

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																				
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 EMPOWER ANNUITY INSURANCE COMPANY c Plan Name DRYDEN S&P INDEX FUND - SAB	4b EIN 06-1050034 4d PN 123																				
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 style="text-align: right;">0</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	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>DRYDEN S&P 500 INDEX FUND (SAB)</u>	B Three-digit plan number (PN)	<u>123</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>06-1050034</u>	

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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:

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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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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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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<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	KGPCO, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	KGPCO, INC. 401(K) SAVINGS PLAN
c	EIN-PN	41-0955056-001
a	Plan name	INTERMOUNTAIN IRONWORKERS' TAX DEFERRAL PLAN
b	Name of plan sponsor	INTERMOUNTAIN IRONWORKERS TAX DEFERRAL PLAN
c	EIN-PN	62-1473489-001
a	Plan name	COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN
c	EIN-PN	13-3568101-001
a	Plan name	MACGREGOR 401(K) PLAN
b	Name of plan sponsor	MACGREGOR 401(K) PLAN
c	EIN-PN	46-3622213-001
a	Plan name	UPSON REGIONAL MEDICAL CENTER 401(K) RETIREMENT PLAN
b	Name of plan sponsor	UPSON REGIONAL MEDICAL CENTER 401(K) RETIREMENT PLAN
c	EIN-PN	58-1734026-001
a	Plan name	REEDY CONSTRUCTION GROUP, LLC CASH BALANCE PENSION PLAN
b	Name of plan sponsor	REEDY CONSTRUCTION GROUP, LLC CASH BALANCE PENSION PLAN
c	EIN-PN	84-2143223-001
a	Plan name	ROLAND DGA CORPORATION
b	Name of plan sponsor	ROLAND DGA CORPORATION
c	EIN-PN	95-2896659-001
a	Plan name	PRIME WHEEL 401(K) PLAN
b	Name of plan sponsor	PRIME WHEEL 401(K) PLAN
c	EIN-PN	33-0292719-001
a	Plan name	KOBE STEEL USA RETIREMENT PLAN
b	Name of plan sponsor	KOBE STEEL USA RETIREMENT PLAN
c	EIN-PN	13-3458454-001
a	Plan name	CP KELCO 401(K) RETIREMENT SAVINGS PLAN.
b	Name of plan sponsor	CP KELCO 401(K) RETIREMENT SAVINGS PLAN.
c	EIN-PN	51-0400757-001
a	Plan name	WIELAND ROLLED PRODUCTS NORTH AMERICA BUFFALO, INC.ANDUNITEDSTEELWORKERSLOCAL593401(K)RETIREMENTPLAN
b	Name of plan sponsor	WIELAND ROLLED PRODUCTS NORTH AMERICA BUFFALO, INC.ANDUNITEDSTEELWORKE
c	EIN-PN	84-1148681-001
a	Plan name	CCU COAL AND CONSTRUCTION 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	CCU COAL AND CONSTRUCTION 401(K) AND PROFIT SHARING PLAN
c	EIN-PN	83-2954710-001

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 AMERICAN PUBLIC TRANSPORTATION ASSOCIATION TAX DEFERRED SAVINGS	
b	Name of plan sponsor AMERICAN PUBLIC TRANSPORTATION ASSOCIATION TAX DEFERRED SAVINGS	c EIN-PN 52-1007674-001
a	Plan name THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	
b	Name of plan sponsor THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	c EIN-PN 34-0058570-001
a	Plan name COMMUNICATIONS WKRS OF AMERICA 401(K) TAXDEFERRED SAVINGS PLAN	
b	Name of plan sponsor COMMUNICATIONS WKRS OF AMERICA 401(K) TAXDEFERRED SAVINGS PLAN	c EIN-PN 53-0246709-001
a	Plan name ARMED FORCES BENEFIT ASSOCIATION (AFBA) 401(K) INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor ARMED FORCES BENEFIT ASSOCIATION (AFBA) 401(K) INCENTIVE SAVINGS PLAN	c EIN-PN 53-0209087-001
a	Plan name LASALLE BRISTOL, L.P. 401(K) PLAN	
b	Name of plan sponsor LASALLE BRISTOL, L.P. 401(K) PLAN	c EIN-PN 35-1499063-001
a	Plan name JFM ENTERPRISES, INC.	
b	Name of plan sponsor JFM ENTERPRISES, INC.	c EIN-PN 36-3803463-001
a	Plan name AAA NORTH PENN 401(K) PLAN	
b	Name of plan sponsor AAA NORTH PENN 401(K) PLAN	c EIN-PN 24-0637695-001
a	Plan name RJS CORPORATION PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RJS CORPORATION PROFIT SHARING PLAN AND TRUST	c EIN-PN 34-0814010-001
a	Plan name SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor SCHOLER CORPORATION RETIREMENT AND SAVINGS PLAN	c EIN-PN 35-1085180-001
a	Plan name ELIZABETH CARBIDE DIE CO INC	
b	Name of plan sponsor ELIZABETH CARBIDE DIE CO INC	c EIN-PN 25-1011428-001
a	Plan name CHARTER FABRICS INC	
b	Name of plan sponsor CHARTER FABRICS INC	c EIN-PN 13-1960237-001
a	Plan name NATIONAL FIRE ADJUSTMENT COMPANY MONEY PURCHASE PLAN	
b	Name of plan sponsor NATIONAL FIRE ADJUSTMENT COMPANY MONEY PURCHASE PLAN	c EIN-PN 16-0978385-001

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	NATIONAL FIRE ADJUSTMENT	
b	Name of plan sponsor	NATIONAL FIRE ADJUSTMENT	c EIN-PN 16-0978385-001
a	Plan name	INFORMATION MGT INT'L, INC.	
b	Name of plan sponsor	INFORMATION MGT INT'L, INC.	c EIN-PN 94-2798165-001
a	Plan name	PETER RABBIT FARMS	
b	Name of plan sponsor	PETER RABBIT FARMS	c EIN-PN 95-1983871-001
a	Plan name	WASHINGTON MUSIC SALES CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	WASHINGTON MUSIC SALES CENTER, INC. 401(K) PLAN	c EIN-PN 53-0259612-001
a	Plan name	STANDARD MORTGAGE CORPORATION	
b	Name of plan sponsor	STANDARD MORTGAGE CORPORATION	c EIN-PN 72-0593959-001
a	Plan name	WORTH CONSTRUCTION CO., INC.	
b	Name of plan sponsor	WORTH CONSTRUCTION CO., INC.	c EIN-PN 22-2189724-001
a	Plan name	SHEPHERD CO EE'S RETIREMENT PLAN	
b	Name of plan sponsor	SHEPHERD CO EES RETIREMENT PLAN	c EIN-PN 95-1217578-001
a	Plan name	BOSTON PUBLIC HEALTH COMM.	
b	Name of plan sponsor	BOSTON PUBLIC HEALTH COMM.	c EIN-PN 04-3316655-001
a	Plan name	IATSE LOCAL #48	
b	Name of plan sponsor	IATSE LOCAL #48	c EIN-PN 34-9999999-001
a	Plan name	ROSENBLUTH VACATIONS	
b	Name of plan sponsor	ROSENBLUTH VACATIONS	c EIN-PN 23-2878210-001
a	Plan name	THE LOS ANGELES LAKERS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE LOS ANGELES LAKERS, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 95-3788411-001
a	Plan name	SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SEIKO WATCH OF AMERICA LLC SAVINGS AND INVESTMENT PLAN	c EIN-PN 83-1939971-001

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 PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	
b	Name of plan sponsor PIEDMONT AUTOMOTIVE PRODUCTS, INC. PROFIT SHARING WITH 401(K)	c EIN-PN 58-0873934-001
a	Plan name BELL FLAVORS AND FRAGRANCES INC. RETIREMENT SAVINGS AND PS PLAN	
b	Name of plan sponsor BELL FLAVORS AND FRAGRANCES INC. RETIREMENT SAVINGS AND PS PLAN	c EIN-PN 36-2643173-001
a	Plan name TOUBY PAINTING CORPORATION	
b	Name of plan sponsor TOUBY PAINTING CORPORATION	c EIN-PN 59-0541056-001
a	Plan name SOUTHEAST UTILITY TRAILER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHEAST UTILITY TRAILER, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 02-0793499-001
a	Plan name COAL EXCLUSIVE BENEFITS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COAL EXCLUSIVE BENEFITS 401(K) RETIREMENT PLAN	c EIN-PN 61-1171915-001
a	Plan name NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN	
b	Name of plan sponsor NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN	c EIN-PN 16-0569874-001
a	Plan name HILLBEHAN LUMBER COMPANY	
b	Name of plan sponsor HILLBEHAN LUMBER COMPANY	c EIN-PN 43-0322480-001
a	Plan name TONE SOFTWARE CORPORATION	
b	Name of plan sponsor TONE SOFTWARE CORPORATION	c EIN-PN 95-2919787-001
a	Plan name FIORE, RACOBS AND POWERS	
b	Name of plan sponsor FIORE, RACOBS AND POWERS	c EIN-PN 95-2833009-001
a	Plan name ROQUEMORE, PRINGLE AND MOORE INC	
b	Name of plan sponsor ROQUEMORE, PRINGLE AND MOORE INC	c EIN-PN 95-3081064-001
a	Plan name BUCHANAN MARINE LTD PARTNERSHIP UNION EMPLOYEES 401(K) RET PLAN	
b	Name of plan sponsor BUCHANAN MARINE LTD PARTNERSHIP UNION EMPLOYEES 401(K) RET PLAN	c EIN-PN 06-1008149-001
a	Plan name METERS INDUSTRIES, INC.	
b	Name of plan sponsor METERS INDUSTRIES, INC.	c EIN-PN 52-1242561-001

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	DALMO OPTICAL CORPORATION	
b	Name of plan sponsor	DALMO OPTICAL CORPORATION	c EIN-PN 25-1092621-001
a	Plan name	JONACO MACHINE DEFERRED SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	JONACO MACHINE DEFERRED SAVINGS AND PROFIT SHARING PLAN	c EIN-PN 27-3546895-001
a	Plan name	MORRIS EXPORT CRATING COMPANY	
b	Name of plan sponsor	MORRIS EXPORT CRATING COMPANY	c EIN-PN 76-0064753-001
a	Plan name	GEORGE E DELALLO COMPANY INC	
b	Name of plan sponsor	GEORGE E DELALLO COMPANY INC	c EIN-PN 25-1127339-001
a	Plan name	COSTA CRUISE LINES N.V.	
b	Name of plan sponsor	COSTA CRUISE LINES N.V.	c EIN-PN 65-0221239-001
a	Plan name	MORRIS BEAN RETIREMENT PLAN	
b	Name of plan sponsor	MORRIS BEAN RETIREMENT PLAN	c EIN-PN 31-0510640-001
a	Plan name	BARGAINING UNIT OF MORRISBEANANDCO	
b	Name of plan sponsor	BARGAINING UNIT OF MORRISBEANANDCO	c EIN-PN 31-0510640-001
a	Plan name	CEMLINE CORPORATION	
b	Name of plan sponsor	CEMLINE CORPORATION	c EIN-PN 25-0396970-001
a	Plan name	MSSNY/ESMSEF 401(K) PLAN	
b	Name of plan sponsor	MSSNY/ESMSEF 401(K) PLAN	c EIN-PN 13-1030760-001
a	Plan name	CREATIVE FOAM 401(K) PLAN	
b	Name of plan sponsor	CREATIVE FOAM 401(K) PLAN	c EIN-PN 38-1905349-001
a	Plan name	COLOREDGE, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COLOREDGE, INC 401(K) RETIREMENT PLAN	c EIN-PN 95-4172359-001
a	Plan name	IATSE LOCAL #8	
b	Name of plan sponsor	IATSE LOCAL #8	c EIN-PN 23-2785557-001

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	NYCDCC	
b Name of plan sponsor	NYCDCC	c EIN-PN 51-0174279-001
a Plan name	HOLLOW METAL PENSION FUND SEPARATE BENEFIT ACCOUNT	
b Name of plan sponsor	HOLLOW METAL PENSION FUND SEPARATE BENEFIT ACCOUNT	c EIN-PN 11-2758544-001
a Plan name	J. KNIPPER AND CO PROFIT SHARING	
b Name of plan sponsor	J. KNIPPER AND CO PROFIT SHARING	c EIN-PN 22-2755742-001
a Plan name	HERBERT F. DARLING, INC. 401(K) PENSION PLAN	
b Name of plan sponsor	HERBERT F. DARLING, INC. 401(K) PENSION PLAN	c EIN-PN 16-0927953-001
a Plan name	SHEET METAL WORKERS LOCAL 25 ANNUITY PLAN	
b Name of plan sponsor	SHEET METAL WORKERS LOCAL 25 ANNUITY PLAN	c EIN-PN 22-2586286-001
a Plan name	SOUTHERN CONNECTICUT I.B.E.W. ANNUITY PLAN	
b Name of plan sponsor	SOUTHERN CONNECTICUT I.B.E.W. ANNUITY PLAN	c EIN-PN 06-0932220-001
a Plan name	U.A. LOCAL 322	
b Name of plan sponsor	U.A. LOCAL 322	c EIN-PN 22-2708962-001
a Plan name	ESI 401(K) PLAN	
b Name of plan sponsor	ESI 401(K) PLAN	c EIN-PN 75-2197449-001
a Plan name	I.U.O.E. LOCAL 1414B ANNUITY FUND	
b Name of plan sponsor	I.U.O.E. LOCAL 1414B ANNUITY FUND	c EIN-PN 13-6321935-001
a Plan name	SPANG AND COMPANY RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	SPANG AND COMPANY RETIREMENT SAVINGS PLAN	c EIN-PN 25-0809990-001
a Plan name	SPANG POWER ELECTRONIC	
b Name of plan sponsor	SPANG POWER ELECTRONIC	c EIN-PN 25-0809990-001
a Plan name	I.U.O.E LOCAL 542 ANNUITY PLAN	
b Name of plan sponsor	I.U.O.E LOCAL 542 ANNUITY PLAN	c EIN-PN 23-2352166-001

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	ACCURATE GAUGE AND MFG., INC.	
b	Name of plan sponsor	ACCURATE GAUGE AND MFG., INC.	c EIN-PN 38-1845133-001
a	Plan name	MITSUBISHI IMAGING (MPM), INC.	
b	Name of plan sponsor	MITSUBISHI IMAGING (MPM), INC.	c EIN-PN 13-3763470-001
a	Plan name	KING AMERICAN AMBULANCE CO.	
b	Name of plan sponsor	KING AMERICAN AMBULANCE CO.	c EIN-PN 94-1279326-001
a	Plan name	COSMEC	
b	Name of plan sponsor	COSMEC	c EIN-PN 04-2389147-001
a	Plan name	IBEW LOCAL UNION NO 102	
b	Name of plan sponsor	IBEW LOCAL UNION NO 102	c EIN-PN 22-2347484-001
a	Plan name	CAMBRIAN COAL LLC 401(K) PLAN	
b	Name of plan sponsor	CAMBRIAN COAL LLC 401(K) PLAN	c EIN-PN 61-1373394-001
a	Plan name	N.E.C.A. I.B.E.W. LOCAL UNION NO. 35 ANNUITY PLAN	
b	Name of plan sponsor	N.E.C.A. I.B.E.W. LOCAL UNION NO. 35 ANNUITY PLAN	c EIN-PN 06-0008934-001
a	Plan name	VOSS MANUFACTURING, INC	
b	Name of plan sponsor	VOSS MANUFACTURING, INC	c EIN-PN 16-0967930-001
a	Plan name	PHILLIPS SERVICE IND., INC.	
b	Name of plan sponsor	PHILLIPS SERVICE IND., INC.	c EIN-PN 38-2509613-001
a	Plan name	JAY DEE/SNEAKER KING INC	
b	Name of plan sponsor	JAY DEE/SNEAKER KING INC	c EIN-PN 23-2539544-001
a	Plan name	BOILERMAKERS LOCAL LODGE NO.5	
b	Name of plan sponsor	BOILERMAKERS LOCAL LODGE NO.5	c EIN-PN 13-6106830-001
a	Plan name	GRASSLAND EQUIP AND IRRIGATION	
b	Name of plan sponsor	GRASSLAND EQUIP AND IRRIGATION	c EIN-PN 14-1460098-001

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	MOBILE LIFE SUPPORT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOBILE LIFE SUPPORT SERVICES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 14-1627069-001
a	Plan name	BANNER WHOLESALE GROCERS INC	
b	Name of plan sponsor	BANNER WHOLESALE GROCERS INC	c EIN-PN 36-0771510-001
a	Plan name	POMEROY ELECTRIC INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor	POMEROY ELECTRIC INCORPORATED RETIREMENT PLAN	c EIN-PN 05-0539082-001
a	Plan name	HAWAII CARPENTERS 401(K) FUND	
b	Name of plan sponsor	HAWAII CARPENTERS 401(K) FUND	c EIN-PN 55-0822045-001
a	Plan name	CES COMPUTER SOLUTIONS, INC.	
b	Name of plan sponsor	CES COMPUTER SOLUTIONS, INC.	c EIN-PN 11-3046272-001
a	Plan name	ACTIVAR, INC.	
b	Name of plan sponsor	ACTIVAR, INC.	c EIN-PN 41-1335237-001
a	Plan name	BENTLY ENTERPRISES, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	BENTLY ENTERPRISES, LLC PROFIT SHARING 401K PLAN	c EIN-PN 88-0088854-001
a	Plan name	ASBESTOS WORKERS LOCAL 24	
b	Name of plan sponsor	ASBESTOS WORKERS LOCAL 24	c EIN-PN 52-6117923-001
a	Plan name	ACUSPORT CORP. RETIREMENT PLAN	
b	Name of plan sponsor	ACUSPORT CORP. RETIREMENT PLAN	c EIN-PN 34-1355555-001
a	Plan name	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	
b	Name of plan sponsor	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	c EIN-PN 04-2103221-001
a	Plan name	ELITECH GROUP INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ELITECH GROUP INC PROFIT SHARING PLAN	c EIN-PN 87-0284733-001
a	Plan name	ELECTROMECHANICAL RETIREMENT PLAN	
b	Name of plan sponsor	ELECTROMECHANICAL RETIREMENT PLAN	c EIN-PN 54-0887040-001

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	LAKESIDE RETIREMENT PLAN	
b	Name of plan sponsor	LAKESIDE RETIREMENT PLAN	c EIN-PN 91-1210726-001
a	Plan name	WESTEX DRILLING COMPANY, LP EMPLOYEES' RETIREMENT AND TRUST	
b	Name of plan sponsor	WESTEX DRILLING COMPANY, LP EMPLOYEES RETIREMENT AND TRUST	c EIN-PN 75-0942893-001
a	Plan name	ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSE, KLEIN AND MARIAS, LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 95-1788478-001
a	Plan name	SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	
b	Name of plan sponsor	SPENCECHAPIN SERVICES TO FAMILY AND CHILDREN	c EIN-PN 13-1834590-001
a	Plan name	NYSAILA MED/CLINICAL SVCS FUND RETIREMENT TRUST	
b	Name of plan sponsor	NYSAILA MED/CLINICAL SVCS FUND RETIREMENT TRUST	c EIN-PN 13-1939362-001
a	Plan name	SUNMAID GROWERS OF CALIFORNIA	
b	Name of plan sponsor	SUNMAID GROWERS OF CALIFORNIA	c EIN-PN 94-3196145-001
a	Plan name	SUNMAID GROWERS DISTILLERY WORKERS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUNMAID GROWERS DISTILLERY WORKERS RETIREMENT SAVINGS PLAN	c EIN-PN 94-0908760-001
a	Plan name	LOCAL UNION 531 IBEW AND NECA MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	LOCAL UNION 531 IBEW AND NECA MONEY PURCHASE PENSION PLAN	c EIN-PN 35-6068417-001
a	Plan name	TIMESSHAMROCK COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	TIMESSHAMROCK COMMUNICATIONS 401(K) PLAN	c EIN-PN 24-0717470-001
a	Plan name	TRINITY PRESBYTERIAN SCHOOL, INC 401(K) PLAN	
b	Name of plan sponsor	TRINITY PRESBYTERIAN SCHOOL, INC 401(K) PLAN	c EIN-PN 63-0586676-001
a	Plan name	PMP RETIREMENT PLAN	
b	Name of plan sponsor	PMP RETIREMENT PLAN	c EIN-PN 39-1503124-001
a	Plan name	LOTTE GLOBAL LOGISTICS (NORTH AMERICA) INC. 401(K) PLAN	
b	Name of plan sponsor	LOTTE GLOBAL LOGISTICS (NORTH AMERICA) INC. 401(K) PLAN	c EIN-PN 33-0398397-001

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 MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 95-1626208-001
a	Plan name INTERMOUNTAIN IRONWORKERS TAX DEFERRAL PLAN	
b	Name of plan sponsor INTERMOUNTAIN IRONWORKERS TAX DEFERRAL PLAN	c EIN-PN 62-1473489-001
a	Plan name ANDERSON, MCPHARLIN AND CONNERS PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON, MCPHARLIN AND CONNERS PROFIT SHARING PLAN	c EIN-PN 95-1530000-001
a	Plan name J E M AMERICA RETIREMENT PLAN	
b	Name of plan sponsor J E M AMERICA RETIREMENT PLAN	c EIN-PN 94-3048725-001
a	Plan name JKJ SAVINGS PLAN	
b	Name of plan sponsor JKJ SAVINGS PLAN	c EIN-PN 23-1568259-001
a	Plan name AUTOCHLOR SERVICES EMPLOYEES' SAVINGS PLAN AND TRUST	
b	Name of plan sponsor AUTOCHLOR SERVICES EMPLOYEES SAVINGS PLAN AND TRUST	c EIN-PN 72-0927398-001
a	Plan name BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	
b	Name of plan sponsor BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	c EIN-PN 15-0258780-001
a	Plan name IUJAT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor IUJAT 401(K) RETIREMENT PLAN	c EIN-PN 20-5201401-001
a	Plan name LOCAL 807 PROFIT SHARING FUND	
b	Name of plan sponsor LOCAL 807 PROFIT SHARING FUND	c EIN-PN 11-2532544-001
a	Plan name POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor POTTSTOWN MEDICAL SPECIALISTS, INC. PROFIT SHARING 401(K) PLAN	c EIN-PN 23-2067171-001
a	Plan name LEGACY ALLIANCE, INC. 401(K) PLAN	
b	Name of plan sponsor LEGACY ALLIANCE, INC. 401(K) PLAN	c EIN-PN 27-1451623-001
a	Plan name UA LOCAL 190 DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor UA LOCAL 190 DEFINED CONTRIBUTION PLAN	c EIN-PN 38-3316535-001

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	ACME MONACO CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACME MONACO CORPORATION 401(K) PROFIT SHARING PLAN	c EIN-PN 06-0703533-001
a	Plan name	CONAM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONAM 401(K) RETIREMENT PLAN	c EIN-PN 95-3809553-001
a	Plan name	HALOCARBON 401(K) PLAN	
b	Name of plan sponsor	HALOCARBON 401(K) PLAN	c EIN-PN 84-2984704-001
a	Plan name	HILO MEDICAL INVESTORS, LTD. 401(K) PLAN	
b	Name of plan sponsor	HILO MEDICAL INVESTORS, LTD. 401(K) PLAN	c EIN-PN 58-1339022-001
a	Plan name	ORTHOPEDIC ASSOCIATES DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor	ORTHOPEDIC ASSOCIATES DEFINED CONTRIBUTION PENSION PLAN	c EIN-PN 16-1012180-001
a	Plan name	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEDGEWOOD PHYSICIANS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 81-4770616-001
a	Plan name	METAL LATHERS LOCAL 46 ANNUITY FUND	
b	Name of plan sponsor	METAL LATHERS LOCAL 46 ANNUITY FUND	c EIN-PN 13-6179359-001
a	Plan name	THE LOCAL 74 USWU 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE LOCAL 74 USWU 401(K) SAVINGS PLAN	c EIN-PN 27-2570808-001
a	Plan name	BHA/WES 401(K) PLAN	
b	Name of plan sponsor	BHA/WES 401(K) PLAN	c EIN-PN 47-4473515-001
a	Plan name	PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PIA AUTOMATION US INC. 401(K) RETIREMENT PLAN	c EIN-PN 38-3347788-001
a	Plan name	COMMUNICATIONS WKRS OF AMERICA	
b	Name of plan sponsor	COMMUNICATIONS WKRS OF AMERICA	c EIN-PN 13-6212879-001
a	Plan name	HKA GLOBAL, LLC 401K PLAN	
b	Name of plan sponsor	HKA GLOBAL, LLC 401K PLAN	c EIN-PN 81-4602170-001

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	FEDNAT 401(K) PLAN	
b	Name of plan sponsor	FEDNAT 401(K) PLAN	c EIN-PN 65-0248866-001
a	Plan name	EAT 401(K) PLAN	
b	Name of plan sponsor	EAT 401(K) PLAN	c EIN-PN 13-2748251-001
a	Plan name	NYSAPPGU MONEY PURCHASE PENSION FUND AND PLAN	
b	Name of plan sponsor	NYSAPPGU MONEY PURCHASE PENSION FUND AND PLAN	c EIN-PN 13-3769079-001
a	Plan name	NYSAILA MONEY PURCHASE PENSION FUND AND PLAN	
b	Name of plan sponsor	NYSAILA MONEY PURCHASE PENSION FUND AND PLAN	c EIN-PN 13-3769078-001
a	Plan name	SEIU SUPPLEMENTAL RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	SEIU SUPPLEMENTAL RETIREMENT SAVINGS 401(K) PLAN	c EIN-PN 36-0852885-001
a	Plan name	SEIU AFFILIATES' OFFICERS AND EES SUPPL RETIRE SAVINGS 401K PLAN	
b	Name of plan sponsor	SEIU AFFILIATES OFFICERS AND EES SUPPL RETIRE SAVINGS 401K PLAN	c EIN-PN 36-0852885-001
a	Plan name	SOUTHWEST CARPENTERS ANNUITY FUND	
b	Name of plan sponsor	SOUTHWEST CARPENTERS ANNUITY FUND	c EIN-PN 31-1809923-001
a	Plan name	CE DE CANDY, INC. EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor	CE DE CANDY, INC. EMPLOYEES PROFIT SHARING PLAN	c EIN-PN 22-1470960-001
a	Plan name	LIFE CARE CENTERS OF AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LIFE CARE CENTERS OF AMERICA, INC. 401(K) SAVINGS PLAN	c EIN-PN 62-0963862-001
a	Plan name	NUVISION ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NUVISION ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 25-1248328-001
a	Plan name	RETINA ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RETINA ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	c EIN-PN 71-0706742-001
a	Plan name	THE FORBES COMPANY, LLC EMPLOYEES PROFIT SHARING/401(K)	
b	Name of plan sponsor	THE FORBES COMPANY, LLC EMPLOYEES PROFIT SHARING/401(K)	c EIN-PN 38-3441715-001

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 SHEET METAL WORKERS LOCAL 46 ANNUITY FUND	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL 46 ANNUITY FUND	c EIN-PN 16-1168659-001
a	Plan name UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	
b	Name of plan sponsor UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	c EIN-PN 16-0869081-001
a	Plan name ROTHMAN GORDON, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor ROTHMAN GORDON, P.C. PROFIT SHARING PLAN	c EIN-PN 25-1310422-001
a	Plan name NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
b	Name of plan sponsor NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	c EIN-PN 21-0524185-001
a	Plan name GILES MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GILES MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 30-0134685-001
a	Plan name EMPIRE TODAY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMPIRE TODAY, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 36-4281606-001
a	Plan name SINGER EQUIPMENT CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SINGER EQUIPMENT CO., INC. 401(K) RETIREMENT PLAN	c EIN-PN 23-1674739-001
a	Plan name SECURITY BENEFIT FUND AND UFA 401(K) SAVINGS PLAN	
b	Name of plan sponsor SECURITY BENEFIT FUND AND UFA 401(K) SAVINGS PLAN	c EIN-PN 13-5456100-001
a	Plan name MONEY PURCHASE PENSION PLAN FOR TRUSTEES OF THE UFA	
b	Name of plan sponsor MONEY PURCHASE PENSION PLAN FOR TRUSTEES OF THE UFA	c EIN-PN 13-4108489-001
a	Plan name SANTA FE RADIOLOGY PC	
b	Name of plan sponsor SANTA FE RADIOLOGY PC	c EIN-PN 85-0213470-001
a	Plan name PMTRAINING 401(K) PLAN	
b	Name of plan sponsor PMTRAINING 401(K) PLAN	c EIN-PN 05-0596576-001
a	Plan name DRILL PAC USA INC 401(K) PLAN	
b	Name of plan sponsor DRILL PAC USA INC 401(K) PLAN	c EIN-PN 13-3834688-001

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	MOUNTAIN WEST SURGICAL SPECIALISTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOUNTAIN WEST SURGICAL SPECIALISTS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 99-1617375-001
a	Plan name	LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN	
b	Name of plan sponsor	LUCID MANAGEMENT AND CAPITAL PARTNERS LP 401(K) PLAN	c EIN-PN 81-5077149-001
a	Plan name	REEDY CONSTRUCTION GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	REEDY CONSTRUCTION GROUP, LLC RETIREMENT PLAN	c EIN-PN 84-2143223-001
a	Plan name	A.G.S., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A.G.S., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 54-0830733-001
a	Plan name	SHERIDAN COUNTY YMCA RETIREMENT PLAN	
b	Name of plan sponsor	SHERIDAN COUNTY YMCA RETIREMENT PLAN	c EIN-PN 83-0186708-001
a	Plan name	MEADOWHAWK BIOLABS	
b	Name of plan sponsor	MEADOWHAWK BIOLABS	c EIN-PN 87-1799545-001
a	Plan name	ROCKY MOUNTAIN MICROFILM AND IMAGING LLC 401K PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN MICROFILM AND IMAGING LLC 401K PLAN	c EIN-PN 90-0921784-001
a	Plan name	PRESIDENTIAL EXTERIORS 401(K) PLAN	
b	Name of plan sponsor	PRESIDENTIAL EXTERIORS 401(K) PLAN	c EIN-PN 47-3930493-001
a	Plan name	MAVERICK STRATEGIES LLC UNION 401(K) PLAN	
b	Name of plan sponsor	MAVERICK STRATEGIES LLC UNION 401(K) PLAN	c EIN-PN 88-2554027-001
a	Plan name	MAVERICK STRATEGIES LLC 401(K) PLAN	
b	Name of plan sponsor	MAVERICK STRATEGIES LLC 401(K) PLAN	c EIN-PN 88-2554027-001
a	Plan name	IDEAL HIRE 401(K) PLAN	
b	Name of plan sponsor	IDEAL HIRE 401(K) PLAN	c EIN-PN 27-0573815-001
a	Plan name	USD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	USD PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 47-0910300-001

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	ORANGE COUNTY 3PL 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY 3PL 401(K) PLAN	c EIN-PN 83-2321114-001
a	Plan name	TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 91-2073074-001
a	Plan name	MAVERICK POWER 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MAVERICK POWER 401(K) SAVINGS PLAN	c EIN-PN 84-4612586-001
a	Plan name	KEN CARYL GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor	KEN CARYL GLASS, INC. 401(K) PLAN	c EIN-PN 84-1036870-001
a	Plan name	CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	CARDIOVASCULAR CONSULTANTS HEART CENTER, INC. 401(K) PLAN	c EIN-PN 94-2686822-001
a	Plan name	QUEST HEALTH SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUEST HEALTH SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 81-4541240-001
a	Plan name	MOMAR INCORPORATED RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	MOMAR INCORPORATED RETIREMENT PLAN AND TRUST	c EIN-PN 58-0524461-001
a	Plan name	CERTIFIX, INC. 401(K) PLAN	
b	Name of plan sponsor	CERTIFIX, INC. 401(K) PLAN	c EIN-PN 26-1485026-001
a	Plan name	COLD SPRING GRANITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COLD SPRING GRANITE COMPANY 401(K) RETIREMENT PLAN	c EIN-PN 41-0197900-001
a	Plan name	THE 401(K) PLAN	
b	Name of plan sponsor	THE 401(K) PLAN	c EIN-PN 36-1236610-001
a	Plan name	CARROLS CORPORATION	
b	Name of plan sponsor	CARROLS CORPORATION	c EIN-PN 16-0958146-001
a	Plan name	BALFOUR BEATTY RAIL 401(K) SAVINGS AND INVESTMENT PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	BALFOUR BEATTY RAIL 401(K) SAVINGS AND INVESTMENT PLAN FOR BARGAINING	c EIN-PN 39-1611003-001

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	BALFOUR BEATTY LLC 401(K) PLAN	
b	Name of plan sponsor	BALFOUR BEATTY LLC 401(K) PLAN	c EIN-PN 13-3015770-001
a	Plan name	DYNO NOBEL INC. AND SUBSIDIARIES TAXFAVORED RETIREMENT SVGS PLAN	
b	Name of plan sponsor	DYNO NOBEL INC. AND SUBSIDIARIES TAXFAVORED RETIREMENT SVGS PLAN	c EIN-PN 87-0409179-001
a	Plan name	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	c EIN-PN 87-0409179-001
a	Plan name	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN 03	
b	Name of plan sponsor	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN 03	c EIN-PN 87-0409179-001
a	Plan name	MSX INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	MSX INTERNATIONAL 401(K) PLAN	c EIN-PN 82-3432947-001
a	Plan name	HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	c EIN-PN 33-0820160-001
a	Plan name	STATER BROS. MARKETS 401K	
b	Name of plan sponsor	STATER BROS. MARKETS 401K	c EIN-PN 95-2586175-001
a	Plan name	JBP CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JBP CO., INC. 401(K) SAVINGS PLAN	c EIN-PN 76-0312814-001
a	Plan name	PHARMAVITE'S 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PHARMAVITES 401(K) SAVINGS PLAN	c EIN-PN 43-1951087-001
a	Plan name	THE FUGRO 401(K) PLAN	
b	Name of plan sponsor	THE FUGRO 401(K) PLAN	c EIN-PN 74-2155798-001
a	Plan name	LOZIER CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LOZIER CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 47-0463247-001
a	Plan name	ACTIVE INTERNATIONAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ACTIVE INTERNATIONAL 401(K) SAVINGS PLAN	c EIN-PN 13-3242591-001

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	ASSOCIATION AMERICAN RAILROADS	
b	Name of plan sponsor	ASSOCIATION AMERICAN RAILROADS	c EIN-PN 53-6000125-001
a	Plan name	HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	c EIN-PN 43-0636684-001
a	Plan name	JONESTRADING INSTITUTIONAL SERVICES LLC 401	
b	Name of plan sponsor	JONESTRADING INSTITUTIONAL SERVICES LLC 401	c EIN-PN 51-0484896-001
a	Plan name	SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	c EIN-PN 38-2898513-001
a	Plan name	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	c EIN-PN 52-2113962-001
a	Plan name	AFSCME	
b	Name of plan sponsor	AFSCME	c EIN-PN 53-0237789-001
a	Plan name	ELMHURST CLINIC	
b	Name of plan sponsor	ELMHURST CLINIC	c EIN-PN 36-4266808-001
a	Plan name	LONG ISLAND COMMUNITY HOSPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LONG ISLAND COMMUNITY HOSPITAL RETIREMENT SAVINGS PLAN	c EIN-PN 11-1704595-001
a	Plan name	MUNTERS CORPORATION	
b	Name of plan sponsor	MUNTERS CORPORATION	c EIN-PN 84-0830599-001
a	Plan name	ISMIE MUTUAL INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	ISMIE MUTUAL INSURANCE COMPANY 401(K) PLAN	c EIN-PN 36-2883612-001
a	Plan name	AVON PROTECTION AND TEAM WENDY RETIREMENT PLAN	
b	Name of plan sponsor	AVON PROTECTION AND TEAM WENDY RETIREMENT PLAN	c EIN-PN 36-3366161-001
a	Plan name	BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	
b	Name of plan sponsor	BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	c EIN-PN 16-1000580-001

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	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	c EIN-PN 51-0226371-001
a	Plan name	JM EAGLE EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JM EAGLE EMPLOYEES 401(K) SAVINGS PLAN	c EIN-PN 84-0895616-001
a	Plan name	AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	
b	Name of plan sponsor	AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	c EIN-PN 25-1613116-001
a	Plan name	ZONES, LLC 401(K) PLAN	
b	Name of plan sponsor	ZONES, LLC 401(K) PLAN	c EIN-PN 91-1431894-001
a	Plan name	RIBBON COMMUNICATIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIBBON COMMUNICATIONS 401(K) PROFIT SHARING PLAN	c EIN-PN 04-3387074-001
a	Plan name	NORCAL BEVERAGE CO., INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NORCAL BEVERAGE CO., INC. EMPLOYEE RETIREMENT PLAN	c EIN-PN 94-1722564-001
a	Plan name	SUNRISE SENIOR LIVING 401(K) PLAN	
b	Name of plan sponsor	SUNRISE SENIOR LIVING 401(K) PLAN	c EIN-PN 54-1746596-001
a	Plan name	FRESENIUS KABI USA, LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	FRESENIUS KABI USA, LLC SAVINGS AND RETIREMENT PLAN	c EIN-PN 30-0431740-001
a	Plan name	PRESIDIO LLC 401(K) PLAN	
b	Name of plan sponsor	PRESIDIO LLC 401(K) PLAN	c EIN-PN 41-1254123-001
a	Plan name	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 23-2143130-001
a	Plan name	DP WORLD CL HOLDING AMERICAS INC. 401(K) PLAN	
b	Name of plan sponsor	DP WORLD CL HOLDING AMERICAS INC. 401(K) PLAN	c EIN-PN 64-0962082-001
a	Plan name	CHS EMPLOYEE GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHS EMPLOYEE GROUP, LLC 401(K) RETIREMENT PLAN	c EIN-PN 23-2704721-001

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	MITAC 401(K) PLAN	
b	Name of plan sponsor	MITAC 401(K) PLAN	c EIN-PN 68-0193975-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP,	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, IN	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCTS	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCT	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	c EIN-PN 01-0606601-001

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 METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	c EIN-PN 01-0606601-001
a	Plan name KEYSTONE HUMAN SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KEYSTONE HUMAN SERVICES 401(K) RETIREMENT PLAN	c EIN-PN 25-1847902-001
a	Plan name KALERIS 401(K) PLAN	
b	Name of plan sponsor KALERIS 401(K) PLAN	c EIN-PN 94-3314201-001
a	Plan name WESTMORELAND MINING EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor WESTMORELAND MINING EMPLOYEES SAVINGS PLAN	c EIN-PN 83-3555130-001
a	Plan name HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	c EIN-PN 99-0073431-001
a	Plan name MESTEK, INC. 401(K) PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor MESTEK, INC. 401(K) PLAN FOR UNION EMPLOYEES	c EIN-PN 25-0661650-001
a	Plan name MESTEK, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MESTEK, INC. 401(K) AND PROFIT SHARING PLAN	c EIN-PN 25-0661650-001
a	Plan name W.C. BRADLEY CO. 401(K) SAVINGS PLAN	
b	Name of plan sponsor W.C. BRADLEY CO. 401(K) SAVINGS PLAN	c EIN-PN 58-1605660-001

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	HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	c EIN-PN 54-0248192-001
a	Plan name	BAYADA HOME HEALTH CARE 401(K) PLAN	
b	Name of plan sponsor	BAYADA HOME HEALTH CARE 401(K) PLAN	c EIN-PN 23-1943113-001
a	Plan name	KALMAR SOLUTIONS 401(K) PLAN FOR IBT LOCAL 838 UNION MEMBERS	
b	Name of plan sponsor	KALMAR SOLUTIONS 401(K) PLAN FOR IBT LOCAL 838 UNION MEMBERS	c EIN-PN 71-0891083-001
a	Plan name	CARGOTEC HOLDING, INC. 401(K) PLAN	
b	Name of plan sponsor	CARGOTEC HOLDING, INC. 401(K) PLAN	c EIN-PN 58-1730881-001
a	Plan name	KALMAR USA HOLDING, INC. 401(K) PLAN	
b	Name of plan sponsor	KALMAR USA HOLDING, INC. 401(K) PLAN	c EIN-PN 93-3129004-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP MAYO CONSTRUCTION CO.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP MAYO CONSTRUCTION CO.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP ORRIN A. HOLEN CONSTRUCTION	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ORRIN A. HOLEN CONSTRUCTION	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP WANZEK CONSTRUCTION, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP WANZEK CONSTRUCTION, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP AGGREGATE INDUSTRIES MWR, INC	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP AGGREGATE INDUSTRIES MWR, INC	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP INDUSTRIAL BUILDERS, INC.,.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP INDUSTRIAL BUILDERS, INC.,.	c EIN-PN 45-6029203-001

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	CONSTRUCTION EMPLOYEES GROUP ZIMMERMAN CONTRACTING	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ZIMMERMAN CONTRACTING	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP EDWARD SCHWARTZ CONSTRUCTION	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP EDWARD SCHWARTZ CONSTRUCTION	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP BECHTOLD PAVING, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP BECHTOLD PAVING, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP GRAVEL PRODUCTS, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GRAVEL PRODUCTS, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEE GROUP RED RIVER EXCAVATING, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEE GROUP RED RIVER EXCAVATING, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP STRATA CORPORATION	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP STRATA CORPORATION	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP FORMER SUBPLAN PPTS	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP FORMER SUBPLAN PPTS	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP PRAIRIE ST. JOHN'S	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP PRAIRIE ST. JOHNS	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP GOWAN CONSTRUCTION, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GOWAN CONSTRUCTION, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY, LLC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY, LLC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP GEORGE E HAGGART INC	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GEORGE E HAGGART INC	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP ANDERSON WESTERN, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ANDERSON WESTERN, INC.	c EIN-PN 45-6029203-001

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	CONSTRUCTION EMPLOYEES GROUP ASSOCIATED GENERAL CONTRACTORS	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ASSOCIATED GENERAL CONTRACTORS	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP CLINT FELAND INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP CLINT FELAND INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP SURFACE PREPARATION TECHNOLOGY	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP SURFACE PREPARATION TECHNOLOGY	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP NORTHSTAR SAFETY, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP NORTHSTAR SAFETY, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP REAL BUILDERS	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP REAL BUILDERS	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP PRO SWEEP INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP PRO SWEEP INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP COLBY TRANSPORTATION	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP COLBY TRANSPORTATION	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP KPH, INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP KPH, INC.	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP KOST MATERIALS LLC	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP KOST MATERIALS LLC	c EIN-PN 45-6029203-001
a	Plan name	CONSTRUCTION EMPLOYEES GROUP REVOLUTIONS POWER SPORTS INC.	
b	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP REVOLUTIONS POWER SPORTS INC.	c EIN-PN 45-6029203-001

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 CONSTRUCTION EMPLOYEES GROUP PRODUCERS FINANCIAL GROUP	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PRODUCERS FINANCIAL GROUP	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP CRM/IANDI	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP CRM/IANDI	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP FM ASPHALT	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP FM ASPHALT	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP RICARD PLUMBING AND HEATING	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP RICARD PLUMBING AND HEATING	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP PFG WEST II	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PFG WEST II	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	c EIN-PN 45-6029203-001
a	Plan name CONSTRUCTION EMPLOYEES GROUP PFG WEST	
b	Name of plan sponsor CONSTRUCTION EMPLOYEES GROUP PFG WEST	c EIN-PN 45-6029203-001
a	Plan name NORTH OAKS HEALTH SYSTEM EMPLOYEE PENSION PLAN	
b	Name of plan sponsor NORTH OAKS HEALTH SYSTEM EMPLOYEE PENSION PLAN	c EIN-PN 72-0765132-001
a	Plan name ALAMO CEMENT COMPANY HOURLY RETIREMENT PLAN	
b	Name of plan sponsor ALAMO CEMENT COMPANY HOURLY RETIREMENT PLAN	c EIN-PN 74-2047858-001
a	Plan name ALAMO CEMENT COMPANY 401(K) RETIREMENT SAVINGS PLAN ALAMO CONCRETE PRODUCTS	
b	Name of plan sponsor ALAMO CEMENT COMPANY 401(K) RETIREMENT SAVINGS PLAN ALAMO CONCRETE PRO	c EIN-PN 74-2689615-001
a	Plan name ALAMO CEMENT COMPANY 401(K) RETIREMENT SAVINGS PLAN ALAMO CEMENT COMPANY	
b	Name of plan sponsor ALAMO CEMENT COMPANY 401(K) RETIREMENT SAVINGS PLAN ALAMO CEMENT COMPA	c EIN-PN 74-2047858-001
a	Plan name ALAMO CEMENT COMPANY SALARIED RETIREMENT PLAN ALAMO CEMENT COMPANY	
b	Name of plan sponsor ALAMO CEMENT COMPANY SALARIED RETIREMENT PLAN ALAMO CEMENT COMPANY	c EIN-PN 74-2047858-001

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 DAVID E. HARVEY BUILDERS, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DAVID E. HARVEY BUILDERS, INC. EMPLOYEE SAVINGS PLAN	c EIN-PN 76-0236902-001
a	Plan name N.E.C.A I.B.E.W. LOCAL UNION NO. 527 ANNUITY PLAN	
b	Name of plan sponsor N.E.C.A I.B.E.W. LOCAL UNION NO. 527 ANNUITY PLAN	c EIN-PN 74-2091530-001
a	Plan name ACE GLASS INC	
b	Name of plan sponsor ACE GLASS INC	c EIN-PN 21-0387640-001
a	Plan name ACE GLASS INCORPORATED INVESTOR PLAN	
b	Name of plan sponsor ACE GLASS INCORPORATED INVESTOR PLAN	c EIN-PN 21-0387640-001
a	Plan name AIR TRANSPORT ASSOCIATION OF AMERICA	
b	Name of plan sponsor AIR TRANSPORT ASSOCIATION OF AMERICA	c EIN-PN 52-2113962-001
a	Plan name ANYWHERE REAL ESTATE GROUP LLC 1	
b	Name of plan sponsor ANYWHERE REAL ESTATE GROUP LLC 1	c EIN-PN 20-4381990-001
a	Plan name ARTHUR J GALLAGHER AND CO	
b	Name of plan sponsor ARTHUR J GALLAGHER AND CO	c EIN-PN 36-2481781-001
a	Plan name ASHA RETIREMENT INCOME PLAN	
b	Name of plan sponsor ASHA RETIREMENT INCOME PLAN	c EIN-PN 53-0240474-001
a	Plan name AXIA INC RETIREMENT PLAN	
b	Name of plan sponsor AXIA INC RETIREMENT PLAN	c EIN-PN 52-1304561-001
a	Plan name BEKAERT CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor BEKAERT CORPORATION RETIREMENT INCOME PLAN	c EIN-PN 13-1820699-001
a	Plan name BELDEN INC PENSION PLAN	
b	Name of plan sponsor BELDEN INC PENSION PLAN	c EIN-PN 76-0405879-001
a	Plan name BRACCO RETIREMENT INCOME PLAN	
b	Name of plan sponsor BRACCO RETIREMENT INCOME PLAN	c EIN-PN 22-3303691-001

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	BURROWS PAPER CORP	
b	Name of plan sponsor	BURROWS PAPER CORP	c EIN-PN 27-1723368-001
a	Plan name	CECIL COUNTY PENSION PLAN	
b	Name of plan sponsor	CECIL COUNTY PENSION PLAN	c EIN-PN 52-6000919-001
a	Plan name	CECIL COUNTY PENSION PLAN	
b	Name of plan sponsor	CECIL COUNTY PENSION PLAN	c EIN-PN 52-6000919-001
a	Plan name	CHARLES COUNTY GOVERNMENT	
b	Name of plan sponsor	CHARLES COUNTY GOVERNMENT	c EIN-PN 52-6000925-001
a	Plan name	CITY OF RUTLAND	
b	Name of plan sponsor	CITY OF RUTLAND	c EIN-PN 36-0006580-001
a	Plan name	CITY OF ST ALBANS	
b	Name of plan sponsor	CITY OF ST ALBANS	c EIN-PN 03-6000669-001
a	Plan name	CITY OF VERO BEACH	
b	Name of plan sponsor	CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a	Plan name	CLIFFORD JACOBS FORGING PENSION PLAN	
b	Name of plan sponsor	CLIFFORD JACOBS FORGING PENSION PLAN	c EIN-PN 37-0220380-001
a	Plan name	CLIFFORD JACOBS FORGING RET PLAN	
b	Name of plan sponsor	CLIFFORD JACOBS FORGING RET PLAN	c EIN-PN 37-0220380-001
a	Plan name	CONNECTICUT BUSINESS AND INDUSTRY ASSN	
b	Name of plan sponsor	CONNECTICUT BUSINESS AND INDUSTRY ASSN	c EIN-PN 06-0439660-001
a	Plan name	CYRO INDUSTRIES EE RETIREMENT PLAN	
b	Name of plan sponsor	CYRO INDUSTRIES EE RETIREMENT PLAN	c EIN-PN 22-2115327-001
a	Plan name	DARLING BOLT COMPANY	
b	Name of plan sponsor	DARLING BOLT COMPANY	c EIN-PN 38-1852556-001

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	ELECTRO REFRACTORIES AND ABRASIVES CORP	
b	Name of plan sponsor	ELECTRO REFRACTORIES AND ABRASIVES CORP	c EIN-PN 34-0217820-001
a	Plan name	ELIZABETH CARBIDE DIE CO INC	
b	Name of plan sponsor	ELIZABETH CARBIDE DIE CO INC	c EIN-PN 25-1011428-001
a	Plan name	EMC INS COMPANIES PENSION PLAN	
b	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EMC LIFE PENSION PLAN	
b	Name of plan sponsor	EMC LIFE PENSION PLAN	c EIN-PN 42-0234980-001
a	Plan name	EVONIK CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	EVONIK CORPORATION RETIREMENT PLAN	c EIN-PN 63-0673043-001
a	Plan name	EVONIK PENSION PLAN FOR SEIU FANDO UNION	
b	Name of plan sponsor	EVONIK PENSION PLAN FOR SEIU FANDO UNION	c EIN-PN 63-0673043-001
a	Plan name	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	
b	Name of plan sponsor	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	c EIN-PN 06-1566311-001
a	Plan name	FUJIFILM GROUP PENSION PLAN	
b	Name of plan sponsor	FUJIFILM GROUP PENSION PLAN	c EIN-PN 11-3757275-001
a	Plan name	GCC DACOTAH INC DB PENSION PLAN	
b	Name of plan sponsor	GCC DACOTAH INC DB PENSION PLAN	c EIN-PN 85-0429912-001
a	Plan name	GCC RIO GRANDE INC PENSION PLAN	
b	Name of plan sponsor	GCC RIO GRANDE INC PENSION PLAN	c EIN-PN 85-0429912-001
a	Plan name	IBEW LOCAL 351 PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL 351 PENSION FUND	c EIN-PN 22-6148505-001
a	Plan name	INTERMOUNTAIN POWER SER CORP	
b	Name of plan sponsor	INTERMOUNTAIN POWER SER CORP	c EIN-PN 87-0407566-001

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 JOHNSON NEWSPAPER CORPORATION	
b	Name of plan sponsor JOHNSON NEWSPAPER CORPORATION	c EIN-PN 15-0253500-001
a	Plan name LASALLE BRISTOL LP PENSION PLAN	
b	Name of plan sponsor LASALLE BRISTOL LP PENSION PLAN	c EIN-PN 35-1499063-001
a	Plan name LEGRAND NORTH AMERICA RETIREMENT PLAN	
b	Name of plan sponsor LEGRAND NORTH AMERICA RETIREMENT PLAN	c EIN-PN 06-0593670-001
a	Plan name LITTLE DIX BAY HOTEL RET INCOME PLAN	
b	Name of plan sponsor LITTLE DIX BAY HOTEL RET INCOME PLAN	c EIN-PN 52-0898393-001
a	Plan name MADISON GAS AND ELECTRIC CO 401 H BARGAIN	
b	Name of plan sponsor MADISON GAS AND ELECTRIC CO 401 H BARGAIN	c EIN-PN 39-0444025-001
a	Plan name MADISON GAS AND ELECTRIC CO 401 H SALARY	
b	Name of plan sponsor MADISON GAS AND ELECTRIC CO 401 H SALARY	c EIN-PN 39-0444025-001
a	Plan name MADISON GAS AND ELECTRIC CO BARG E	
b	Name of plan sponsor MADISON GAS AND ELECTRIC CO BARG E	c EIN-PN 39-0444025-001
a	Plan name MADISON GAS AND ELECTRIC CO RETIRE	
b	Name of plan sponsor MADISON GAS AND ELECTRIC CO RETIRE	c EIN-PN 39-0444025-001
a	Plan name MD VA MILK PRODUCERS ASSOCIATION INC	
b	Name of plan sponsor MD VA MILK PRODUCERS ASSOCIATION INC	c EIN-PN 54-0629090-001
a	Plan name MD VA MILK PRODUCERS ASSOCIATION INC	
b	Name of plan sponsor MD VA MILK PRODUCERS ASSOCIATION INC	c EIN-PN 54-0629090-001
a	Plan name MEDIANEWS GROUP PENSION PLAN	
b	Name of plan sponsor MEDIANEWS GROUP PENSION PLAN	c EIN-PN 76-0425553-001
a	Plan name MGE RETIREMENT PLAN	
b	Name of plan sponsor MGE RETIREMENT PLAN	c EIN-PN 39-0444025-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MGE RETIREMENT PLAN FOR BARGAIN EES	
b	Name of plan sponsor	MGE RETIREMENT PLAN FOR BARGAIN EES	c EIN-PN 39-0444025-001
a	Plan name	MGM RETIREMENT PLAN	
b	Name of plan sponsor	MGM RETIREMENT PLAN	c EIN-PN 95-4605850-001
a	Plan name	NAB LIMITED PENSION PLAN	
b	Name of plan sponsor	NAB LIMITED PENSION PLAN	c EIN-PN 13-2901144-001
a	Plan name	NOR CAL BEVERAGE CO INC EE PENSION	
b	Name of plan sponsor	NOR CAL BEVERAGE CO INC EE PENSION	c EIN-PN 94-1722564-001
a	Plan name	NORMAN REGIONAL HEALTH SYSTEM DB PLAN	
b	Name of plan sponsor	NORMAN REGIONAL HEALTH SYSTEM DB PLAN	c EIN-PN 73-6048282-001
a	Plan name	NRLC PENSION PLAN	
b	Name of plan sponsor	NRLC PENSION PLAN	c EIN-PN 36-2491193-001
a	Plan name	PATELCO CREDIT UNION PENSION PLAN	
b	Name of plan sponsor	PATELCO CREDIT UNION PENSION PLAN	c EIN-PN 94-0755684-001
a	Plan name	PENNSYLVANIA COMP RATING BUREAU	
b	Name of plan sponsor	PENNSYLVANIA COMP RATING BUREAU	c EIN-PN 23-0958260-001
a	Plan name	PENNSYLVANIA ECONOMY LEAGUE INCORPORATED	
b	Name of plan sponsor	PENNSYLVANIA ECONOMY LEAGUE INCORPORATED	c EIN-PN 23-1352264-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	
b	Name of plan sponsor	PENSION PLAN FOR EMPLOYEES OF TUPMAN THURLOW	c EIN-PN 75-1285071-001
a	Plan name	PHH CORPORATION PENSION PLAN	
b	Name of plan sponsor	PHH CORPORATION PENSION PLAN	c EIN-PN 52-0551284-002
a	Plan name	PILGRIM S PRIDE LEGACY GOLD KIST PLAN	
b	Name of plan sponsor	PILGRIM S PRIDE LEGACY GOLD KIST PLAN	c EIN-PN 75-1285071-001

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	PILGRIM S PRIDE RET PLAN FOR UNION EES	
b	Name of plan sponsor	PILGRIM S PRIDE RET PLAN FOR UNION EES	c EIN-PN 75-1285071-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL 104	
b	Name of plan sponsor	PLUMBERS AND PIPEFITTERS LOCAL 104	c EIN-PN 04-2564795-001
a	Plan name	QBE THE AMERICAS	
b	Name of plan sponsor	QBE THE AMERICAS	c EIN-PN 39-1168528-001
a	Plan name	RET INCOME NAT L ASSOC OF MFGS VARIABLE	
b	Name of plan sponsor	RET INCOME NAT L ASSOC OF MFGS VARIABLE	c EIN-PN 13-1084330-001
a	Plan name	RET PLAN FOR EES OF ADVANCE ROSS CORP	
b	Name of plan sponsor	RET PLAN FOR EES OF ADVANCE ROSS CORP	c EIN-PN 36-0707560-001
a	Plan name	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	
b	Name of plan sponsor	RHODE ISLAND PUBLIC TRANSIT AUTHORITY	c EIN-PN 05-0311968-001
a	Plan name	SHEET METAL WORKERS LOCAL #194	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL #194	c EIN-PN 23-2203610-001
a	Plan name	STAHL USA INC PENSION PLAN	
b	Name of plan sponsor	STAHL USA INC PENSION PLAN	c EIN-PN 04-3584961-001
a	Plan name	TEAMSTERS LOCAL UNION 331	
b	Name of plan sponsor	TEAMSTERS LOCAL UNION 331	c EIN-PN 23-6737796-001
a	Plan name	THE MILLER COMPANY PENSION PLAN	
b	Name of plan sponsor	THE MILLER COMPANY PENSION PLAN	c EIN-PN 06-1583161-001
a	Plan name	TITAN AMERICA LLC PENSION PLAN	
b	Name of plan sponsor	TITAN AMERICA LLC PENSION PLAN	c EIN-PN 98-0124782-001
a	Plan name	TOWN OF PLAINVILLE	
b	Name of plan sponsor	TOWN OF PLAINVILLE	c EIN-PN 06-6002064-001

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	TOWN OF VERNON CONNECTICUT	
b	Name of plan sponsor	TOWN OF VERNON CONNECTICUT	c EIN-PN 06-6002112-001
a	Plan name	TOWN OF VERNON CONNECTICUT POLICE	
b	Name of plan sponsor	TOWN OF VERNON CONNECTICUT POLICE	c EIN-PN 06-6002112-001
a	Plan name	TOWN OF WATERTOWN	
b	Name of plan sponsor	TOWN OF WATERTOWN	c EIN-PN 06-6002122-001
a	Plan name	TOWN OF WATERTOWN POLICE	
b	Name of plan sponsor	TOWN OF WATERTOWN POLICE	c EIN-PN 06-6002122-001
a	Plan name	TOWN OF WETHERSFIELD DB PLAN	
b	Name of plan sponsor	TOWN OF WETHERSFIELD DB PLAN	c EIN-PN 06-6002130-001
a	Plan name	WICOR AMERICAS GROUP PENSION	
b	Name of plan sponsor	WICOR AMERICAS GROUP PENSION	c EIN-PN 06-1095018-001
a	Plan name	WIREMOLD LEGRAND	
b	Name of plan sponsor	WIREMOLD LEGRAND	c EIN-PN 06-0593670-001
a	Plan name	ANYWHERE REAL ESTATE GROUP LLC - 1	
b	Name of plan sponsor	ANYWHERE REAL ESTATE GROUP LLC - 1	c EIN-PN 20-4381990-001
a	Plan name	CITY OF ST ALBANS	
b	Name of plan sponsor	CITY OF ST ALBANS	c EIN-PN 03-6000669-001
a	Plan name	CITY OF VERO BEACH	
b	Name of plan sponsor	CITY OF VERO BEACH	c EIN-PN 59-6000445-001
a	Plan name	MGE RETIREMENT PLAN	
b	Name of plan sponsor	MGE RETIREMENT PLAN	c EIN-PN 39-0444025-002
a	Plan name	MGE RETIREMENT PLAN FOR BARGAIN EES	
b	Name of plan sponsor	MGE RETIREMENT PLAN FOR BARGAIN EES	c EIN-PN 39-0444025-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 DRYDEN S&P 500 INDEX FUND (SAB)	B Three-digit plan number (PN) ▶ 123
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY	D Employer Identification Number (EIN) 06-1050034

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	3604193
		1822917
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	63160957
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	2328060254
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	75465540
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	5935181
		2972500

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	2476226125	2782701369
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2858750	970524
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2858750	970524
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2473367375	2781730845

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2111196	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2111196
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	35974392	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	133900696	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(B) Other.....	2b(5)(B)	405757003	
(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)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-8400
d Total income. Add all income amounts in column (b) and enter total	2d	577734887

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)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	298826
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	2776007
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3074833
j Total expenses. Add all expense amounts in column (b) and enter total	2j	3074833

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	574660054
l Transfers of assets:		
(1) To this plan	2l(1)	361947528
(2) From this plan	2l(2)	628244112

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 _____.