

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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

1a Name of plan: MID-CAP GROWTH ACCOUNT I N
1b Three-digit plan number (PN): 014
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SENTRY LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-6040276
2c Plan Sponsor's telephone number: 715-346-6000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 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 _____ (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>MID-CAP GROWTH ACCOUNT I N</u>	B Three-digit plan number (PN)	<u>014</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-6040276</u>	

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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d Entity code

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d Entity code

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d Entity code

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d Entity code

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d Entity code

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

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

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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)

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 A & C FARM SERVICE, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor A & C FARM SERVICE INC	c EIN-PN 41-1299862-001
a	Plan name ACUFAST AIRCRAFT PRODUCTS 401(K) PLAN	
b	Name of plan sponsor ACUFAST AIRCRAFT PRODUCTS	c EIN-PN 03-0593967-001
a	Plan name ADDISON FABRICATORS 401(K) PLAN	
b	Name of plan sponsor ADDISON FABRICATORS INC	c EIN-PN 63-0796407-001
a	Plan name ADVANCED FLUID SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED FLUID SYSTEMS INC	c EIN-PN 23-2349085-001
a	Plan name ADVOTECH COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor ADVOTECH COMPANY INC	c EIN-PN 86-0707264-001
a	Plan name AGI-VR/WESSON INC. 401(K) PLAN	
b	Name of plan sponsor AGI VR WESSON INC	c EIN-PN 65-1003659-001
a	Plan name AG VANTAGE SOFTWARE, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor AG VANTAGE SOFTWARE INC	c EIN-PN 41-1370132-001
a	Plan name A-JAX COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AJAX COMPANY INC	c EIN-PN 59-1492287-001
a	Plan name ALLOYWELD INSPECTION CO., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor ALLOYWELD INSPECTION CO INC	c EIN-PN 36-3122971-001
a	Plan name ALL-TECH MACHINE & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor ALL TECH MACHINE & ENGINEERING I	c EIN-PN 77-0158946-001
a	Plan name AMBER ENGINEERING & MFG. CO. 401(K) PLAN	
b	Name of plan sponsor AMBER ENGINEERING & MFG CO	c EIN-PN 36-2515083-001
a	Plan name AMERICAN MACHINE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AMERICAN MACHINE TOOL REPAIR & R	c EIN-PN 22-1843665-001

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 ARTISAN CONTROLS CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ARTISAN CONTROLS CORPORATION	c EIN-PN 22-2821776-001
a	Plan name ART'S LAWN MOWER SHOP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor ART'S LAWN MOWER SHOP INC	c EIN-PN 43-1097595-001
a	Plan name ATLAS TOOL & DIE WORKS, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor ATLAS TOOL & DIE WORKS INC	c EIN-PN 36-2698515-001
a	Plan name AURELIUS MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor AURELIUS MANUFACTURING INC	c EIN-PN 92-0405935-001
a	Plan name AUTOMOTIVE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor AUTOMOTIVE COMPANY INC	c EIN-PN 46-0369082-001
a	Plan name AUTOMOTIVE ENGINE REBUILDERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor AUTOMOTIVE ENGINE REBUILDERS ASS	c EIN-PN 36-2658928-001
a	Plan name AVON GEAR & ENGINEERING CO. PROFIT SHARING PLAN	
b	Name of plan sponsor AVON GEAR & ENGINEERING CO	c EIN-PN 36-2366024-001
a	Plan name BAY STATE BUSINESS PRODUCTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BAY STATE BUSINESS PRODUCTS INC	c EIN-PN 04-2495921-001
a	Plan name BEM CNC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BEM MOLD INC	c EIN-PN 36-3969557-001
a	Plan name BEST LAWNS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BEST LAWNS INC	c EIN-PN 36-3576840-001
a	Plan name BLACK HILLS POWERSPORTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BLACK HILLS POWERSPORTS INC	c EIN-PN 46-0450579-001
a	Plan name BRODIE, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor BRODIE INC	c EIN-PN 04-2188432-001

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 CAMAS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CAMAS INCORPORATED	c EIN-PN 41-1582230-001
a	Plan name CAMPBELL WHOLESALE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAMPBELL WHOLESALE CO INC	c EIN-PN 73-0981205-001
a	Plan name CAROLINA SUPPLYHOUSE, INC. 401(K) PLAN	
b	Name of plan sponsor CAROLINA SUPPLYHOUSE INC	c EIN-PN 57-0781670-001
a	Plan name CASCADE ENGINE CENTER LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CASCADE ENGINE CENTER LLC	c EIN-PN 91-1674236-001
a	Plan name CASTLE-PRINTECH INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASTLE-PRINTECH INC	c EIN-PN 36-2549742-001
a	Plan name CATALDO AMBULANCE SERVICE, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CATALDO AMBULANCE SERVICE INC	c EIN-PN 04-2621862-001
a	Plan name CATES MACHINE SHOP, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor CATES MACHINE SHOP INC	c EIN-PN 75-1913943-001
a	Plan name CENTURY MOTORS OF COLUMBUS, INC. 401(K) PROFIT SHARING TRUST	
b	Name of plan sponsor CENTURY MOTORS OF COLUMBUS INC	c EIN-PN 31-1160573-001
a	Plan name C & F TOOL & DIE CO. 401(K) PLAN	
b	Name of plan sponsor C & F TOOL & DIE CO	c EIN-PN 74-2448765-001
a	Plan name COLUMBIA/CRAFT METAL SPINNING CO EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor COLUMBIA METAL SPINNING COMPANY	c EIN-PN 36-3085331-001
a	Plan name COMMERCIAL FABRICATORS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL FABRICATORS INC	c EIN-PN 36-2655685-001
a	Plan name COMMUNITY MOTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY MOTORS LLC	c EIN-PN 72-0681427-001

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 COOK AND COOK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COOK AND COOK INCORPORATED	c EIN-PN 33-0108785-001
a	Plan name COURTESY FORD LINCOLN 401(K) PLAN	
b	Name of plan sponsor COURTESY FORD LINCOLN INC	c EIN-PN 37-1212903-001
a	Plan name COYLE STRAPPING & SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor COYLE STRAPPING & SUPPLY INC	c EIN-PN 22-2577563-001
a	Plan name CROUSE LOGGING CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CROUSE LOGGING CO INC	c EIN-PN 71-0553062-001
a	Plan name CROUSE TRUCK PARTS & EQUIPMENT, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CROUSE TRUCK PARTS AND EQUIPMENT	c EIN-PN 71-0639333-001
a	Plan name DATAMARK GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor DATAMARK GRAPHICS INC	c EIN-PN 56-1437549-001
a	Plan name DE KALB IMPLEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor DE KALB IMPLEMENT INC	c EIN-PN 36-3402856-001
a	Plan name DIEMASTER MACHINE & TOOL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DIEMASTER MACHINE & TOOL LLC	c EIN-PN 62-1726125-001
a	Plan name DIJET, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor DIJET INCORPORATED	c EIN-PN 38-2487269-001
a	Plan name DMS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DMS INDUSTRIES INC	c EIN-PN 36-3865175-001
a	Plan name DRAEVING MACHINE & TOOL, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor DRAEVING MACHINE & TOOL INC	c EIN-PN 39-1230544-001
a	Plan name E.A.S. MANUFACTURING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor EAS MANUFACTURING COMPANY INC	c EIN-PN 77-0444809-001

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 E.C. MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor EC MACHINING INC	c EIN-PN 36-3520939-001
a	Plan name EDGEWATER MFG CO INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EDGEWATER MFG CO INC	c EIN-PN 22-1432096-001
a	Plan name ELDRIDGE SUPPLY COMPANY INC 401(K) PLAN	
b	Name of plan sponsor ELDRIDGE SUPPLY COMPANY INC	c EIN-PN 84-2345245-001
a	Plan name ELLIS COMPUTERIZED MACHINING, LLC 401(K) PLAN	
b	Name of plan sponsor ELLIS COMPUTERIZED MACHINING LLC	c EIN-PN 62-1517821-001
a	Plan name EMPLOYEE RETIREMENT PLAN OF HPI MANUFACTURING, INC.	
b	Name of plan sponsor HPI MANUFACTURING INC	c EIN-PN 61-1763654-001
a	Plan name ENTOLETER LLC 401(K) PLAN	
b	Name of plan sponsor ENTOLETER LLC	c EIN-PN 30-0061044-001
a	Plan name EVERBRITE, LLC/SHEET METALWORKERS LOCAL 565 401(K) EMPLOYEE RETIREMENT	
b	Name of plan sponsor EVERBRITE LLC	c EIN-PN 65-1164066-001
a	Plan name EVERWEAR, INC. 401(K) PLAN	
b	Name of plan sponsor EVERWEAR INC	c EIN-PN 43-1306401-001
a	Plan name FACTORY PAINT STORES, INC. 401(K) PLAN	
b	Name of plan sponsor FACTORY PAINT STORES INC	c EIN-PN 04-2922234-001
a	Plan name FARMERS TRACTOR & EQUIPMENT CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARMERS TRACTOR & EQUIPMENT COMP	c EIN-PN 94-2154344-001
a	Plan name FERN MANUFACTURING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor FERN MANUFACTURING COMPANY INC	c EIN-PN 36-3905476-001
a	Plan name F.H. PETERSON MACHINE CORP. 401(K) PLAN	
b	Name of plan sponsor F H PETERSON MACHINE CORP	c EIN-PN 04-2243284-001

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	FLEET DISTRIBUTORS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	FLEET DISTRIBUTORS INC	c EIN-PN 36-3884396-001
a	Plan name	FLETCHER CHRYSLER 401(K) PLAN	
b	Name of plan sponsor	FLETCHER CHRYSLER PRODUCTS INC	c EIN-PN 35-1594232-001
a	Plan name	FOX VALLEY MOLDING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOX VALLEY MOLDING INC	c EIN-PN 36-3263290-001
a	Plan name	FRIENDLY CHEVROLET CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRIENDLY CHEVROLET CO LTD	c EIN-PN 75-0970320-001
a	Plan name	GALISO, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	GALISO INCORPORATED	c EIN-PN 84-1202690-001
a	Plan name	GALLAGHER LAW, LLC 401(K) PLAN	
b	Name of plan sponsor	GALLAGHER LAW LLC	c EIN-PN 93-1423399-001
a	Plan name	GALPIN FORD LINCOLN MERCURY 401(K) PLAN	
b	Name of plan sponsor	GALPIN FORD LINCOLN MERCURY	c EIN-PN 86-0280488-001
a	Plan name	GENESIS AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor	GENESIS AUTOMATION INC	c EIN-PN 36-4286420-001
a	Plan name	GERHARD DESIGNING & MANUFACTURING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GERHARD DESIGNING & MANUFACTURIN	c EIN-PN 36-2940166-001
a	Plan name	GERI LYNN, LLC 401(K) PLAN	
b	Name of plan sponsor	GERI LYNN LLC DBA GERI LYNN NISS	c EIN-PN 72-1038068-001
a	Plan name	GHA TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	GHA TECHNOLOGIES	c EIN-PN 86-0971967-001
a	Plan name	GME, INC. 401(K) PLAN	
b	Name of plan sponsor	GME INC	c EIN-PN 75-1625949-001

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 GREGG ORR AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor ORR MOTORS OF LOUISIANA INC	c EIN-PN 75-2551859-001
a	Plan name GREG LEBLANC HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor GREG LEBLANC HOLDINGS LLC	c EIN-PN 81-3354895-001
a	Plan name HAGBROS PRECISION 401(K) PLAN	
b	Name of plan sponsor HAGBROS PRECISION LLC	c EIN-PN 45-3533300-001
a	Plan name HANES CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor HANES CHEVROLET COMPANY	c EIN-PN 34-1402849-001
a	Plan name HARRY IMPLEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor HARRY IMPLEMENT INC	c EIN-PN 46-0363659-001
a	Plan name HARTMANN BROS., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor HARTMANN BROS INC	c EIN-PN 75-1914447-001
a	Plan name HECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HECO INC	c EIN-PN 94-2316046-001
a	Plan name HELM TOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor HELM TOOL COMPANY INC	c EIN-PN 36-2932915-001
a	Plan name HENDRICK DIESEL POWER, INC DBA DIESEL EXCHANGE 401(K) PLAN	
b	Name of plan sponsor HENDRICK DIESEL POWER INC	c EIN-PN 43-1610891-001
a	Plan name HENSHAW, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HENSHAW INC	c EIN-PN 38-2432998-001
a	Plan name H. GALOW 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor H GALOW COMPANY INC	c EIN-PN 22-2384511-001
a	Plan name HIWIN CORPORATION 401(K) PLAN	
b	Name of plan sponsor HIWIN CORPORATION	c EIN-PN 36-3843536-001

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 HORN FORD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HORN FORD INC	c EIN-PN 39-0182610-001
a	Plan name HUNT AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor HUNT AUTOMOTIVE GROUP	c EIN-PN 13-4305824-001
a	Plan name HYDRAULIC SALES & SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor HYDRAULIC SALES & SERVICE INC	c EIN-PN 59-1692614-001
a	Plan name HY-TEK MFG CO, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HY TEK MANUFACTURING COMPANY INC	c EIN-PN 36-3254486-001
a	Plan name INDUSTRIAL MOTORS & MACHINING, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor INDUSTRIAL MOTORS AND MACHINING	c EIN-PN 84-0718861-001
a	Plan name JACK KISSEE FORD, INC. 401(K) PLAN	
b	Name of plan sponsor JACK KISSEE FORD INC	c EIN-PN 73-0620535-001
a	Plan name JAMES CORLEW CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor JAMES CORLEW CHEVROLET INC	c EIN-PN 62-0813540-001
a	Plan name JANESVILLE BRICK & TILE CO INC 401(K) EMPLOYEE RET PLAN	
b	Name of plan sponsor JANESVILLE BRICK & TILE CO INC/L	c EIN-PN 39-1033793-001
a	Plan name JHL DIGITAL DIRECT, INC. 401(K) PLAN	
b	Name of plan sponsor JHL DIGITAL DIRECT INC	c EIN-PN 39-1569114-001
a	Plan name JMI PUMP SYSTEMS 401(K) PLAN	
b	Name of plan sponsor JMI PUMP SYSTEMS	c EIN-PN 39-0967156-001
a	Plan name JOE HEIDT MOTORS CORP. 401(K) PLAN	
b	Name of plan sponsor JOE HEIDT MOTORS CORP	c EIN-PN 22-2665319-001
a	Plan name JOHN LYNCH & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN LYNCH & COMPANY INC	c EIN-PN 59-2396438-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JOHNSON LITHO GRAPHICS OF EAU CLAIRE, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON LITHO GRAPHICS OF EAU CL	c EIN-PN 39-1311394-001
a	Plan name JP GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor JP GRAPHICS INC	c EIN-PN 77-0537289-001
a	Plan name JURA INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor JURA INC	c EIN-PN 22-3298554-001
a	Plan name KECK & SCHMIDT TOOL & DIE INC. 401(K) PLAN	
b	Name of plan sponsor KECK & SCHMIDT TOOL & DIE INC	c EIN-PN 95-2833957-001
a	Plan name KETECA USA, INC. 401(K) PLAN	
b	Name of plan sponsor KETECA USA INC	c EIN-PN 86-0793076-001
a	Plan name KING FORD 401(K) PLAN	
b	Name of plan sponsor TRI-STATE FORD INC	c EIN-PN 56-2007143-001
a	Plan name LAKES BRICK & BLOCK LLC 401(K) PLAN	
b	Name of plan sponsor LAKES BRICK & BLOCK LLC	c EIN-PN 39-1928070-001
a	Plan name LANCASTER MOTOR COMPANY 401(K) PLAN	
b	Name of plan sponsor LANCASTER MOTOR COMPANY	c EIN-PN 57-0195700-001
a	Plan name LEN'S ACE HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor LENS ACE HARDWARE INC	c EIN-PN 36-2666890-001
a	Plan name LENZ PRECISION TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor LENZ PRECISION TECHNOLOGY INC	c EIN-PN 77-0327488-001
a	Plan name LIBERTY COACH, INC. 401(K) PLAN	
b	Name of plan sponsor LIBERTY COACH INC	c EIN-PN 36-2786476-001
a	Plan name LIFTMOORE, INC. 401(K) PLAN	
b	Name of plan sponsor LIFTMOORE INC	c EIN-PN 74-1960229-001

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	LOVEGREEN MOTOR COMPANY 401(K) PLAN	
b	Name of plan sponsor	LOVEGREEN FORD-MERCURY INC	c EIN-PN 43-1575345-001
a	Plan name	LUCIANO PACKAGING TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LUCIANO PACKAGING TECHNOLOGIES I	c EIN-PN 22-3082368-001
a	Plan name	LUMI TRAK, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LUMI TRAK INC	c EIN-PN 23-2804775-001
a	Plan name	LUXEMBURG CASCO DISTRICT SCHOOLS MONEY PURCHASE PLAN	
b	Name of plan sponsor	LUXEMBURG CASCO DISTRICT SCHOOLS	c EIN-PN 39-1057534-001
a	Plan name	LYONS MANUFACTURING, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LYONS MANUFACTURING INC	c EIN-PN 33-1077316-001
a	Plan name	MARVIN HEWATT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	MARVIN HEWATT ENTERPRISES INC	c EIN-PN 58-1262330-001
a	Plan name	MCCARTHY FORD 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	MCCARTHY FORD INC	c EIN-PN 36-4413920-001
a	Plan name	MCCOMB DIESEL RETIREMENT PLAN	
b	Name of plan sponsor	MCCOMB DIESEL INC	c EIN-PN 64-0501801-001
a	Plan name	MCGILL HOSE & COUPLING INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MCGILL HOSE & COUPLING INC	c EIN-PN 04-2323986-001
a	Plan name	MED-DIET LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MED DIET LABORATORIES INC	c EIN-PN 41-1377792-001
a	Plan name	MELTON MOTOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MELTON MOTOR COMPANY INC	c EIN-PN 48-0518957-001
a	Plan name	MET-L-TEC, LLC 401(K) PLAN	
b	Name of plan sponsor	MET L TEC LLC	c EIN-PN 27-1412558-001

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 MID SOUTH INDUSTRIAL AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor MID SOUTH INDUSTRIAL AUTOMATION	c EIN-PN 74-3098565-001
a	Plan name MID-SOUTH MACHINE & SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor MID SOUTH MACHINE & SUPPLY INC	c EIN-PN 62-1367214-001
a	Plan name MIDWEST FUEL INJECTION SERVICE CORP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MIDWEST FUEL INJECTION SERVICE	c EIN-PN 36-3148869-001
a	Plan name MIDWEST HARDWARE ASSOCIATION 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor MIDWEST HARDWARE ASSOCIATION	c EIN-PN 39-0715730-001
a	Plan name MISSISSIPPI VALLEY EQUIPMENT CO AND SUBSIDIARIES 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI VALLEY EQUIPMENT COM	c EIN-PN 43-0724604-001
a	Plan name MISTER LABEL, INC. 401(K) PLAN	
b	Name of plan sponsor MISTER LABEL INC	c EIN-PN 27-3425650-001
a	Plan name MOON CUTTER CO., INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOON CUTTER CO INC	c EIN-PN 06-0846655-001
a	Plan name NEFTIN WESTLAKE CARS 401(K) PLAN	
b	Name of plan sponsor CONEJO AUTO IMPORTS INC	c EIN-PN 95-2990906-001
a	Plan name NEW ENGLAND CNC, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND CNC INC	c EIN-PN 06-1247015-001
a	Plan name NIKRO INDUSTRIES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor NIKRO INDUSTRIES INC	c EIN-PN 36-3561734-001
a	Plan name NITECH, INC. 401(K) PLAN	
b	Name of plan sponsor NITECH INC	c EIN-PN 22-2897762-001
a	Plan name NOMBACH COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOMBACH COMPANY INC	c EIN-PN 36-3488051-001

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 NORTH CENTRAL STEEL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor NORTH CENTRAL STEEL SYSTEMS INC	c EIN-PN 46-0369948-001
a	Plan name NORTHWEST MACHINE RETIREMENT PLAN	
b	Name of plan sponsor NORTHWEST MACHINE INC	c EIN-PN 74-1859208-001
a	Plan name OKRAY FAMILY FARMS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor OKRAY FAMILY FARMS INC	c EIN-PN 83-2694115-001
a	Plan name O'MALLEY AUTOMOTIVE, INC. 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor O'MALLEY AUTOMOTIVE INC	c EIN-PN 39-1089292-001
a	Plan name OMICRON, INC. 401(K) PLAN	
b	Name of plan sponsor OMICRON INC	c EIN-PN 38-2776798-001
a	Plan name PACKEY WEBB FORD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACKEY WEBB FORD	c EIN-PN 36-2804554-001
a	Plan name PAL COMMERCIAL LIGHTING LLC 401(K) PLAN	
b	Name of plan sponsor PAL COMMERCIAL LIGHTING LLC	c EIN-PN 88-1685891-001
a	Plan name PHASE DYNAMICS, INC. 401(K) PLAN	
b	Name of plan sponsor PHASE DYNAMICS INC	c EIN-PN 75-2238992-001
a	Plan name PICTURE MASTER/VAN GOGH/COLOR PORTRAITS, INC. 401(K)PLAN	
b	Name of plan sponsor PICTURE MASTER COLOR LAB INC VAN	c EIN-PN 36-2393414-001
a	Plan name PIKEVILLE EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor PIKEVILLE EQUIPMENT INC	c EIN-PN 23-1938960-001
a	Plan name PINNACLE INDUSTRIES, LTD 401(K) PLAN	
b	Name of plan sponsor PINNACLE INDUSTRIES LTD	c EIN-PN 74-2115525-001
a	Plan name PLASTEK WERKS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor PLASTEK WERKS INC	c EIN-PN 58-2005631-001

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	POAGE CHEVROLET OF WENTZVILLE, INC. 401(K) PLAN	
b	Name of plan sponsor	POAGE CHEVROLET OF WENTZVILLE IN	c EIN-PN 46-1095439-001
a	Plan name	PRECISION FLUOROCARBON, LLC 401(K) PLAN	
b	Name of plan sponsor	PRECISION FLUOROCARBON LLC	c EIN-PN 76-0279426-001
a	Plan name	PRECISION MANUFACTURING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION MANUFACTURING SERVICES	c EIN-PN 38-2241954-001
a	Plan name	PRODUCTION ASSEMBLY SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRODUCTION ASSEMBLY SYSTEMS INC	c EIN-PN 33-0523898-001
a	Plan name	PRO REPS WEST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVE MCKAY CO INC	c EIN-PN 33-0666015-001
a	Plan name	PTL EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	SAVAGE WRIGHT GROUP INC DBA PTL	c EIN-PN 88-0589049-001
a	Plan name	RAABE MOTOR SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	RAABE MOTOR SALES INC	c EIN-PN 34-4445263-001
a	Plan name	RASCOE & MAHS, INC. 401(K) PLAN	
b	Name of plan sponsor	RASCOE & MAHS INC	c EIN-PN 58-2000686-001
a	Plan name	RAS PROCESS EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	RAS PROCESS EQUIPMENT	c EIN-PN 22-3723860-001
a	Plan name	REBCO MACHINE SPECIALTIES, INC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	REBCO MACHINE SPECIALTIES INC	c EIN-PN 36-2995599-001
a	Plan name	ROBERT C. WEISHEIT CO., INC. 401(K) PLAN	
b	Name of plan sponsor	ROBERT C WEISHEIT CO INC	c EIN-PN 36-3556931-001
a	Plan name	ROBERT D. YOUNG CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ROBERT D YOUNG CONSTRUCTION INC	c EIN-PN 35-1580136-001

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 ROBERT HUTSON FORD LINCOLN, INC. 401(K) PLAN	
b	Name of plan sponsor ROBERT HUTSON FORD LINCOLN INC	c EIN-PN 58-1955337-001
a	Plan name ROMAR MACHINE & TOOL CO. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor ROMAR MACHINE & TOOL CO	c EIN-PN 22-2107779-001
a	Plan name ROSEDALE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ROSEDALE PRODUCTS INC	c EIN-PN 38-1993765-001
a	Plan name ROWAN CORNIL, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ROWAN CORNIL INC	c EIN-PN 75-2194496-001
a	Plan name SEIDEL DIESEL GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ACTION TRUCK PARTS INC	c EIN-PN 20-1844080-001
a	Plan name SENTRY 401K PLAN	
b	Name of plan sponsor SENTRY INSURANCE COMPANY	c EIN-PN 39-0333950-001
a	Plan name SENTRY SERVICES, L.L.C. 401(K) PLAN	
b	Name of plan sponsor SENTRY SERVICES LLC	c EIN-PN 39-1269745-001
a	Plan name SMITHCO WEST, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITHCO WEST INC	c EIN-PN 39-1219550-001
a	Plan name SMITH VALLEY GARAGE, INC. 401(K) PLAN	
b	Name of plan sponsor SMITH VALLEY GARAGE INC	c EIN-PN 88-0264992-001
a	Plan name SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPARTAN PRINTING INC	c EIN-PN 75-1155218-001
a	Plan name SPELLMAN TRAILERS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SPELLMAN TRAILERS INC	c EIN-PN 39-1095514-001
a	Plan name STELLO FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor STELLO FOODS INC	c EIN-PN 25-1696718-001

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 STEVEN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor GENESIS HEALTH CLUBS MANAGEMENT	c EIN-PN 88-0413082-001
a	Plan name STEVENSON TRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor STEVENSON TRACTOR INC	c EIN-PN 54-0841175-001
a	Plan name SUBURBAN GLASS & MIRROR CO., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SUBURBAN GLASS & MIRROR CO INC	c EIN-PN 04-2840076-001
a	Plan name SURROZ MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor SURROZ MOTORS INC	c EIN-PN 93-0608381-001
a	Plan name TECH INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor TECH INDUSTRIES INC	c EIN-PN 34-1630580-001
a	Plan name TFE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor TFE COMPANY INC	c EIN-PN 74-1554224-001
a	Plan name THE CBS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CBS MANUFACTURING COMPANY	c EIN-PN 06-0888318-001
a	Plan name THE ELLIS STONE CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor ELLIS STONE CONSTRUCTION COMPANY	c EIN-PN 39-0766554-001
a	Plan name THE KNABE TOOL WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor KNABE TOOL WORKS INC	c EIN-PN 39-1036166-001
a	Plan name THOR SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor THOR SOLUTIONS INC	c EIN-PN 33-0642791-001
a	Plan name TRIAD FABRICATIONS & MACHINE 401(K) PLAN	
b	Name of plan sponsor TRIAD FABRICATIONS & MACHINE	c EIN-PN 56-1627015-001
a	Plan name TRI STATE PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor TRI STATE PLASTICS INC	c EIN-PN 61-1271151-001

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	TRU-TEX INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	TRU TEX INTERNATIONAL CORPORATIO	c EIN-PN 31-0725589-001
a	Plan name	USM, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	USM INC	c EIN-PN 76-0455540-001
a	Plan name	VACHON AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	VACHON CHEVROLET INC	c EIN-PN 82-5133288-001
a	Plan name	WANNEMAKER'S, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WANNEMAKERS INC	c EIN-PN 36-2720681-001
a	Plan name	WEAVER MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	WEAVER MANUFACTURING INC	c EIN-PN 43-1298406-001
a	Plan name	WEBB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	WEBB CHEVROLET INC	c EIN-PN 36-4327474-001
a	Plan name	WEBB FORD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEBB FORD	c EIN-PN 35-1179087-001
a	Plan name	WEBTECH, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	WEBTECH INC	c EIN-PN 22-2392776-001
a	Plan name	WEST CHATHAM WARNING DEVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	WEST CHATHAM WARNING DEVICES INC	c EIN-PN 58-2432744-001
a	Plan name	WEST SIDE DENTAL CT LLC 401(K) PLAN	
b	Name of plan sponsor	WEST SIDE DENTAL CT LLC	c EIN-PN 55-0834997-001
a	Plan name	WIELAND'S LAWN MOWER HOSPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WIELANDS LAWN MOWER HOSPITAL INC	c EIN-PN 37-1206225-001
a	Plan name	WILL & FAULKNER AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor	WILL & FAULKNER AUTOMOTIVE LLC	c EIN-PN 26-2437730-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 MID-CAP GROWTH ACCOUNT I N	B Three-digit plan number (PN) ▶ 014
C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-6040276

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)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(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)	63644821
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	62376970
(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	63644821	62376970
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	63644821	62376970

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)	7132901	
(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)		7132901
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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)	-1639443	
(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)		1522942
c Other income	2c		5798695
d Total income. Add all income amounts in column (b) and enter total	2d		12815095

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13918233	
(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)		13918233
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)		
(4) IQPA audit fees	2i(4)	164713	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		164713
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14082946

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1267851
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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 _____.