUTZKE BURCH CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	BUTZKE BURCH CONSTRUCTION, INC.	<b>c</b> EIN-PN 84-4171228-001
<b>a</b>	Plan name	SOLID ROCK LANDSCAPING LLC	
<b>b</b>	Name of plan sponsor	SOLID ROCK LANDSCAPING LLC	<b>c</b> EIN-PN 20-0846476-001
<b>a</b>	Plan name	DES MOINES AREA MPO 401A PLAN	
<b>b</b>	Name of plan sponsor	DES MOINES AREA MPO	<b>c</b> EIN-PN 42-1206823-001
<b>a</b>	Plan name	NEW YORK BIOLOGICS INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK BIOLOGICS INC.	<b>c</b> EIN-PN 13-3711324-002
<b>a</b>	Plan name	TELLURIDE FLY FISHING CO., INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELLURIDE FLY FISHING CO., INC.	<b>c</b> EIN-PN 84-1585906-001
<b>a</b>	Plan name	VILLAND AND SON INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VILLAND AND SON INC	<b>c</b> EIN-PN 39-1315541-001
<b>a</b>	Plan name	FRONTEER PAYROLL SERVICES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FRONTEER PAYROLL SERVICES, INC.	<b>c</b> EIN-PN 45-0427813-001
<b>a</b>	Plan name	PERIODONTAL AND IMPLANT SPECIALTIES, LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	PERIODONTAL AND IMPLANT SPECIALTIES, LTD	<b>c</b> EIN-PN 02-7295978-001
<b>a</b>	Plan name	OREGON ELDER LAW 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YAZZOLINO AND ROWETT, LLP DBA OREGON ELDER LAW	<b>c</b> EIN-PN 27-3185405-001
<b>a</b>	Plan name	NAPPA, MONTEROSSO AND POZNANSKY, LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	NAPPA, MONTEROSSO AND POZNANSKY, LLP	<b>c</b> EIN-PN 13-4040912-001
<b>a</b>	Plan name	RETIREMENT PLAN OF FORT WORTH MUSEUM OF SCIENCE AND HISTORY	
<b>b</b>	Name of plan sponsor	FORT WORTH MUSEUM OF SCIENCE AND HISTORY	<b>c</b> EIN-PN 75-0755335-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CONNER'S PAINTING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CONNER'S PAINTING, LLC	<b>c</b> EIN-PN 20-2859881-001
<b>a</b>	Plan name	SOFTHEON INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	SOFTHEON, INC.	<b>c</b> EIN-PN 11-3580784-001
<b>a</b>	Plan name	HOPKINSON DENTISTRY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOPKINS DENTISTRY LLC D/B/A HAMILTON TOWN DEN	<b>c</b> EIN-PN 82-0612717-001
<b>a</b>	Plan name	VANDERHEYDEN HALL, INC. EMPLOYEES PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VANDERHEYDEN HALL, INC.	<b>c</b> EIN-PN 14-1338575-001
<b>a</b>	Plan name	CORNERSTONE DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE DENTAL OF POLK CITY LLC	<b>c</b> EIN-PN 46-4365495-001
<b>a</b>	Plan name	JT LOGISTICS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JT LOGISTICS SOLUTIONS, LCC D/B/A JT LOGISTIC	<b>c</b> EIN-PN 46-5403995-001
<b>a</b>	Plan name	GERMANIA COMPANIES EMPLOYEES DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	GERMANIA FARM MUTUAL INSURANCE ASSOCIATION	<b>c</b> EIN-PN 74-0643240-001
<b>a</b>	Plan name	STATEWIDE STRIPING AND ASPHALT SERVICES, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STATEWIDE STRIPING AND ASPHALT SERVICES, INC.	<b>c</b> EIN-PN 38-3057952-001
<b>a</b>	Plan name	V AND 2D LLC CASH BALANCE PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	V AND 2D LLC	<b>c</b> EIN-PN 27-1313501-002
<b>a</b>	Plan name	COMPREHENSIVE RADIOLOGY SERVICES, PLLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE RADIOLOGY SERVICES, PLLC	<b>c</b> EIN-PN 64-0409419-002
<b>a</b>	Plan name	THE SPRINGPOINT AT MEADOW LAKES, INC. UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	SPRINGPOINT SENIOR LIVING	<b>c</b> EIN-PN 21-0643358-002
<b>a</b>	Plan name	PENSION PLAN FOR NON-SALARIED EMPLOYEES AT WENATCHEE	
<b>b</b>	Name of plan sponsor	AMG ALUMINUM NORTH AMERICA, LLC	<b>c</b> EIN-PN 26-2388225-018

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.)	
<b>a</b>	Plan name RESTATED PENSION PLAN FOR HOURLY-RATED EMPLOYEES OF AMG VANADIUM LLC	
<b>b</b>	Name of plan sponsor AMG VANADIUM LLC	<b>c</b> EIN-PN 20-2931565-001
<b>a</b>	Plan name MIDWEST FAMILY MUTUAL INSURANCE COMPANY DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor MIDWEST FAMILY MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 41-0417260-001
<b>a</b>	Plan name MESA CUSTOM MACHINING CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor MESA CUSTOM MACHINING CORP.	<b>c</b> EIN-PN 86-0609282-001
<b>a</b>	Plan name ARROWHEAD ELECTRIC COOPERATIVE, INC. UNION CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor ARROWHEAD ELECTRICAL COOPERATIVE, INC.	<b>c</b> EIN-PN 41-0735682-003
<b>a</b>	Plan name YATES PHARMACY 401K PLAN	
<b>b</b>	Name of plan sponsor YATES PHARMACY LLC	<b>c</b> EIN-PN 46-3564631-001
<b>a</b>	Plan name SNF HOLDING COMPANY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SNF HOLDING COMPANY	<b>c</b> EIN-PN 51-0329277-002
<b>a</b>	Plan name UNITED DAIRY INC SALARIED EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNITED DAIRY INC	<b>c</b> EIN-PN 34-1141090-002
<b>a</b>	Plan name SMC GLOBAL HOLDINGS, INC. RETIREMENT INCOME PLAN B	
<b>b</b>	Name of plan sponsor SMC GLOBAL HOLDINGS, INC.	<b>c</b> EIN-PN 25-0929301-001
<b>a</b>	Plan name SECURITY STATE BANK OF HIBBING PENSION PLAN	
<b>b</b>	Name of plan sponsor SECURITY STATE BANK OF HIBBING	<b>c</b> EIN-PN 41-0531720-001
<b>a</b>	Plan name BOYD CHEVROLET, CADILLAC, BUICK, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BOYD CHEVROLET, CADILLAC, BUICK, INC.	<b>c</b> EIN-PN 56-0596271-001
<b>a</b>	Plan name TILE SETTERS AND FINISHERS OF NO CA PENSION PLAN	
<b>b</b>	Name of plan sponsor TILE SETTERS AND FINISHERS OF NO CA	<b>c</b> EIN-PN 71-0872161-001
<b>a</b>	Plan name LC ENGINEERING GROUP, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LC ENGINEERING GROUP, INC.	<b>c</b> EIN-PN 20-1601831-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ORICA USA INC RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	ORICA USA INC.	<b>c</b> EIN-PN 75-2661387-001
<b>a</b>	Plan name	FIRST HARVEST FEDERAL CREDIT UNION CASH BALANCE DEFINED BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FIRST HARVEST FEDERAL CREDIT UNION	<b>c</b> EIN-PN 21-0641594-001
<b>a</b>	Plan name	A-1 BROADCAST CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	A-1 BROADCAST, LLC	<b>c</b> EIN-PN 43-1591643-002
<b>a</b>	Plan name	DEPALO FOODS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DEPALO FOODS, INC	<b>c</b> EIN-PN 20-0488939-001
<b>a</b>	Plan name	JETTY LIFE, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JETTY LIFE, LLC	<b>c</b> EIN-PN 20-0076691-001
<b>a</b>	Plan name	MJ AEROSPACE CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	MJ AEROSPACE	<b>c</b> EIN-PN 47-5290618-002
<b>a</b>	Plan name	WTJB 401K PLAN	
<b>b</b>	Name of plan sponsor	WTJB	<b>c</b> EIN-PN 85-3051192-001
<b>a</b>	Plan name	WEST FARGO HOCKEY ASSOCIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	WEST FARGO HOCKEY ASSOCIATION	<b>c</b> EIN-PN 45-0363290-001
<b>a</b>	Plan name	SECOND CHANCE FINANCIAL CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SECOND CHANCE FINANCIAL, LLC	<b>c</b> EIN-PN 95-4807718-002
<b>a</b>	Plan name	PS 37 MANAGEMENT INC. 401K	
<b>b</b>	Name of plan sponsor	PS 37 MANAGEMENT INC. DBA MCDONALD'S RESTAURANT	<b>c</b> EIN-PN 27-3495763-001
<b>a</b>	Plan name	EVANS PERFORMANCE ACADEMY, LLC SOLO CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	EVANS PERFORMANCE ACADEMY, LLC	<b>c</b> EIN-PN 82-4476341-002
<b>a</b>	Plan name	RAILCO, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAILCO, LLC	<b>c</b> EIN-PN 38-3890970-001

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.)	
<b>a</b>	Plan name COMMONWEALTH CREDIT UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor COMMONWEALTH FEDERAL CREDIT UNION	<b>c</b> EIN-PN 61-0671028-003
<b>a</b>	Plan name CGGO MARKET, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor CGGO MARKET, INC.	<b>c</b> EIN-PN 82-1789798-002
<b>a</b>	Plan name DURHAM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RATP DEV USA, INC.	<b>c</b> EIN-PN 75-1626932-002
<b>a</b>	Plan name METROPOLITAN MILWAUKEE ASSOCIATION OF COMMERCE PENSION PLAN	
<b>b</b>	Name of plan sponsor METROPOLITAN MILWAUKEE ASSOCIATION OF COMMERCE	<b>c</b> EIN-PN 39-0475230-001
<b>a</b>	Plan name NE NITRO GENEVA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor NE NITRO GENEVA LLC	<b>c</b> EIN-PN 86-2649149-001
<b>a</b>	Plan name KENTLAND BANK EMPLOYEES SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KENTLAND BANK	<b>c</b> EIN-PN 35-0437850-003
<b>a</b>	Plan name MADISON COUNTY FEDERAL CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MADISON COUNTY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 35-0868126-001
<b>a</b>	Plan name KAISER ALUMINUM WARRICK PENSION PLAN	
<b>b</b>	Name of plan sponsor KAISER ALUMINUM WARRICK	<b>c</b> EIN-PN 81-2560915-001
<b>a</b>	Plan name ASSET VALUATION AND MARKETING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ASSET VALUATION AND MARKETING, INC. 401K PLAN	<b>c</b> EIN-PN 13-4276428-001
<b>a</b>	Plan name COSMOS GRANITE EAST, LLC 401K SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor COSMOS GRANITE EAST, LLC	<b>c</b> EIN-PN 31-1822710-001
<b>a</b>	Plan name YEUREKA HOME REMODELING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor YEUREKA HOME REMODELING, LLC	<b>c</b> EIN-PN 82-2378130-001
<b>a</b>	Plan name PASSION 4 PEOPLE 401K PLAN	
<b>b</b>	Name of plan sponsor PASSION4PEOPLE CONSULTING, LLC	<b>c</b> EIN-PN 47-0991133-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	O BOYLE STUCCO, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	O BOYLE STUCCO, INC.	<b>c</b> EIN-PN 43-2033785-001
<b>a</b>	Plan name	SOONER MANUFACTURING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SOONER MANUFACTURING	<b>c</b> EIN-PN 73-1466158-002
<b>a</b>	Plan name	BEANSTALK WEB SOLUTIONS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEANSTALK WEB SOLUTIONS	<b>c</b> EIN-PN 47-2829023-001
<b>a</b>	Plan name	INSERRA SUPERMARKETS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	INSERRA SUPERMARKETS, INC.	<b>c</b> EIN-PN 22-1710174-001
<b>a</b>	Plan name	WESTERN GROUND IMPROVEMENT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTERN GROUND IMPROVEMENT, INC.	<b>c</b> EIN-PN 02-7429749-001
<b>a</b>	Plan name	LUCAS JAMES TALENT PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	LUCAS JAMES TALENT PARTNERS	<b>c</b> EIN-PN 83-1221315-001
<b>a</b>	Plan name	HEALTH AND BENEFITS PARTNERS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HEALTH AND BENEFITS PARTNERS LLC	<b>c</b> EIN-PN 27-2990718-001
<b>a</b>	Plan name	TLC CLEANING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TLC CLEANING, LLC	<b>c</b> EIN-PN 27-4572253-001
<b>a</b>	Plan name	DMVW SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAKOTA MISSOURI VALLEY AND WESTERN RAILROAD	<b>c</b> EIN-PN 36-3720996-001
<b>a</b>	Plan name	GAG SHEET METAL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GAG SHEET METAL, INC.	<b>c</b> EIN-PN 41-1315636-001
<b>a</b>	Plan name	APEX LAW GROUP, PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APEX LAW GROUP, PLLC	<b>c</b> EIN-PN 84-3223058-001
<b>a</b>	Plan name	SP 401K PLAN	
<b>b</b>	Name of plan sponsor	SI MORTGAGE CO. DBA SSTAR MORTGAGE CO.	<b>c</b> EIN-PN 02-0625411-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ISRAEL L. WACKS, M.D., P.A. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ISRAEL L. WACKS, M.D., P.A.	<b>c</b> EIN-PN 65-1064343-002
<b>a</b>	Plan name	NASCO PENSION PLAN	
<b>b</b>	Name of plan sponsor	NASCO EDUCATION LLC	<b>c</b> EIN-PN 81-2923579-001
<b>a</b>	Plan name	AARON M. PERLMUTTER, M.D. CASH BALANCE PENSION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AARON M. PERLMUTTER, M.D. INC.	<b>c</b> EIN-PN 26-0633993-004
<b>a</b>	Plan name	MATTHEW GORDON HEALY, DDS, PLLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MATTHEW GORDON HEALY DDC PLLC	<b>c</b> EIN-PN 81-0970316-001
<b>a</b>	Plan name	INDIANA CARTON COMPANY, INC. FACTORY 401K PLAN	
<b>b</b>	Name of plan sponsor	INDIANA CARTON COMPANY, INC.	<b>c</b> EIN-PN 35-0977606-002
<b>a</b>	Plan name	FOLEY AND LARDNER LLP PENSION PLAN	
<b>b</b>	Name of plan sponsor	FOLEY AND LARDNER LLP	<b>c</b> EIN-PN 39-0473800-003
<b>a</b>	Plan name	MONADNOCK PAPER MILLS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MONADNOCK PAPER MILLS, INC.	<b>c</b> EIN-PN 02-0215853-003
<b>a</b>	Plan name	GLENWOOD ACADEMY EMPLOYEES DEFINED BENEFIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLENWOOD ACADEMY	<b>c</b> EIN-PN 36-2167087-001
<b>a</b>	Plan name	EDGEWOOD CENTER FOR CHILDREN AND FAMILIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EDGEWOOD CENTER FOR CHILDREN AND FAMILIES	<b>c</b> EIN-PN 94-1186168-001
<b>a</b>	Plan name	PENSION PLAN FOR SALARIED AND PRODUCTION EMPLOYEES OF VALLOUREC STAR, LP	
<b>b</b>	Name of plan sponsor	VALLOUREC STAR, LP	<b>c</b> EIN-PN 82-0549409-002
<b>a</b>	Plan name	ITASCA GOLF RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ITASCA GOLF, LLC DBA ITASCA COUNTRY CLUB	<b>c</b> EIN-PN 47-1718662-001
<b>a</b>	Plan name	SURE SHOT LOGISTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	SURE SHOT LOGISTICS, LLC	<b>c</b> EIN-PN 47-3953985-001

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.)	
<b>a</b>	Plan name <b>MOBILE WINDE SERVICE, LLC DBA VINPURE 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOBILE WINE SERVICES, LLC DBA VINPURE</b>	<b>c</b> EIN-PN <b>80-0779043-001</b>
<b>a</b>	Plan name <b>HOLLYWOOD PARK CASINO COMPANY, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOLLYWOOD PARK CASINO COMPANY, LLC</b>	<b>c</b> EIN-PN <b>20-5136818-001</b>
<b>a</b>	Plan name <b>SPRING VALLEY CO., INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPRING VALLEY TELEPHONE CO INC</b>	<b>c</b> EIN-PN <b>39-0962222-001</b>
<b>a</b>	Plan name <b>MYTHIC 401KPLAN</b>	
<b>b</b>	Name of plan sponsor <b>MGAD LLC</b>	<b>c</b> EIN-PN <b>46-2348474-001</b>
<b>a</b>	Plan name <b>SANDA MANUFACTURING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AANDS MANUFATURING AND WELDING, INC. DBA</b>	<b>c</b> EIN-PN <b>94-1684980-001</b>
<b>a</b>	Plan name <b>ON AIR SOLTUIONS, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ON AIR SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>61-1423265-001</b>
<b>a</b>	Plan name <b>MPD, INC. EMPLOYEES PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MPD, INC.</b>	<b>c</b> EIN-PN <b>61-1108817-001</b>
<b>a</b>	Plan name <b>HOUGHTON INTERNATIONAL INC. PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOUGHTON INTERNATIONAL INC.</b>	<b>c</b> EIN-PN <b>23-0712270-001</b>
<b>a</b>	Plan name <b>MINOVA USA, INC. PENSION PLAN FOR SALARIED EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>MINOVA USA, INC.</b>	<b>c</b> EIN-PN <b>34-1058461-010</b>
<b>a</b>	Plan name <b>KEYSTONE ASSOCIATES ARCHITECTS, ENGINEERS AND SURVEYORS, LLC 401K</b>	
<b>b</b>	Name of plan sponsor <b>KEYSTONE ASSOCIATES ARCHITECTS, ENGINEERS AND</b>	<b>c</b> EIN-PN <b>16-1511433-001</b>
<b>a</b>	Plan name <b>CEMETERY WORKERS SUPPLEMENTAL PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRUSTEE OF THE CEMETERY WORKERS SUPPLEMENT</b>	<b>c</b> EIN-PN <b>11-2416101-001</b>
<b>a</b>	Plan name <b>THE BUSINESS ROUNDTABLE, INC. PENSION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE BUSINESS ROUNDTABLE, INC.</b>	<b>c</b> EIN-PN <b>23-7236607-001</b>

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.)	
<b>a</b>	Plan name GLEN RAVEN, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor GLEN RAVEN, INC.	<b>c</b> EIN-PN 56-0481507-001
<b>a</b>	Plan name THE BETZ INDUSTRIES PENSION PLAN	
<b>b</b>	Name of plan sponsor BETZ INDUSTRIES	<b>c</b> EIN-PN 38-1243090-001
<b>a</b>	Plan name INDUSTRIES FOR THE BLIND AND VISUALLY IMPAIRED, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIES FOR THE BLIND AND VISUALLY IMPAIRED	<b>c</b> EIN-PN 39-0840476-001
<b>a</b>	Plan name PAINTERS LOCAL UNION 802 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OF PAINTERS LOCAL UNION 802	<b>c</b> EIN-PN 51-6035231-002
<b>a</b>	Plan name SNF HOLDING COMPANY DEFINED BENEFIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SNF HOLDING COMPANY	<b>c</b> EIN-PN 51-0329277-001
<b>a</b>	Plan name ORIGINAL CRISPY PIZZA CRUST CO. OF BOSTON, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ORIGINAL CRISPY PIZZA CRUST CO OF BOSTON INC	<b>c</b> EIN-PN 04-2932686-001
<b>a</b>	Plan name SASIB CORPORATION OF AMERICA EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MPAC MACHINE COMPANY, INC.	<b>c</b> EIN-PN 54-0306840-002
<b>a</b>	Plan name EXTRUDED ALUMINUM CORPORATION BARGAINING UNIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EXTRUDED ALUMINUM COMPANY, LLC	<b>c</b> EIN-PN 38-3622873-001
<b>a</b>	Plan name FARMERS MUTUAL INS. CO. OF NEBRASKA	
<b>b</b>	Name of plan sponsor FARMERS MUTUAL INSURANCE COMPANY OF NEBRASKA	<b>c</b> EIN-PN 47-0157205-001
<b>a</b>	Plan name RETIREMENT PLAN FOR EMPLOYEES OF AMERICAN SOCIETY OF SAFETY PROFESSIONALS	
<b>b</b>	Name of plan sponsor AMERICAN SOCIETY OF SAFETY PROFESSIONALS	<b>c</b> EIN-PN 36-2413556-001
<b>a</b>	Plan name EAST TEXAS SALT WATER DISPOSAL COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EAST TEXAS SALT WATER DISPOSAL COMPANY	<b>c</b> EIN-PN 75-0247651-001
<b>a</b>	Plan name ROMANOFF GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ROMANOFF ELECTRIC, INC.	<b>c</b> EIN-PN 31-1020367-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TOWER FEDERAL CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TOWER FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0214895-001
<b>a</b>	Plan name	ST. JOHN'S RIVERSIDE HOSPITAL RETIREMENT ASSISTANCE PLAN	
<b>b</b>	Name of plan sponsor	ST. JOHN'S RIVERSIDE HOSPITAL	<b>c</b> EIN-PN 13-1740126-001
<b>a</b>	Plan name	FRED USINGER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FRED USINGER, INC	<b>c</b> EIN-PN 39-0672490-001
<b>a</b>	Plan name	GROUP PENSION PLAN FOR EMPLOYEES OF ACNB BANK	
<b>b</b>	Name of plan sponsor	ACNB BANK	<b>c</b> EIN-PN 23-0581360-001
<b>a</b>	Plan name	BARNESVILLE HOSPITAL ASSOCIATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BARNESVILLE HOSPITAL ASSOCIATION INC.	<b>c</b> EIN-PN 34-0719172-001
<b>a</b>	Plan name	THE SUMMIT FEDERAL CREDIT UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT FEDERAL CREDIT UNION	<b>c</b> EIN-PN 16-0754720-001
<b>a</b>	Plan name	OZARKS FEDERAL SAVINGS AND LOAN ASSOCIATION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	OZARKS FEDERAL SAVINGS AND LOAN ASSOCIATION	<b>c</b> EIN-PN 43-0445932-001
<b>a</b>	Plan name	WESTERN BITUMINOUS PRODUCTS UNION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	SUIT-KOTE CORPORATION	<b>c</b> EIN-PN 16-1177189-004
<b>a</b>	Plan name	VPI CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VPI CORPORATION	<b>c</b> EIN-PN 20-1985702-001
<b>a</b>	Plan name	NELDA C. AND H.H. LUTCHER STARK FNDTN PLAN	
<b>b</b>	Name of plan sponsor	NELDA C. AND H J LUTCHER STARK FOUNDATION	<b>c</b> EIN-PN 74-6047440-001
<b>a</b>	Plan name	C. EMERY NELSON, INC. 401K SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C. EMERY NELSON, INC.	<b>c</b> EIN-PN 41-0436112-001
<b>a</b>	Plan name	BOHN ALUMINUM INC BLTER INDIANA PENSIN FOR HOURLY EMPLOYEES REPRES	
<b>b</b>	Name of plan sponsor	GREDE WISCONSIN SUBSIDIARIES LLC	<b>c</b> EIN-PN 39-1535863-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FALSTROM COMPANY HOURLY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	FALSTROM COMPANY	<b>c</b> EIN-PN 22-0901670-002
<b>a</b>	Plan name	INNOVARA, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INNOVARA, INC.	<b>c</b> EIN-PN 22-2482394-002
<b>a</b>	Plan name	EMPLOYEES RETIREMENT PLAN OF NATIONAL GAS AND OIL	
<b>b</b>	Name of plan sponsor	NATIONAL GAS AND OIL CORPORATION	<b>c</b> EIN-PN 31-4215215-001
<b>a</b>	Plan name	PRINCIPAL PENSION PLAN FOR CERTAIN FORMER AGENTS	
<b>b</b>	Name of plan sponsor	PRINCIPAL FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 42-1520346-001
<b>a</b>	Plan name	PRINCIPAL CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	PRINCIPAL FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 42-1520346-005
<b>a</b>	Plan name	CITATION-SOUTHERN DUCTILE CASTING COMPANY DEFINED BENEFIT PLAN FBO BESSEMER, ALABAMA BA	
<b>b</b>	Name of plan sponsor	SOUTHERN DUCTILE CASTING COMPANY	<b>c</b> EIN-PN 27-1678991-001
<b>a</b>	Plan name	PENSION PLAN FOR UNION EMPLOYEES AT ROSS SAND CASTING INDUSTRIES, INC., PLANT 3	
<b>b</b>	Name of plan sponsor	ROSS MOULD, LLC	<b>c</b> EIN-PN 45-2979151-003
<b>a</b>	Plan name	MILLION DOLLAR ROUND TABLE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MILLION DOLLAR ROUND TABLE	<b>c</b> EIN-PN 36-2138427-001
<b>a</b>	Plan name	ROSS MOULD, LLC BARGAINING EMPLOYEES DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROSS MOULD, LLC	<b>c</b> EIN-PN 45-2979151-001
<b>a</b>	Plan name	AMANA SOCIETY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMANA SOCIETY	<b>c</b> EIN-PN 42-0112280-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan PRINCIPAL ORIGIN EMERGING MARKETS SEPARATE ACCOUNT		<b>B</b> Three-digit plan number (PN) ▶	178
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 PRINCIPAL LIFE INSURANCE COMPANY		<b>D</b> Employer Identification Number (EIN) 42-0127290	

**Part I Asset and Liability Statement**

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

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	209070311	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1545	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1545	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	209068766	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	7147268	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		7147268
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	18564950	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		25712218

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	-302328	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		-302328
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		-302328

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		26014546
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		235083312

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.