

<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  <b>2024</b>  <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>SA T. ROWE PRICE GROWTH STOCK STRATEGY (SA5T6)</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>435</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>EMPOWER ANNUITY INSURANCE COMPANY</u>  <u>8525 E. ORCHARD RD., 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u>	<b>2b</b> Employer Identification Number (EIN) <u>06-1050034</u> <b>2c</b> Plan Sponsor's telephone number <u>800-338-4015</u> <b>2d</b> Business code (see instructions)
<u>280 TRUMBULL ST.</u> <u>HARTFORD, CT 06103</u>	

**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>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/26/2025</u>	<u>WENDI ERNZEN</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  																				
<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>EMPOWER ANNUITY INSURANCE COMPANY</b> <b>c</b> Plan Name <b>SA OFII GLOBAL STRATEGY (SA5OG)</b>	<b>4b</b> EIN  <b>4d</b> PN <b>308</b>																				
<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:10%;"><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 style="text-align: right;">0</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>	0	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<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 <u>0</u> (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>SA T. ROWE PRICE GROWTH STOCK STRATEGY (SA5T6)</u>	<b>B</b> Three-digit plan number (PN)	<u>435</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1050034</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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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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**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)

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 ASSUREDPARTNERS PEP, ADOPTED BY TURLEY INTERNATIONAL RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP, ADOPTED BY TURLEY INTERNATIONAL RESOURCES 401(K)	<b>c</b> EIN-PN 85-1516542-001
<b>a</b>	Plan name THE SYCUAN BAND OF THE KUMEYAAY NATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE SYCUAN BAND OF THE KUMEYAAY NATION RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 33-0881662-001
<b>a</b>	Plan name THE OGEECHEE GROUP, INC.	
<b>b</b>	Name of plan sponsor THE OGEECHEE GROUP, INC.	<b>c</b> EIN-PN 58-2498918-001
<b>a</b>	Plan name AMERICAN SURVEYING AND ENGINEERING, LTD. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN SURVEYING AND ENGINEERING, LTD. RETIREMENT PLAN	<b>c</b> EIN-PN 36-3307274-001
<b>a</b>	Plan name USI CONSULTANTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor USI CONSULTANTS, INC. 401K PLAN	<b>c</b> EIN-PN 31-3729164-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP ADOPTED BY NORTH SHORE NEON SIGN, LLC	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP ADOPTED BY NORTH SHORE NEON SIGN, LLC	<b>c</b> EIN-PN 11-1968125-001
<b>a</b>	Plan name THE SANDERS FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE SANDERS FIRM 401(K) PLAN	<b>c</b> EIN-PN 84-4865085-001
<b>a</b>	Plan name BRESLIN REALTY DEVELOPMENT CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRESLIN REALTY DEVELOPMENT CORP. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-2099357-001
<b>a</b>	Plan name WESTMORELAND MINING EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WESTMORELAND MINING EMPLOYEES SAVINGS PLAN	<b>c</b> EIN-PN 83-3555130-001
<b>a</b>	Plan name TRIBUNE PUBLISHING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIBUNE PUBLISHING COMPANY 401(K) PLAN	<b>c</b> EIN-PN 38-3919441-001
<b>a</b>	Plan name NEBRASKA MEDICINE BASE AND MATCHING CONTRIBUTIONS	
<b>b</b>	Name of plan sponsor NEBRASKA MEDICINE BASE AND MATCHING CONTRIBUTIONS	<b>c</b> EIN-PN 91-1858433-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	<b>c</b> EIN-PN 01-0606601-001

Part II	<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 METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCTS	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCT	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	<b>c</b> 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.)		
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, IN	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP,	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name MACI ASSOCIATES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MACI ASSOCIATES SAVINGS PLAN	<b>c</b> EIN-PN 38-2853246-001
<b>a</b>	Plan name MEDIANEWS GROUP RETIREMENT/SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MEDIANEWS GROUP RETIREMENT/SAVINGS PLAN	<b>c</b> EIN-PN 76-0425553-001
<b>a</b>	Plan name RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RICHARDS, LAYTON AND FINGER, P.A. RETIREMENT AND SAVINGS PLAN	<b>c</b> EIN-PN 51-0226371-001
<b>a</b>	Plan name THE 401(K) PLANAMERICO, CRL, IPFS	
<b>b</b>	Name of plan sponsor THE 401(K) PLANAMERICO, CRL, IPFS	<b>c</b> EIN-PN 43-1755148-001
<b>a</b>	Plan name BALFOUR BEATTY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BALFOUR BEATTY LLC 401(K) PLAN	<b>c</b> EIN-PN 13-3015770-001
<b>a</b>	Plan name BALFOUR BEATTY RAIL 401(K) SAVINGS AND INVESTMENT PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor BALFOUR BEATTY RAIL 401(K) SAVINGS AND INVESTMENT PLAN FOR BARGAINING	<b>c</b> EIN-PN 39-1611003-001
<b>a</b>	Plan name FEDERAL HOME LOAN BANK OF DES MOINES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FEDERAL HOME LOAN BANK OF DES MOINES 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 42-6000149-001
<b>a</b>	Plan name VS ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VS ENGINEERING, INC. 401(K) PLAN	<b>c</b> EIN-PN 35-1494479-001
<b>a</b>	Plan name ROYAL AUCTION GROUP INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROYAL AUCTION GROUP INC 401(K) PLAN	<b>c</b> EIN-PN 59-1308949-001

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 ROCHELI B. NOBLEDURIAN, D.D.S., INC. 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCHELI B. NOBLEDURIAN, D.D.S., INC. 401(K) SAFE HARBOR PROFIT SHARING	<b>c</b> EIN-PN 20-0199405-001
<b>a</b>	Plan name THE SAN DIEGO UNIONTRIBUNE 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE SAN DIEGO UNIONTRIBUNE 401(K) PLAN	<b>c</b> EIN-PN 26-4538894-001
<b>a</b>	Plan name EMPIRE TODAY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EMPIRE TODAY, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 36-4281606-001
<b>a</b>	Plan name NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	<b>c</b> EIN-PN 21-0524185-001
<b>a</b>	Plan name UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	
<b>b</b>	Name of plan sponsor UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	<b>c</b> EIN-PN 16-0869081-001
<b>a</b>	Plan name I.B.E.W. LOCAL UNION NO. 479 ANNUITY/401(K) PLAN	
<b>b</b>	Name of plan sponsor I.B.E.W. LOCAL UNION NO. 479 ANNUITY/401(K) PLAN	<b>c</b> EIN-PN 20-3824733-001
<b>a</b>	Plan name JEWETT CITY SAVINGS BANK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JEWETT CITY SAVINGS BANK RETIREMENT PLAN	<b>c</b> EIN-PN 06-0405020-001
<b>a</b>	Plan name WALTERSCHEID 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WALTERSCHEID 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 36-3585049-001
<b>a</b>	Plan name PROFIT SHARING AND SAVINGS PLAN FOR THE EMPLOYEES OF IE SHAFFER	
<b>b</b>	Name of plan sponsor PROFIT SHARING AND SAVINGS PLAN FOR THE EMPLOYEES OF IE SHAFFER	<b>c</b> EIN-PN 22-1750854-001
<b>a</b>	Plan name BHA/WES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BHA/WES 401(K) PLAN	<b>c</b> EIN-PN 47-4473515-001
<b>a</b>	Plan name ORTHOPEDIC ASSOCIATES DEFINED CONTRIBUTION PENSION PLAN	
<b>b</b>	Name of plan sponsor ORTHOPEDIC ASSOCIATES DEFINED CONTRIBUTION PENSION PLAN	<b>c</b> EIN-PN 16-1012180-001
<b>a</b>	Plan name IBEW LOCAL UNION NO. 716 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor IBEW LOCAL UNION NO. 716 RETIREMENT PLAN	<b>c</b> EIN-PN 31-6620547-001

<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	ALASKA CLEAN SEAS SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	ALASKA CLEAN SEAS SALARY DEFERRAL PLAN	<b>c</b> EIN-PN 92-0163046-001
<b>a</b>	Plan name	ASBESTOS WORKERS LOCAL 24	
<b>b</b>	Name of plan sponsor	ASBESTOS WORKERS LOCAL 24	<b>c</b> EIN-PN 52-6117923-001
<b>a</b>	Plan name	HAWAII CARPENTERS 401(K) FUND	
<b>b</b>	Name of plan sponsor	HAWAII CARPENTERS 401(K) FUND	<b>c</b> EIN-PN 55-0822045-001
<b>a</b>	Plan name	GRASSLAND EQUIP AND IRRIGATION	
<b>b</b>	Name of plan sponsor	GRASSLAND EQUIP AND IRRIGATION	<b>c</b> EIN-PN 14-1460098-001
<b>a</b>	Plan name	ACCURATE GAUGE AND MFG., INC.	
<b>b</b>	Name of plan sponsor	ACCURATE GAUGE AND MFG., INC.	<b>c</b> EIN-PN 38-1845133-001
<b>a</b>	Plan name	I.U.O.E LOCAL 542 ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	I.U.O.E LOCAL 542 ANNUITY PLAN	<b>c</b> EIN-PN 23-2352166-001
<b>a</b>	Plan name	MARYLAND ELECTRICAL INDUSTRY SEVERANCE AND ANNUITY FUND	
<b>b</b>	Name of plan sponsor	MARYLAND ELECTRICAL INDUSTRY SEVERANCE AND ANNUITY FUND	<b>c</b> EIN-PN 52-1042609-001
<b>a</b>	Plan name	J. KNIPPER AND CO PROFIT SHARING	
<b>b</b>	Name of plan sponsor	J. KNIPPER AND CO PROFIT SHARING	<b>c</b> EIN-PN 22-2755742-001
<b>a</b>	Plan name	COLOREDGE, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLOREDGE, INC 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 95-4172359-001
<b>a</b>	Plan name	CREATIVE FOAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE FOAM 401(K) PLAN	<b>c</b> EIN-PN 38-1905349-001
<b>a</b>	Plan name	NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NIAGARA FALLS BRIDGE COMMISSION UNION 401(K) PLAN	<b>c</b> EIN-PN 16-0569874-001
<b>a</b>	Plan name	THE LOS ANGELES LAKERS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE LOS ANGELES LAKERS, INC. RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 95-3788411-001

<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	ROSENBLUTH VACATIONS	
<b>b</b>	Name of plan sponsor	ROSENBLUTH VACATIONS	<b>c</b> EIN-PN 23-2878210-001
<b>a</b>	Plan name	MONEY PURCHASE PENSION PLAN FOR THE EMPLOYEES OF MIECO LLC	
<b>b</b>	Name of plan sponsor	MONEY PURCHASE PENSION PLAN FOR THE EMPLOYEES OF MIECO LLC	<b>c</b> EIN-PN 33-0040680-001
<b>a</b>	Plan name	JFM ENTERPRISES, INC.	
<b>b</b>	Name of plan sponsor	JFM ENTERPRISES, INC.	<b>c</b> EIN-PN 36-3803463-001
<b>a</b>	Plan name	THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	<b>c</b> EIN-PN 34-0058570-001
<b>a</b>	Plan name	CCU COAL AND CONSTRUCTION 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CCU COAL AND CONSTRUCTION 401(K) AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 83-2954710-001
<b>a</b>	Plan name	THE MGM RESORTS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE MGM RESORTS 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 88-0215232-001
<b>a</b>	Plan name	WILEY AND WILSON, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WILEY AND WILSON, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	<b>c</b> EIN-PN 54-0922889-001
<b>a</b>	Plan name	ASSURED PARTNERS PEP AS ADOPTED BY CARCON INDUSTRIES AND CONSTRUCTION, LLC	
<b>b</b>	Name of plan sponsor	ASSURED PARTNERS PEP AS ADOPTED BY CARCON INDUSTRIES AND CONSTRUCTION,	<b>c</b> EIN-PN 75-2918306-001
<b>a</b>	Plan name	ASSURED PARTNERS PEP AS ADOPTED BY MIdIOWA COMMUNITY ACTION, INC.	
<b>b</b>	Name of plan sponsor	ASSURED PARTNERS PEP AS ADOPTED BY MIdIOWA COMMUNITY ACTION, INC.	<b>c</b> EIN-PN 42-0923311-001
<b>a</b>	Plan name	ASSURED PARTNERS PEP AS ADOPTED BY OLEA KIOSKS, INC.	
<b>b</b>	Name of plan sponsor	ASSURED PARTNERS PEP AS ADOPTED BY OLEA KIOSKS, INC.	<b>c</b> EIN-PN 95-3889088-001
<b>a</b>	Plan name	ASSURED PARTNERS PEP, ADOPTED BY ILLUMINATION FOUNDATION	
<b>b</b>	Name of plan sponsor	ASSURED PARTNERS PEP, ADOPTED BY ILLUMINATION FOUNDATION	<b>c</b> EIN-PN 71-1047686-001
<b>a</b>	Plan name	YES MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YES MANAGEMENT, LLC 401(K) PLAN	<b>c</b> EIN-PN 26-1286379-001

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 ASSURED PARTNERS PEP, ADOPTED BY SKYLINE SCAFFOLD, INC.	
<b>b</b>	Name of plan sponsor ASSURED PARTNERS PEP, ADOPTED BY SKYLINE SCAFFOLD, INC.	<b>c</b> EIN-PN 20-2264237-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP AS ADOPTED BY BOYS AND GIRLS CLUBS OF HUNTINGTON VALLEY	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP AS ADOPTED BY BOYS AND GIRLS CLUBS OF HUNTINGTON V	<b>c</b> EIN-PN 95-6192466-001
<b>a</b>	Plan name ASSURED PARTNERS, AS ADOPTED BY J. KARAM MANAGEMENT, INC.	
<b>b</b>	Name of plan sponsor ASSURED PARTNERS, AS ADOPTED BY J. KARAM MANAGEMENT, INC.	<b>c</b> EIN-PN 04-2718026-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP ZOMEDICA, INC.	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP ZOMEDICA, INC.	<b>c</b> EIN-PN 47-4235266-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP AGM SERVICE COMPANY, LLC	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP AGM SERVICE COMPANY, LLC	<b>c</b> EIN-PN 85-1195833-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP JOHNSON HOSPITALITY	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP JOHNSON HOSPITALITY	<b>c</b> EIN-PN 88-0457927-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP, ADOPTED BY FABRICATION HOLDINGS, LLC	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP, ADOPTED BY FABRICATION HOLDINGS, LLC	<b>c</b> EIN-PN 85-0777552-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP, ADOPTED BY BRODERICK ANIMAL CLINIC	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP, ADOPTED BY BRODERICK ANIMAL CLINIC	<b>c</b> EIN-PN 85-0777552-001
<b>a</b>	Plan name ASSUREDPARTNERS PEP SHOW ME OIL COMPANY, INC.	
<b>b</b>	Name of plan sponsor ASSUREDPARTNERS PEP SHOW ME OIL COMPANY, INC.	<b>c</b> EIN-PN 85-0777552-001
<b>a</b>	Plan name THE PUTNAM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE PUTNAM RETIREMENT PLAN	<b>c</b> EIN-PN 26-1080669-001
<b>a</b>	Plan name EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.	
<b>b</b>	Name of plan sponsor EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.	<b>c</b> EIN-PN 81-0547599-001
<b>a</b>	Plan name UNICON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNICON, INC. 401(K) PLAN	<b>c</b> EIN-PN 86-0731129-001

<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	ELLSWORTH CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELLSWORTH CORPORATION 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 39-1225837-001
<b>a</b>	Plan name	ELECTRICAL CONSULTANTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELECTRICAL CONSULTANTS, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 81-0427018-001
<b>a</b>	Plan name	ALTAIR SALARY REDUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTAIR SALARY REDUCTION PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-2591828-001
<b>a</b>	Plan name	EMPOWER RETIREMENT LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPOWER RETIREMENT LLC 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 84-1233483-001
<b>a</b>	Plan name	AMERICAN PACKAGING CORPORATION A	
<b>b</b>	Name of plan sponsor	AMERICAN PACKAGING CORPORATION A	<b>c</b> EIN-PN 23-2209850-001
<b>a</b>	Plan name	AMERICAN PACKAGING CORPORATION B	
<b>b</b>	Name of plan sponsor	AMERICAN PACKAGING CORPORATION B	<b>c</b> EIN-PN 23-2209850-001
<b>a</b>	Plan name	CITY OF ST ALBANS	
<b>b</b>	Name of plan sponsor	CITY OF ST ALBANS	<b>c</b> EIN-PN 03-6000669-001
<b>a</b>	Plan name	CLIFFORD JACOBS FORGING PENSION PLAN	
<b>b</b>	Name of plan sponsor	CLIFFORD JACOBS FORGING PENSION PLAN	<b>c</b> EIN-PN 37-0220380-001
<b>a</b>	Plan name	CLIFFORD JACOBS FORGING RET PLAN	
<b>b</b>	Name of plan sponsor	CLIFFORD JACOBS FORGING RET PLAN	<b>c</b> EIN-PN 37-0220380-001
<b>a</b>	Plan name	DYNO NOBEL INC DB PENSION PLAN I	
<b>b</b>	Name of plan sponsor	DYNO NOBEL INC DB PENSION PLAN I	<b>c</b> EIN-PN 87-0409179-001
<b>a</b>	Plan name	DYNO NOBEL INC DB PENSION PLAN II	
<b>b</b>	Name of plan sponsor	DYNO NOBEL INC DB PENSION PLAN II	<b>c</b> EIN-PN 87-0409179-001
<b>a</b>	Plan name	EMC INS COMPANIES PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001

<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	EMC INS COMPANIES PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001
<b>a</b>	Plan name	EMC LIFE PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC LIFE PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001
<b>a</b>	Plan name	EMC LIFE PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC LIFE PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001
<b>a</b>	Plan name	GKN CONSOLIDATED PENSION PLAN INTERLAKE	
<b>b</b>	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN INTERLAKE	<b>c</b> EIN-PN 62-1382461-001
<b>a</b>	Plan name	GKN CONSOLIDATED PENSION PLAN ST LOUIS SALARY	
<b>b</b>	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN ST LOUIS SALARY	<b>c</b> EIN-PN 36-4399771-001
<b>a</b>	Plan name	GKN CONSOLIDATED PENSION PLAN WESTLAND	
<b>b</b>	Name of plan sponsor	GKN CONSOLIDATED PENSION PLAN WESTLAND	<b>c</b> EIN-PN 62-1382461-001
<b>a</b>	Plan name	GTE FEDERAL CREDIT UNION DB PLAN	
<b>b</b>	Name of plan sponsor	GTE FEDERAL CREDIT UNION DB PLAN	<b>c</b> EIN-PN 59-0642956-001
<b>a</b>	Plan name	HM FM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HM FM RETIREMENT PLAN	<b>c</b> EIN-PN 94-1695235-001
<b>a</b>	Plan name	JACUZZI BRANDS CORP PENSION PLAN	
<b>b</b>	Name of plan sponsor	JACUZZI BRANDS CORP PENSION PLAN	<b>c</b> EIN-PN 20-8158665-001
<b>a</b>	Plan name	MD VA MILK PRODUCERS ASSOCIATION INC	
<b>b</b>	Name of plan sponsor	MD VA MILK PRODUCERS ASSOCIATION INC	<b>c</b> EIN-PN 54-0629090-001
<b>a</b>	Plan name	MEDIANEWS GROUP PENSION PLAN	
<b>b</b>	Name of plan sponsor	MEDIANEWS GROUP PENSION PLAN	<b>c</b> EIN-PN 76-0425553-001
<b>a</b>	Plan name	MITSUBISHI INT L CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI INT L CORP RETIREMENT PLAN	<b>c</b> EIN-PN 13-5630301-001

**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	NOR CAL BEVERAGE CO INC EE PENSION	
<b>b</b> Name of plan sponsor	NOR CAL BEVERAGE CO INC EE PENSION	<b>c</b> EIN-PN 94-1722564-001
<b>a</b> Plan name	SPECTRUM BRANDS MERGED PENSION PLAN	
<b>b</b> Name of plan sponsor	SPECTRUM BRANDS MERGED PENSION PLAN	<b>c</b> EIN-PN 22-2423556-001
<b>a</b> Plan name	SPECTRUM BRANDS MERGED PENSION PLAN	
<b>b</b> Name of plan sponsor	SPECTRUM BRANDS MERGED PENSION PLAN	<b>c</b> EIN-PN 22-2423556-001
<b>a</b> Plan name	TITAN AMERICA LLC PENSION PLAN	
<b>b</b> Name of plan sponsor	TITAN AMERICA LLC PENSION PLAN	<b>c</b> EIN-PN 98-0124782-001
<b>a</b> Plan name	TOWN OF PLAINVILLE	
<b>b</b> Name of plan sponsor	TOWN OF PLAINVILLE	<b>c</b> EIN-PN 06-6002064-001
<b>a</b> Plan name	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	
<b>b</b> Name of plan sponsor	WESTERN NY HARNESS HORSEMANS ASSN INC RETIREMENT I	<b>c</b> EIN-PN 16-0874671-001
<b>a</b> Plan name	WICOR AMERICAS GROUP PENSION	
<b>b</b> Name of plan sponsor	WICOR AMERICAS GROUP PENSION	<b>c</b> EIN-PN 06-1095018-001
<b>a</b> Plan name	CITY OF ST ALBANS	
<b>b</b> Name of plan sponsor	CITY OF ST ALBANS	<b>c</b> EIN-PN 03-6000669-001
<b>a</b> Plan name	TOWN OF EASTON MD EMP	
<b>b</b> Name of plan sponsor	TOWN OF EASTON MD EMP	<b>c</b> EIN-PN 52-6000787-001
<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
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SA T. ROWE PRICE GROWTH STOCK STRATEGY (SA5T6)</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>435</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EMPOWER ANNUITY INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1050034</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<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>	17564944
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1272196
<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>	11437471
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	952343888
<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>	2051672
<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:		<b>(a)</b> Beginning of Year	<b>(b)</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>	794453881	984670171
<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>	4001022	1296968
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4001022	1296968
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	790452859	983373203

**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>		<b>(a)</b> Amount	<b>(b)</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>	383420	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		383420
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3495578	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3495578
<b>(3)</b> 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>	32785679	
<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>	193381509	
<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>		-14087
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		230032099

**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>	400779	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	3390589	
(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>	23936	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		3815304
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3815304

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		226216795
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		292445375
(2) From this plan .....	<b>2l(2)</b>		325741826

**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 \_\_\_\_\_.