

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MFS MID CAP VALUE FUND (IS PLATFORM) (SA4CC)</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>858</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPOWER ANNUITY INSURANCE COMPANY</u></p> <p><u>8525 E. ORCHARD RD. 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>06-1050034</u></p> <p>2c Plan Sponsor's telephone number <u>800-338-4015</u></p> <p>2d Business code (see instructions)</p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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 EMPOWER ANNUITY INSURANCE COMPANY MFS MID CAP VALUE FUND (IS PLATFORM) - SA4CC	4b EIN 06-1050034 4d PN 858																				
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:10%;">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>MFS MID CAP VALUE FUND (IS PLATFORM) (SA4CC)</u>	B Three-digit plan number (PN)	<u>858</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)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 10 ELEVEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 10 ELEVEN 401(K) PROFIT SHARING PLAN	c EIN-PN 95-4888466-001
a	Plan name 48FORTY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor 48FORTY SOLUTIONS 401(K) PLAN	c EIN-PN 59-3593261-001
a	Plan name A PARENT MEDIA CO. USA INC. 401(K) PLAN	
b	Name of plan sponsor A PARENT MEDIA CO. USA INC. 401(K) PLAN	c EIN-PN 37-1992263-001
a	Plan name A.C. TOOL AND MACHINE 401(K) PLAN	
b	Name of plan sponsor A.C. TOOL AND MACHINE 401(K) PLAN	c EIN-PN 39-1387862-001
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 AAMERICAN MACHINE AND ASSEMBLY CO. 401(K) PLAN	
b	Name of plan sponsor AAMERICAN MACHINE AND ASSEMBLY CO. 401(K) PLAN	c EIN-PN 36-3741509-001
a	Plan name ABILITIES UNLIMITED OF HOT SPRINGS 401(K) PLAN	
b	Name of plan sponsor ABILITIES UNLIMITED OF HOT SPRINGS 401(K) PLAN	c EIN-PN 71-0333344-001
a	Plan name ABPRO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ABPRO 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 58-1053759-001
a	Plan name ACCION LABS US 401(K) PLAN	
b	Name of plan sponsor ACCION LABS US 401(K) PLAN	c EIN-PN 47-0520375-001
a	Plan name ACENTEK 401(K) PLAN	
b	Name of plan sponsor ACENTEK 401(K) PLAN	c EIN-PN 41-0711571-001
a	Plan name ADVANCED INJURY TREATMENT CENTER PLLC 401(K) PLAN	
b	Name of plan sponsor ADVANCED INJURY TREATMENT CENTER PLLC 401(K) PLAN	c EIN-PN 02-0510411-001
a	Plan name ADVICS 401(K) PLAN	
b	Name of plan sponsor ADVICS 401(K) PLAN	c EIN-PN 30-0022045-001

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 AIR GENERAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AIR GENERAL, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 04-2220326-001
a	Plan name AJ LEVIN COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor AJ LEVIN COMPANY, INC. 401(K) PLAN	c EIN-PN 95-2837302-001
a	Plan name ALDERMAN AND COMPANY CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor ALDERMAN AND COMPANY CONSULTING, LLC 401(K) PLAN	c EIN-PN 34-2028895-001
a	Plan name AMERICAN CRUISE LINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN CRUISE LINES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 06-1324808-001
a	Plan name AMERICAN INDUSTRIAL BRANDS, LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN INDUSTRIAL BRANDS, LLC 401(K) PLAN	c EIN-PN 86-3845487-001
a	Plan name APOLLON DYNAMIC RISK MANAGED PEP BY KORE INSURANCE HOLDINGS, LLC	
b	Name of plan sponsor APOLLON DYNAMIC RISK MANAGED PEP BY KORE INSURANCE HOLD	c EIN-PN 46-1497939-001
a	Plan name APOLLON DYNAMIC RISK MANAGED PEP BY LORI'S GIFTS, INC.	
b	Name of plan sponsor APOLLON DYNAMIC RISK MANAGED PEP BY LORIS GIFTS, INC.	c EIN-PN 75-2217016-001
a	Plan name APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 82-3706323-001
a	Plan name ARTHUR J. GALLAGHER AND CO. EMPLOYEES' 401(K) SAVINGS AND THRIFT PLAN	
b	Name of plan sponsor ARTHUR J. GALLAGHER AND CO. EMPLOYEES 401(K) SAVINGS A	c EIN-PN 36-2481781-001
a	Plan name ASHAWAY LINE AND TWINE, MFG. CO. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ASHAWAY LINE AND TWINE, MFG. CO. PROFIT SHARING PLAN AN	c EIN-PN 05-0101200-001
a	Plan name ASSOCIATED SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED SERVICES CORPORATION 401(K) PLAN	c EIN-PN 54-1519274-001
a	Plan name ASTRANA HEALTH MANAGEMENT INC CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor ASTRANA HEALTH MANAGEMENT INC CASH OR DEFERRED PROFIT S	c EIN-PN 95-7006869-001

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 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 BANDD INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BANDD INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 85-0196391-001
a	Plan name BERKEBILE OIL COMPANY 401(K)	
b	Name of plan sponsor BERKEBILE OIL COMPANY 401(K)	c EIN-PN 25-1118181-001
a	Plan name BIOWOUND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor BIOWOUND SOLUTIONS 401(K) PLAN	c EIN-PN 93-4008960-001
a	Plan name BLUEFIELD CYCLES, INC. 401(K) PLAN	
b	Name of plan sponsor BLUEFIELD CYCLES, INC. 401(K) PLAN	c EIN-PN 55-0755940-001
a	Plan name BOWMAN 401(K) PLAN	
b	Name of plan sponsor BOWMAN 401(K) PLAN	c EIN-PN 81-2848097-001
a	Plan name BRIGGS PLUMBING PRODUCTS SALARIED 401(K) PLAN	
b	Name of plan sponsor BRIGGS PLUMBING PRODUCTS SALARIED 401(K) PLAN	c EIN-PN 45-3620822-001
a	Plan name BRIGHT WOOD 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor BRIGHT WOOD 401(K) SAVINGS AND PROFIT SHARING PLAN	c EIN-PN 93-0720678-001
a	Plan name BRINSON BENEFITS, INC. 401(K) PLAN	
b	Name of plan sponsor BRINSON BENEFITS, INC. 401(K) PLAN	c EIN-PN 75-2796732-001
a	Plan name BULLARD ABRASIVES 401(K) PLAN	
b	Name of plan sponsor BULLARD ABRASIVES 401(K) PLAN	c EIN-PN 04-3103336-001
a	Plan name BURKES MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor BURKES MECHANICAL, INC. 401(K) PLAN	c EIN-PN 63-0934099-001
a	Plan name C. STEINWEG BALTIMORE, INC. 401(K) PLAN	
b	Name of plan sponsor C. STEINWEG BALTIMORE, INC. 401(K) PLAN	c EIN-PN 52-1693213-001

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 CASTLE AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor CASTLE AUTO GROUP 401(K) PLAN	c EIN-PN 36-4392164-001
a	Plan name CBIZ, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CBIZ, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 22-2769024-001
a	Plan name CD SAVOIA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CD SAVOIA 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 27-3119263-001
a	Plan name CE RENTAL 401(K) PLAN	
b	Name of plan sponsor CE RENTAL 401(K) PLAN	c EIN-PN 81-5084520-001
a	Plan name CHARACTER TECHNOLOGIES INC. 401(K) PLAN	
b	Name of plan sponsor CHARACTER TECHNOLOGIES INC. 401(K) PLAN	c EIN-PN 87-3458842-001
a	Plan name CHARLES P. LEACH AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor CHARLES P. LEACH AGENCY, INC. 401(K) PLAN	c EIN-PN 25-1184827-001
a	Plan name CHILDRENFIRST 401(K) PLAN	
b	Name of plan sponsor CHILDRENFIRST 401(K) PLAN	c EIN-PN 56-2329537-001
a	Plan name CHILDREN'S WORLD LEARNING CENTER AND WALTON ACADEMY 401(K) PLAN	
b	Name of plan sponsor CHILDRENS WORLD LEARNING CENTER AND WALTON ACADEMY 401	c EIN-PN 56-1822958-001
a	Plan name CISCO BREWERS, INC. 401(K) PLAN	
b	Name of plan sponsor CISCO BREWERS, INC. 401(K) PLAN	c EIN-PN 04-3304975-001
a	Plan name CLAWSON COMMUNICATIONS, INC. PLAN	
b	Name of plan sponsor CLAWSON COMMUNICATIONS, INC. PLAN	c EIN-PN 35-1608918-001
a	Plan name CLEVELAND/PRICE, INC. 401(K) PLAN	
b	Name of plan sponsor CLEVELAND/PRICE, INC. 401(K) PLAN	c EIN-PN 36-2765905-001
a	Plan name COASTAL DENTAL GROUP, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL DENTAL GROUP, LLC PROFIT SHARING PLAN	c EIN-PN 56-2084642-001

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 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 COMBINED RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor COMBINED RESOURCES, INC. 401(K) PLAN	c EIN-PN 36-3468701-001
a	Plan name COMPANION ASSOCIATES INC. 401(K) P/S PLAN	
b	Name of plan sponsor COMPANION ASSOCIATES INC. 401(K) P/S PLAN	c EIN-PN 58-2351307-001
a	Plan name CONANICUT MARINE SERVICES, INC. SECTION 401(K)	
b	Name of plan sponsor CONANICUT MARINE SERVICES, INC. SECTION 401(K)	c EIN-PN 05-0356126-001
a	Plan name CRONUS TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor CRONUS TECHNOLOGY, INC. 401(K) PLAN	c EIN-PN 20-0763311-001
a	Plan name CUISINE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CUISINE SOLUTIONS, INC. 401(K) PLAN	c EIN-PN 52-0948383-001
a	Plan name DAFTMCCUNEWALKER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAFTMCCUNEWALKER 401(K) PROFIT SHARING PLAN	c EIN-PN 52-0908141-001
a	Plan name DAWSON FORTE CASHMERE COMPANY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor DAWSON FORTE CASHMERE COMPANY EMPLOYEES 401(K) PLAN	c EIN-PN 46-5522492-001
a	Plan name DERRY CONSTRUCTION COMPANY, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor DERRY CONSTRUCTION COMPANY, INC. EMPLOYEES PROFIT SHARI	c EIN-PN 25-1322204-001
a	Plan name DG CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor DG CONTRACTING, INC. 401(K) PLAN	c EIN-PN 42-1565899-001
a	Plan name DIRTBAG'S 401(K) PLAN	
b	Name of plan sponsor DIRTBAGS 401(K) PLAN	c EIN-PN 20-2358860-001
a	Plan name EHC INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EHC INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN AND TRU	c EIN-PN 36-3686723-001

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	EHPLABS RESEARCH LLC 401(K) PLAN	
b	Name of plan sponsor	EHPLABS RESEARCH LLC 401(K) PLAN	c EIN-PN 36-4860581-001
a	Plan name	ENVIRONMENTAL QUALITY RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	ENVIRONMENTAL QUALITY RESOURCES, LLC 401(K) PLAN	c EIN-PN 52-2145482-001
a	Plan name	FINLEN WARRANTY PROCESSING 401(K) PLAN	
b	Name of plan sponsor	FINLEN WARRANTY PROCESSING 401(K) PLAN	c EIN-PN 93-3069402-001
a	Plan name	FIRST BRANDS GROUP 401(K) PLAN	
b	Name of plan sponsor	FIRST BRANDS GROUP 401(K) PLAN	c EIN-PN 46-2872032-001
a	Plan name	FOOD ALLERGY SCIENCE INITIATIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	FOOD ALLERGY SCIENCE INITIATIVE, INC. 401(K) PLAN	c EIN-PN 85-1293789-001
a	Plan name	FOOTE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	FOOTE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	c EIN-PN 74-3106306-001
a	Plan name	FORCHELLI DEEGAN TERRANA, LLP ASSOCIATES' 401(K) PLAN	
b	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP ASSOCIATES 401(K) PLAN	c EIN-PN 38-4084387-001
a	Plan name	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN	c EIN-PN 11-2394890-001
a	Plan name	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN II	
b	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN II	c EIN-PN 38-4084387-001
a	Plan name	FRONTRUNNERHC, INC. 401(K) PLAN	
b	Name of plan sponsor	FRONTRUNNERHC, INC. 401(K) PLAN	c EIN-PN 33-1499407-001
a	Plan name	GRAND RAPIDS CHAIR COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GRAND RAPIDS CHAIR COMPANY 401(K) RETIREMENT SAVINGS PL	c EIN-PN 38-3249793-001
a	Plan name	GROVE POINT MARINAS 401(K) PLAN	
b	Name of plan sponsor	GROVE POINT MARINAS 401(K) PLAN	c EIN-PN 83-2916995-001

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	HANKINS PLASTIC SURGERY 401(K) PLAN	
b	Name of plan sponsor	HANKINS PLASTIC SURGERY 401(K) PLAN	c EIN-PN 26-4281396-001
a	Plan name	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	
b	Name of plan sponsor	HEARTFELT OBSTETRICS AND GYNECOLOGY 401(K) PLAN	c EIN-PN 27-3396130-001
a	Plan name	HEAT AND FROST INSULATORS AND ALLIED WORKERS	
b	Name of plan sponsor	HEAT AND FROST INSULATORS AND ALLIED WORKERS	c EIN-PN 31-1028544-001
a	Plan name	HENSEL PHELPS HOURLY RETIREMENT PLAN	
b	Name of plan sponsor	HENSEL PHELPS HOURLY RETIREMENT PLAN	c EIN-PN 84-0876644-001
a	Plan name	HENSEL PHELPS SALARY RETIREMENT PLAN	
b	Name of plan sponsor	HENSEL PHELPS SALARY RETIREMENT PLAN	c EIN-PN 84-0876644-001
a	Plan name	HENSEL PHELPS SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	HENSEL PHELPS SERVICES LLC 401(K) PLAN	c EIN-PN 27-0965305-001
a	Plan name	HERITAGE LAWN AND LANDSCAPE CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	HERITAGE LAWN AND LANDSCAPE CARE, INC. RETIREMENT PLAN	c EIN-PN 01-0577665-001
a	Plan name	HONDA WESTBOROUGH 401(K) PLAN	
b	Name of plan sponsor	HONDA WESTBOROUGH 401(K) PLAN	c EIN-PN 99-3569069-001
a	Plan name	HORIZON INTERNAL MEDICINE, PLLC 401(K) PLAN	
b	Name of plan sponsor	HORIZON INTERNAL MEDICINE, PLLC 401(K) PLAN	c EIN-PN 20-5519639-001
a	Plan name	HSTP PROFIT SHARING PLAN	
b	Name of plan sponsor	HSTP PROFIT SHARING PLAN	c EIN-PN 95-2588380-001
a	Plan name	HUDSON THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HUDSON THERAPEUTICS, INC. 401(K) PLAN	c EIN-PN 92-2418488-001
a	Plan name	INDEPENDENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	INDEPENDENT INSTITUTE 401(K) PLAN	c EIN-PN 94-3008370-001

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	INTERIOR GARDEN SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERIOR GARDEN SERVICES, INC. 401(K) PLAN	c EIN-PN 36-3236556-001
a	Plan name	INTERNAL MEDICINE PARTNERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE PARTNERS, INC. 401(K) PROFIT SHARING	c EIN-PN 26-3597485-001
a	Plan name	IOTA IT 401(K) PLAN	
b	Name of plan sponsor	IOTA IT 401(K) PLAN	c EIN-PN 46-2120035-001
a	Plan name	IQE USA 401(K) PLAN	
b	Name of plan sponsor	IQE USA 401(K) PLAN	c EIN-PN 23-2566613-001
a	Plan name	ISSO, LLC 401(K) PLAN	
b	Name of plan sponsor	ISSO, LLC 401(K) PLAN	c EIN-PN 93-3577022-001
a	Plan name	JASON D. TORANTO, MD INC.	
b	Name of plan sponsor	JASON D. TORANTO, MD INC.	c EIN-PN 47-4846524-001
a	Plan name	JMG SECURITY SYSTEMS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JMG SECURITY SYSTEMS, INC. EMPLOYEES 401(K) PROFIT SHA	c EIN-PN 33-0298100-001
a	Plan name	JONES, CORK AND MILLER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JONES, CORK AND MILLER 401(K) PROFIT SHARING PLAN	c EIN-PN 58-1210646-001
a	Plan name	JOTUL NORTH AMERICA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOTUL NORTH AMERICA INC 401(K) PROFIT SHARING PLAN AND	c EIN-PN 01-0371493-001
a	Plan name	KAREN URNISE DDS, LLC 401(K) PLAN	
b	Name of plan sponsor	KAREN URNISE DDS, LLC 401(K) PLAN	c EIN-PN 45-4724232-001
a	Plan name	LETTIRE CONSTRUCTION CORP. 401(K) PLAN	
b	Name of plan sponsor	LETTIRE CONSTRUCTION CORP. 401(K) PLAN	c EIN-PN 13-3274527-001
a	Plan name	LIBERTY LANGUAGE SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LIBERTY LANGUAGE SERVICES 401(K) PROFIT SHARING PLAN AN	c EIN-PN 45-1668019-001

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	LIFESTYLES 401(K) PLAN	
b	Name of plan sponsor	LIFESTYLES 401(K) PLAN	c EIN-PN 38-1981385-001
a	Plan name	LINCOLN HOLDCO LLC 401(K) PLAN	
b	Name of plan sponsor	LINCOLN HOLDCO LLC 401(K) PLAN	c EIN-PN 27-2559813-001
a	Plan name	LUCAS TREE 401(K) PLAN	
b	Name of plan sponsor	LUCAS TREE 401(K) PLAN	c EIN-PN 01-0110890-001
a	Plan name	LYRIC FOUNDATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LYRIC FOUNDATION, INC. RETIREMENT PLAN	c EIN-PN 52-6080460-001
a	Plan name	MADISON FINANCIAL HOLDINGS GROUP 401(K) PLAN	
b	Name of plan sponsor	MADISON FINANCIAL HOLDINGS GROUP 401(K) PLAN	c EIN-PN 20-5215974-001
a	Plan name	MAPEI CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MAPEI CORPORATION 401(K) PLAN	c EIN-PN 36-3369327-001
a	Plan name	MARINE CONSTRUCTION MANAGEMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor	MARINE CONSTRUCTION MANAGEMENT, LLC RETIREMENT PLAN	c EIN-PN 05-0444057-001
a	Plan name	MAYFAIR ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	MAYFAIR ENTERPRISES, LLC 401(K) PLAN	c EIN-PN 46-2872032-001
a	Plan name	MCCORMICK AUTO BODY LLC 401(K) PLAN	
b	Name of plan sponsor	MCCORMICK AUTO BODY LLC 401(K) PLAN	c EIN-PN 47-1945901-001
a	Plan name	MEDPOINT MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	MEDPOINT MANAGEMENT, INC. 401(K) PLAN	c EIN-PN 95-4559299-001
a	Plan name	MIB GROUP HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIB GROUP HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 86-3775868-001
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

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	MOMENTUM RECOVERY, LLC 401(K) PLAN	
b	Name of plan sponsor	MOMENTUM RECOVERY, LLC 401(K) PLAN	c EIN-PN 81-3344261-001
a	Plan name	MOSS CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	MOSS CONSTRUCTION COMPANY 401(K) PLAN	c EIN-PN 54-2021239-001
a	Plan name	NATIONAL HISPANIC HEALTH FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	NATIONAL HISPANIC HEALTH FOUNDATION 401(K) PLAN	c EIN-PN 26-6051902-001
a	Plan name	NAVA BENEFITS RETIREMENT PLAN	
b	Name of plan sponsor	NAVA BENEFITS RETIREMENT PLAN	c EIN-PN 32-0616585-001
a	Plan name	NETCENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor	NETCENERGY, LLC 401(K) PLAN	c EIN-PN 20-0146649-001
a	Plan name	NEW COMMONWEALTH FUND RETIREMENT PLAN	
b	Name of plan sponsor	NEW COMMONWEALTH FUND RETIREMENT PLAN	c EIN-PN 85-1850139-001
a	Plan name	NHE PENSION PLAN	
b	Name of plan sponsor	NHE PENSION PLAN	c EIN-PN 26-3999886-001
a	Plan name	NICHOLS TRUCKING CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NICHOLS TRUCKING CO., INC. 401(K) RETIREMENT PLAN	c EIN-PN 04-3060641-001
a	Plan name	NORTHWEST COMMUNITY HEALTH CARE RETIREMENT PLAN	
b	Name of plan sponsor	NORTHWEST COMMUNITY HEALTH CARE RETIREMENT PLAN	c EIN-PN 05-0258811-001
a	Plan name	NUMERIX LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NUMERIX LLC 401(K) SAVINGS PLAN	c EIN-PN 36-4066167-001
a	Plan name	NUMERIX LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NUMERIX LLC 401(K) SAVINGS PLAN	c EIN-PN 36-4066167-001
a	Plan name	ODUUSA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ODUUSA INC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 77-0097866-001

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	OPEN GEOSPATIAL CONSORTIUM, INC. 401(K) PLAN	
b	Name of plan sponsor	OPEN GEOSPATIAL CONSORTIUM, INC. 401(K) PLAN	c EIN-PN 04-3245144-001
a	Plan name	PACELINE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PACELINE CONSTRUCTION 401(K) PLAN	c EIN-PN 20-6011161-001
a	Plan name	PACIFIC HYDROTECH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC HYDROTECH CORPORATION 401(K) PROFIT SHARING PLA	c EIN-PN 95-4107601-001
a	Plan name	PACIFIC PATIO INC 401(K) PLAN	
b	Name of plan sponsor	PACIFIC PATIO INC 401(K) PLAN	c EIN-PN 20-3159050-001
a	Plan name	PERSONIFY HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	PERSONIFY HEALTH, INC. 401(K) PLAN	c EIN-PN 20-2547480-001
a	Plan name	PESTA, FINNIE AND ASSOC LLP 401K PLAN	
b	Name of plan sponsor	PESTA, FINNIE AND ASSOC LLP 401K PLAN	c EIN-PN 56-1761672-001
a	Plan name	PRODUCTPLAN 401(K) PLAN	
b	Name of plan sponsor	PRODUCTPLAN 401(K) PLAN	c EIN-PN 46-2730009-001
a	Plan name	PROJECT PLASE, INC. 401(K) PLAN	
b	Name of plan sponsor	PROJECT PLASE, INC. 401(K) PLAN	c EIN-PN 23-7367331-001
a	Plan name	REBELLION DEFENSE, INC. 401(K) PLAN	
b	Name of plan sponsor	REBELLION DEFENSE, INC. 401(K) PLAN	c EIN-PN 83-4579472-001
a	Plan name	RECREATE WASTE COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	RECREATE WASTE COLLABORATIVE 401(K) PLAN	c EIN-PN 85-2003170-001
a	Plan name	RED LOBSTER 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	RED LOBSTER 401(K) EMPLOYEE SAVINGS PLAN	c EIN-PN 46-5134308-001
a	Plan name	RED LOBSTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RED LOBSTER 401(K) RETIREMENT PLAN	c EIN-PN 46-5134308-001

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	RENU LLC 401(K) PLAN	
b	Name of plan sponsor	RENU LLC 401(K) PLAN	c EIN-PN 85-2645758-001
a	Plan name	ROCKET LAWYER 401(K) PLAN	
b	Name of plan sponsor	ROCKET LAWYER 401(K) PLAN	c EIN-PN 26-3054379-001
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	ROMAN AND WILLIAMS BUILDINGS AND INTERIORS 401(K) PLAN	
b	Name of plan sponsor	ROMAN AND WILLIAMS BUILDINGS AND INTERIORS 401(K) PLAN	c EIN-PN 13-4008380-001
a	Plan name	ROMAN AND WILLIAMS GUILD 401(K) PLAN	
b	Name of plan sponsor	ROMAN AND WILLIAMS GUILD 401(K) PLAN	c EIN-PN 47-5371176-001
a	Plan name	ROYAL PALM ACADEMY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROYAL PALM ACADEMY, INC. 401(K) PLAN	c EIN-PN 58-2395519-001
a	Plan name	RRA HOLDCO RETIREMENT PLAN	
b	Name of plan sponsor	RRA HOLDCO RETIREMENT PLAN	c EIN-PN 93-3752713-001
a	Plan name	RUGGED LOGIC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	RUGGED LOGIC SAFE HARBOR 401(K) PLAN	c EIN-PN 45-4234913-001
a	Plan name	SAVAGE LAW PARTNERS, LLP 401(K) PLAN	
b	Name of plan sponsor	SAVAGE LAW PARTNERS, LLP 401(K) PLAN	c EIN-PN 86-2278678-001
a	Plan name	SCALE TECHNOLOGY GROUP INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SCALE TECHNOLOGY GROUP INC. 401(K) SAVINGS PLAN	c EIN-PN 86-2263664-001
a	Plan name	SCOTT J. ZLOTOLOW, ESQ. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOTT J. ZLOTOLOW, ESQ. 401K PROFIT SHARING PLAN	c EIN-PN 45-1827306-001
a	Plan name	SEGTERRA INC. RETIREMENT PLAN	
b	Name of plan sponsor	SEGTERRA INC. RETIREMENT PLAN	c EIN-PN 27-1823257-001

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 SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU MAGNETICS	
b	Name of plan sponsor SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU MAGNET	c EIN-PN 77-0354956-001
a	Plan name SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU SILICONES, INC.	
b	Name of plan sponsor SHINETSU 401(K) RETIREMENT SAVINGS PLAN SHINETSU SILICO	c EIN-PN 95-4015700-001
a	Plan name SOUTHCOAST WOMAN'S CARE 401(K) PLAN	
b	Name of plan sponsor SOUTHCOAST WOMANS CARE 401(K) PLAN	c EIN-PN 56-2485108-001
a	Plan name STEPUP IT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor STEPUP IT SERVICES, LLC 401(K) PLAN	c EIN-PN 32-0473765-001
a	Plan name STEWART CANDY COMPANY 401(K) PLAN	
b	Name of plan sponsor STEWART CANDY COMPANY 401(K) PLAN	c EIN-PN 58-0953300-001
a	Plan name STINGRAY BOAT COMPANY 401(K) PLAN	
b	Name of plan sponsor STINGRAY BOAT COMPANY 401(K) PLAN	c EIN-PN 57-0682030-001
a	Plan name T. QUINN NICHOLSON, LTD	
b	Name of plan sponsor T. QUINN NICHOLSON, LTD	c EIN-PN 33-0521014-001
a	Plan name TAMPA BAY BUCCANEERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor TAMPA BAY BUCCANEERS 401(K) SAVINGS PLAN	c EIN-PN 65-0573539-001
a	Plan name TEPA PRODUCE INC. 401(K) PLAN	
b	Name of plan sponsor TEPA PRODUCE INC. 401(K) PLAN	c EIN-PN 81-1317241-001
a	Plan name THE AAFP 401(K) PLAN	
b	Name of plan sponsor THE AAFP 401(K) PLAN	c EIN-PN 44-0536051-001
a	Plan name THE CONCIERGE POOLED SAVINGS PLAN ADOPTED BY GALBREATH COSTNER	
b	Name of plan sponsor THE CONCIERGE POOLED SAVINGS PLAN ADOPTED BY GALBREATH	c EIN-PN 58-2325861-001
a	Plan name THE HERB CHAMBERS COMPANIES SECTION 401(K) PLAN	
b	Name of plan sponsor THE HERB CHAMBERS COMPANIES SECTION 401(K) PLAN	c EIN-PN 06-1169004-001

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	THE MANSION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE MANSION, INC. 401(K) PLAN	c EIN-PN 05-0343400-001
a	Plan name	THE MGM RESORTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE MGM RESORTS 401(K) SAVINGS PLAN	c EIN-PN 88-0215232-001
a	Plan name	THE RIVER PLAN	
b	Name of plan sponsor	THE RIVER PLAN	c EIN-PN 86-0545268-001
a	Plan name	THE SAVINGS PLAN OF GLOBALSTAR, INC	
b	Name of plan sponsor	THE SAVINGS PLAN OF GLOBALSTAR, INC	c EIN-PN 41-2116508-001
a	Plan name	THE SIEMON COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE SIEMON COMPANY 401(K) PROFIT SHARING PLAN	c EIN-PN 06-0535180-001
a	Plan name	TIFFANY AND COMPANY EMPLOYEE PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TIFFANY AND COMPANY EMPLOYEE PROFIT SHARING AND RETIREM	c EIN-PN 13-1387680-001
a	Plan name	TRAJECTOR HOLDINGS SAVINGS PLAN	
b	Name of plan sponsor	TRAJECTOR HOLDINGS SAVINGS PLAN	c EIN-PN 47-1965243-001
a	Plan name	TREE GUARDIANS HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	TREE GUARDIANS HOLDINGS LLC 401(K) PLAN	c EIN-PN 93-2799486-001
a	Plan name	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	
b	Name of plan sponsor	TREU HOUSE OF MUNCH, INC. 401(K) PLAN	c EIN-PN 34-4266170-001
a	Plan name	TRIAD ENGINEERING CORP. 401(K) PLAN	
b	Name of plan sponsor	TRIAD ENGINEERING CORP. 401(K) PLAN	c EIN-PN 04-2488834-001
a	Plan name	TROON GOLF, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	TROON GOLF, L.L.C. 401(K) PLAN	c EIN-PN 86-0832529-001
a	Plan name	TRUE ENVIROMENTAL HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUE ENVIROMENTAL HOLDINGS, LLC 401(K) PLAN	c EIN-PN 92-3559187-001

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	TWENTYSEVEN GLOBAL, LLC	
b Name of plan sponsor	TWENTYSEVEN GLOBAL, LLC	c EIN-PN 27-0467407-001
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	UPSTATE CONSTRUCTION SERVICES, INC. RETIREMENT PLAN	
b Name of plan sponsor	UPSTATE CONSTRUCTION SERVICES, INC. RETIREMENT PLAN	c EIN-PN 16-1527112-001
a Plan name	US AUTO TRUST 401(K) PLAN	
b Name of plan sponsor	US AUTO TRUST 401(K) PLAN	c EIN-PN 82-5400551-001
a Plan name	US HEALTHVEST GROUP 401(K) PLAN	
b Name of plan sponsor	US HEALTHVEST GROUP 401(K) PLAN	c EIN-PN 46-5717505-001
a Plan name	VALLEY HOSPITALITY GROUP, INC. 401K PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	VALLEY HOSPITALITY GROUP, INC. 401K PROFIT SHARING PLAN	c EIN-PN 46-4060076-001
a Plan name	VASTRAX, INC. 401(K) PLAN	
b Name of plan sponsor	VASTRAX, INC. 401(K) PLAN	c EIN-PN 81-4885499-001
a Plan name	VERMONT PRECISION TOOLS, INC. 401(K) PLAN	
b Name of plan sponsor	VERMONT PRECISION TOOLS, INC. 401(K) PLAN	c EIN-PN 03-0221054-001
a Plan name	VICO THERAPEUTICS US INC 401(K) PLAN	
b Name of plan sponsor	VICO THERAPEUTICS US INC 401(K) PLAN	c EIN-PN 93-4452748-001
a Plan name	VIKING 401 (K) PLAN	
b Name of plan sponsor	VIKING 401 (K) PLAN	c EIN-PN 05-0347738-001
a Plan name	VITROLIFE GROUP, NA 401(K) PLAN	
b Name of plan sponsor	VITROLIFE GROUP, NA 401(K) PLAN	c EIN-PN 84-1547804-001
a Plan name	WASH.ST. TAMMANY ELECTRIC COOP. 401(K)	
b Name of plan sponsor	WASH.ST. TAMMANY ELECTRIC COOP. 401(K)	c EIN-PN 72-6027617-001

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.)
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a	Plan name	WESTERN FOUNDATIONS AND SHORING, INC. 401(K) PLAN		
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b	Name of plan sponsor	WESTERN FOUNDATIONS AND SHORING, INC. 401(K) PLAN	c	EIN-PN	95-3866043-001
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a	Plan name	WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN		
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b	Name of plan sponsor	WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	c	EIN-PN	93-1277376-001
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a	Plan name	WILMINGTON CYCLES LLC 401(K) PLAN		
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b	Name of plan sponsor	WILMINGTON CYCLES LLC 401(K) PLAN	c	EIN-PN	99-4696715-001
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a	Plan name	WINGS FINANCIAL CREDIT UNION RETIREMENT SAVINGS PLAN		
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b	Name of plan sponsor	WINGS FINANCIAL CREDIT UNION RETIREMENT SAVINGS PLAN	c	EIN-PN	41-6028665-001
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name			
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b	Name of plan sponsor		c	EIN-PN	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MFS MID CAP VALUE FUND (IS PLATFORM) (SA4CC)	B Three-digit plan number (PN) ▶ 858
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)	1699583	694025
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2909267	10793629
(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)	0	2760710
(B) Common	1c(4)(B)	337336943	498336766
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	341945793	512585130
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1063703	69498
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1063703	69498
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	340882090	512515632

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)	298283	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		298283
(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)	8281046	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8281046
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	14393555	
(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)	32994117	
(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		-15585
d Total income. Add all income amounts in column (b) and enter total.....	2d		55951416

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)	56146	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1610230	
(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)	11746	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1678122
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1678122

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		54273294
l Transfers of assets:			
(1) To this plan.....	2l(1)		195778460
(2) From this plan	2l(2)		78418212

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 _____.