

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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, 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

1a Name of plan: INTERNATIONAL LARGE ACCOUNT NF
1b Three-digit plan number (PN): 118
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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>INTERNATIONAL LARGE ACCOUNT NF</u>		B Three-digit plan number (PN) ▶	<u>118</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)

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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d Entity code

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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)

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 ADVANCED POWER TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor ADVANCED POWER TECHNOLOGIES LLC	c EIN-PN 22-3680425-001
a	Plan name ADVANTAGE DEALER GROUP 401(K) PLAN	
b	Name of plan sponsor ADVANTAGE DEALER GROUP	c EIN-PN 87-3779357-001
a	Plan name AEROSPACE FABRICATIONS OF GEORGIA, INC. 401(K) PLAN	
b	Name of plan sponsor AEROSPACE FABRICATIONS OF GEORGI	c EIN-PN 58-2030586-001
a	Plan name AIKENS GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & W CONSTRUCTION COMPANY INC	c EIN-PN 54-0928137-001
a	Plan name AMES INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor AMES INDUSTRIES, INC.	c EIN-PN 23-2283120-001
a	Plan name AMT 401(K) PLAN	
b	Name of plan sponsor ACCURATE MACHINE & TOOL CORP	c EIN-PN 63-0923082-001
a	Plan name ANDERSON RADIO 401(K) PLAN	
b	Name of plan sponsor ANDERSON RADIO INC	c EIN-PN 38-1841354-001
a	Plan name ARBOR MANAGEMENT, INC. EMPLOYEE'S RETIREMENT/SAVING PLAN	
b	Name of plan sponsor ARBOR MANAGEMENT INC	c EIN-PN 36-3422789-001
a	Plan name ARIZONA MACHINERY GROUP EMP PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor ARIZONA MACHINERY GROUP INC	c EIN-PN 86-0422015-001
a	Plan name ARMOR LITE 401(K) PLAN	
b	Name of plan sponsor ARMOR LITE TRAILER MFG LLC	c EIN-PN 61-1684328-001
a	Plan name ASC SUNSTONE CIRCUITS, LLC 401(K) PLAN	
b	Name of plan sponsor ASC SUNSTONE CIRCUITS LLC	c EIN-PN 92-3635048-001
a	Plan name A&S MOLD AND DIE 401(K) PLAN	
b	Name of plan sponsor A&S MOLD AND DIE CORP	c EIN-PN 95-2914098-001

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	ATOS NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	ATOS NORTH AMERICA INC	c EIN-PN 38-3664975-001
a	Plan name	ATS AUTO LLC 401(K) PLAN	
b	Name of plan sponsor	ATS AUTO LLC DBA CHRISTIAN BROTH	c EIN-PN 87-2015175-001
a	Plan name	AUTO BODY XPERTS 401(K) PLAN	
b	Name of plan sponsor	HUDSONVILLE BODY SHOP INC	c EIN-PN 38-3010955-001
a	Plan name	AUTOMATED DIRECT MAIL SERVICE CENTER 401(K) PLAN	
b	Name of plan sponsor	AUTOMATED DIRECT MAIL SERVICE CE	c EIN-PN 65-0790819-001
a	Plan name	BAYSEK MACHINES, INC. 401(K) PLAN	
b	Name of plan sponsor	BAYSEK MACHINES INC	c EIN-PN 39-1814804-001
a	Plan name	BLACK DIAMOND HARLEY-DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	CABANESS AND ZIMBRO INC DBA BLAC	c EIN-PN 26-0449978-001
a	Plan name	BLUE RIBBON AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	BLUE RIBBON CHEVROLET INC	c EIN-PN 73-1480425-001
a	Plan name	BOB PENKHUS VOLVO MAZDA 401(K) PLAN	
b	Name of plan sponsor	PENKHUS MOTOR COMPANY	c EIN-PN 84-0519000-001
a	Plan name	BUCKALEW CHEVROLET, L.P. 401(K) PLAN	
b	Name of plan sponsor	BUCKALEW CHEVEROLET LP	c EIN-PN 74-1503091-001
a	Plan name	BURKS DIGITAL IMAGING 401(K) PLAN	
b	Name of plan sponsor	BURKS DIGITAL REPROGRAPHICS LTD	c EIN-PN 74-1691458-001
a	Plan name	BURNS FORD OF YORK 401(K) PLAN	
b	Name of plan sponsor	BURNS FORD OF YORK INC	c EIN-PN 81-3664491-001
a	Plan name	BWM SERVICES 401(K) PLAN	
b	Name of plan sponsor	BWM SERVICES LP	c EIN-PN 20-4545074-001

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	C.A.E., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAE INC	c EIN-PN 38-2281444-001
a	Plan name	CAL-MESA STEEL SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAL MESA STEEL SUPPLY INC	c EIN-PN 95-3135147-001
a	Plan name	CARTER-GRIFFIN, INC. 401(K) PLAN	
b	Name of plan sponsor	CARTER-GRIFFIN INC	c EIN-PN 88-0215573-001
a	Plan name	CARVER MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	CARVER MACHINE WORKS INC	c EIN-PN 56-1250308-001
a	Plan name	CEC 401(K) PLAN	
b	Name of plan sponsor	COOPER ELECTRICAL CONTROLS INC	c EIN-PN 72-1360599-001
a	Plan name	CESCO SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	CESCO SOLUTIONS INC	c EIN-PN 91-1552044-001
a	Plan name	CHANDLER CHEVROLET RETIREMENT PLAN	
b	Name of plan sponsor	CHANDLER CHEVROLET LLC	c EIN-PN 20-4572815-001
a	Plan name	C.H.E. PRECISION, INC. 401(K) PLAN	
b	Name of plan sponsor	CHE PRECISION INC	c EIN-PN 77-0535202-001
a	Plan name	CHUCK NASH 401(K) PLAN	
b	Name of plan sponsor	CHUCK NASH CHEVROLET BUICK INC	c EIN-PN 74-1892604-001
a	Plan name	CONTINENTAL INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL INDUSTRIES INC.	c EIN-PN 35-1075679-001
a	Plan name	COORDINATE MACHINE CO. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	COORDINATE MACHINE CO	c EIN-PN 36-3619354-001
a	Plan name	COUNTRYSIDE VOLKSWAGEN, INC. UNION 401(K) PLAN	
b	Name of plan sponsor	COUNTRYSIDE VOLKSWAGEN INC	c EIN-PN 41-0902128-001

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	C.P.R. MACHINING, LLC 401(K) PLAN	
b	Name of plan sponsor	C.P.R. MACHINING LLC	c EIN-PN 84-3918202-001
a	Plan name	CRS DATA SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CRS DATA SOLUTIONS INC	c EIN-PN 93-0457141-001
a	Plan name	CUMBERLAND ACADEMY OF GEORGIA, INC. 401(K) PLAN	
b	Name of plan sponsor	CUMBERLAND ACADEMY OF GEORGIA	c EIN-PN 71-1043712-001
a	Plan name	DAI & TAI COMBINED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DYNAMO AVIATION INC	c EIN-PN 95-4387746-001
a	Plan name	DALMEC, INC. 401(K) PLAN	
b	Name of plan sponsor	DALMEC INC	c EIN-PN 36-3635883-001
a	Plan name	D & D MOTORS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D & D MOTORS INC	c EIN-PN 57-0149845-001
a	Plan name	DESERT CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	DESERT CONSTRUCTION INC	c EIN-PN 86-0198488-001
a	Plan name	DEWEY BARBER CHEVROLET 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DEWEY BARBER CHEVROLET INC	c EIN-PN 63-0796601-001
a	Plan name	D F ELECTRONICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	D F ELECTRONICS INC	c EIN-PN 31-0867926-001
a	Plan name	DIGITRACE RETIREMENT PLAN	
b	Name of plan sponsor	DIGITRACE MACHINE WORKS LTD	c EIN-PN 38-3307085-001
a	Plan name	DISTRIBAIRE, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTRIBAIRE INC	c EIN-PN 76-0350483-001
a	Plan name	DOUGLAS DODGE, INC. 401(K) PLAN	
b	Name of plan sponsor	DOUGLAS DODGE INC	c EIN-PN 37-0905870-001

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	DUPRATT FORD 401(K) PLAN	
b	Name of plan sponsor	RON DUPRATT FORD INC	c EIN-PN 94-1485050-001
a	Plan name	DU QUOIN CHEVROLET BUICK 401(K) PLAN	
b	Name of plan sponsor	CH3OC LLC DBA DU QUOIN CHEVROLET	c EIN-PN 88-1142297-001
a	Plan name	ELECTRONIC BUSINESS MACHINES 401(K) PLAN	
b	Name of plan sponsor	ELECTRONIC BUSINESS MACHINES	c EIN-PN 91-1342384-001
a	Plan name	ENTERPRISE CNC 401(K) PLAN	
b	Name of plan sponsor	ENTERPRISE CNC MACHINING LLC	c EIN-PN 84-3893641-001
a	Plan name	EVERETT CHEVROLET, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EVERETT CHEVROLET INC	c EIN-PN 56-0890670-001
a	Plan name	FORGE GRAPHIC WORKS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FORGE GRAPHIC WORKS INC	c EIN-PN 27-4638816-001
a	Plan name	FORMPAK, INC. 401(K) PLAN	
b	Name of plan sponsor	FORMPAK INC	c EIN-PN 43-1297642-001
a	Plan name	GAMKA SALES COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	GAMKA SALES COMPANY INC	c EIN-PN 22-2690027-001
a	Plan name	GARY MATHEWS MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	GARY MATHEWS MOTORS INC	c EIN-PN 62-1366801-001
a	Plan name	GATEWAY DEALER NETWORK 401(K) PLAN	
b	Name of plan sponsor	GATEWAY DEALER NETWORK LLC	c EIN-PN 84-2017338-001
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	GLADE & GROVE SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	GLADE & GROVE SUPPLY CO INC	c EIN-PN 59-1863231-001

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	GLUE MACHINERY RETIREMENT PLAN	
b Name of plan sponsor	GLUE MACHINERY CORPORATION	c EIN-PN 52-0903866-001
a Plan name	GROSS AUTO RETIREMENT PLAN	
b Name of plan sponsor	GROSS MOTORS INC	c EIN-PN 39-0912575-001
a Plan name	G-WAY SOLUTIONS, LLC 401(K) PLAN	
b Name of plan sponsor	G WAY SOLUTIONS LLC	c EIN-PN 84-1740572-001
a Plan name	HANDEL 401(K) PLAN	
b Name of plan sponsor	HANDEL INFORMATION TECHNOLOGIES	c EIN-PN 84-1419644-001
a Plan name	HANNER CHEVROLET PONTIAC GMC TRUCK, INC. 401(K) PLAN	
b Name of plan sponsor	HANNER CHEVROLET GMC INC DBA HAN	c EIN-PN 75-1447357-001
a Plan name	HARTMANN'S, INC. 401(K) PLAN	
b Name of plan sponsor	HARTMANN'S INC	c EIN-PN 75-1468078-001
a Plan name	HELLMAN AUTOMOTIVE GROUP 401(K) SAVINGS PLAN	
b Name of plan sponsor	THUNDER MOUNTAIN MOTOR CO INC	c EIN-PN 20-3687724-001
a Plan name	HIGH DESERT HYUNDAI 401(K) PLAN	
b Name of plan sponsor	MARTIN SWANTY AUTO CENTER INC	c EIN-PN 86-0977022-001
a Plan name	HOMESTEAD HYUNDAI 401(K) PLAN	
b Name of plan sponsor	RT AUTOMOTIVE LLC	c EIN-PN 47-2582780-001
a Plan name	IMAGE ACCESS CORP. 401(K) PLAN	
b Name of plan sponsor	IMAGE ACCESS CORP	c EIN-PN 22-2762602-001
a Plan name	IMPERIAL BROWN, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	IMPERIAL BROWN INC	c EIN-PN 93-0692209-001
a Plan name	INDEXX, INC. 401(K) PLAN	
b Name of plan sponsor	INDEXX INC	c EIN-PN 57-0965700-001

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	INDUSTRIAL ENGINE SERVICE CO. 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL ENGINE SERVICE CO	c EIN-PN 81-0260673-001
a	Plan name	INTEGRITY MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY MFG LLC	c EIN-PN 06-1505587-001
a	Plan name	INTERNATIONAL CRUISE FOOD & HOTEL SUPPLIERS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL CRUISE FOOD & HOTE	c EIN-PN 65-0822593-001
a	Plan name	INTERTEST, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERTEST INC	c EIN-PN 22-2357588-001
a	Plan name	IVC-USA, INC. 401(K) PLAN	
b	Name of plan sponsor	IVC USA INC	c EIN-PN 38-2206972-001
a	Plan name	JAMES TOOL MACHINE & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	JAMES TOOL MACHINE & ENGINEERING	c EIN-PN 56-1544762-001
a	Plan name	JAMES W. SMITH PRINTING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	JAMES W SMITH PRINTING COMPANY	c EIN-PN 36-3383339-001
a	Plan name	JEFF HAAS MAZDA 401(K) PLAN	
b	Name of plan sponsor	JLH AUTOMOTIVE LTD	c EIN-PN 76-0350006-001
a	Plan name	JG PLASTICS 401(K) PLAN	
b	Name of plan sponsor	JG PLASTICS GROUP LLC	c EIN-PN 20-5618638-001
a	Plan name	J & M AUTO, INC. 401(K) PLAN	
b	Name of plan sponsor	J & M AUTO INC DBA TAYLOR'S AUTO	c EIN-PN 81-0392546-001
a	Plan name	JMC INSTRUMENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	JMC INSTRUMENTS INC	c EIN-PN 84-0610165-001
a	Plan name	JOSEPH MACHINE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	JOSEPH MACHINE COMPANY INC	c EIN-PN 25-1605514-001

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	JOSSART BROTHERS 401(K) P/S PLAN	
b	Name of plan sponsor	JOSSART BROTHERS INC	c EIN-PN 39-1857707-001
a	Plan name	KENTUCKY MACHINE & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY MACHINE & ENGINEERING	c EIN-PN 61-0671534-001
a	Plan name	KEYSTONE HARLEY-DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	PEQUA ENTERPRISES INC DBA KEYSTO	c EIN-PN 27-5084663-001
a	Plan name	KOKOMO AUTO WORLD, INC. 401(K) PLAN	
b	Name of plan sponsor	KOKOMO AUTO WORLD INC	c EIN-PN 35-1383619-001
a	Plan name	KVF QUAD CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	KVF QUAD CORPORATION	c EIN-PN 36-3112136-001
a	Plan name	LH DOTTIE CO. 401(K) PLAN	
b	Name of plan sponsor	KOBERT & CO INC DBA LH DOTTIE CO	c EIN-PN 95-2095840-001
a	Plan name	LIPSCOMB CDJR LLC 401(K) PLAN	
b	Name of plan sponsor	LIPSCOMB CDJR LLC	c EIN-PN 93-2250974-001
a	Plan name	LOCHEN EQUIPMENT RETIREMENT PLAN	
b	Name of plan sponsor	JOHN P LOCHEN COMPANY INC	c EIN-PN 39-0918471-001
a	Plan name	L & S MOTORS OF BECKLEY, INC. 401(K) PLAN	
b	Name of plan sponsor	L & S MOTORS OF BECKLEY INC	c EIN-PN 55-0712773-001
a	Plan name	MAG-TEC CASTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MAG TEC CASTING CORPORATION	c EIN-PN 38-2939430-001
a	Plan name	MANNER POLYMERS, INC. 401(K) PLAN	
b	Name of plan sponsor	MANNER POLYMERS INC	c EIN-PN 75-2905787-001
a	Plan name	MANUFACTURER'S RUBBER & SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor	MANUFACTURERS RUBBER & SUPPLY CO	c EIN-PN 04-2991354-001

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	MARTIN SWANTY CHRYSLER 401(K) PLAN	
b	Name of plan sponsor	MARTIN SWANTY CHRYSLER PLYMOUTH	c EIN-PN 86-0501836-001
a	Plan name	MASTER CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MASTER CORPORATION	c EIN-PN 75-2770887-001
a	Plan name	MAVERICK BUSINESS FORMS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAVERICK BUSINESS FORMS INC	c EIN-PN 75-2128303-001
a	Plan name	MAZZA AUTOPARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAZZA AUTO PARTS INC	c EIN-PN 38-2129196-001
a	Plan name	MCCARTHY PRINT, INC. 401(K) PLAN	
b	Name of plan sponsor	MCCARTHY PRINT INC	c EIN-PN 74-2870588-001
a	Plan name	MCCULLOUGH IMPLEMENT CO. 401(K) PLAN	
b	Name of plan sponsor	MCCULLOUGH IMPLEMENT CO	c EIN-PN 36-3619058-001
a	Plan name	MCFARLAND FORD STORES 401(K) PLAN	
b	Name of plan sponsor	MCFARLAND FORD SALES INC	c EIN-PN 02-0244831-001
a	Plan name	MERCEDES-BENZ OF BUCKHEAD 401(K) PLAN	
b	Name of plan sponsor	THE BARRAN COMPANY LLC	c EIN-PN 65-1179820-001
a	Plan name	METROPOLITAN STAPLE CORP. 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN STAPLE CORP	c EIN-PN 22-1713057-001
a	Plan name	MIKE CALVERT TOYOTA 401(K) PLAN	
b	Name of plan sponsor	MIKE CALVERT TOYOTA LLC	c EIN-PN 86-1229724-001
a	Plan name	MMP OF MERRILL, INC. 401(K) PLAN	
b	Name of plan sponsor	MMP OF MERRILL INC	c EIN-PN 26-3057358-001
a	Plan name	MOLDING SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	MOLDING SOLUTIONS INC	c EIN-PN 30-0891530-001

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	MOXIE HCH MOTORS 401(K) PLAN	
b	Name of plan sponsor	MOXIE HCH MOTORS LLC	c EIN-PN 87-1146242-001
a	Plan name	MURRAY'S COMPANIES 401(K) PLAN	
b	Name of plan sponsor	AG MURRAY ENTERPRISES LLC	c EIN-PN 06-0056933-001
a	Plan name	MURRPLASTIK SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	MURRPLASTIK SYSTEMS INC	c EIN-PN 23-2927075-001
a	Plan name	NAVUS AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor	NAVUS AUTOMATION INC	c EIN-PN 62-1733536-001
a	Plan name	NEWAY VALVE INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	NEWAY VALVE INTERNATIONAL INC	c EIN-PN 27-1317465-001
a	Plan name	NGO AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	NGO AUTOMOTIVE INC	c EIN-PN 82-3285489-001
a	Plan name	NIMSGERN STEEL CORP. 401(K) PLAN	
b	Name of plan sponsor	NIMSGERN STEEL CORP	c EIN-PN 39-1384695-001
a	Plan name	NORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	NORTECH LLC	c EIN-PN 38-3429773-001
a	Plan name	NORTHCUTT CHEVROLET-BUICK, LLC 401(K) PLAN	
b	Name of plan sponsor	NORTHCUTT CHEVROLET BUICK LLC	c EIN-PN 26-0456512-001
a	Plan name	NORTH END MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTH END MOTORS INC	c EIN-PN 04-3042468-001
a	Plan name	NORTHWEST MACHINE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	BAILUN ACQUISITIONS INC	c EIN-PN 26-2317008-001
a	Plan name	OWEN EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEN KO MATIC CO	c EIN-PN 93-0666853-001

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	PACIFIC PRECISION, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC PRECISION INC	c EIN-PN 95-4498431-001
a	Plan name	PARAGON MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	PARAGON MANUFACTURING INC	c EIN-PN 36-2257403-001
a	Plan name	PASO ROBLES FORD 401(K) PLAN	
b	Name of plan sponsor	EAGLE MOTORS DBA PASO ROBLES	c EIN-PN 77-0244782-001
a	Plan name	PETERBILT OF ATLANTA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PETERBILT OF ATLANTA LLC	c EIN-PN 27-4878358-001
a	Plan name	PETERS CHEVROLET EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	PETERS CHEVROLET INC	c EIN-PN 75-1361917-001
a	Plan name	PETERSON CUSTOM STAINLESS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PETERSON CUSTOM STAINLESS INC	c EIN-PN 39-1704313-001
a	Plan name	PM INTERNATIONAL SUPPLIERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PM INTERNATIONAL SUPPLIERS LLC	c EIN-PN 20-2170421-001
a	Plan name	P.P.C., INC. 401(K) PLAN	
b	Name of plan sponsor	P.P.C. INC.	c EIN-PN 95-3082729-001
a	Plan name	PRAIRIE DIGITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	PRAIRIE DIGITAL INC	c EIN-PN 39-1706521-001
a	Plan name	PRC COMPOSITES, LLC 401(K) PLAN	
b	Name of plan sponsor	PRC COMPOSITES LLC	c EIN-PN 47-2650171-001
a	Plan name	PRECISION ADVANCED MACHINING CO. 401(K) PLAN	
b	Name of plan sponsor	PRECISION ADVANCED MACHINING CO	c EIN-PN 38-3198627-001
a	Plan name	PRECISION MEDICAL TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	PRECISION MEDICAL TECHNOLOGIES	c EIN-PN 35-1902827-001

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	PRECISION WATERJET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION WATERJET INC	c EIN-PN 26-0877392-001
a	Plan name	PREMIER INDUSTRIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IACONO ENTERPRISES LLC DBA PREMI	c EIN-PN 87-2490829-001
a	Plan name	PRINCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRINCE CORPORATION	c EIN-PN 39-1882387-001
a	Plan name	PRINTWEST, INC. 401(K) PLAN	
b	Name of plan sponsor	PRINTWEST INC	c EIN-PN 20-0244299-001
a	Plan name	PRODUCTION AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor	PRODUCTION AUTOMATION INC	c EIN-PN 63-0805348-001
a	Plan name	PROGRESSIVE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE PRODUCTS INC	c EIN-PN 48-0912331-001
a	Plan name	PROTOMATIC, INC. 401(K) PLAN	
b	Name of plan sponsor	PROTOMATIC INC	c EIN-PN 38-2134429-001
a	Plan name	QUALITY SUPPLY AND TOOL CO., 401(K) PLAN	
b	Name of plan sponsor	QUALITY SUPPLY AND TOOL CO INC	c EIN-PN 35-1988796-001
a	Plan name	RAMKO MFG., INC. 401(K) PLAN	
b	Name of plan sponsor	RAMKO MFG INC	c EIN-PN 33-0784219-001
a	Plan name	R & D ENGINEERING & MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor	R & D ENGINEERING & MACHINING IN	c EIN-PN 39-1761846-001
a	Plan name	RED ROCKS COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	RED ROCKS COUNTRY CLUB	c EIN-PN 84-1224150-001
a	Plan name	RETINA SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RETINA SYSTEMS INC	c EIN-PN 06-1209184-001

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 RIO MOTOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor RIO MOTOR COMPANY INC	c EIN-PN 74-2692050-001
a	Plan name RIVERSIDE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor RIVERSIDE COUNTRY CLUB	c EIN-PN 87-0196893-001
a	Plan name RIVERSIDE TANK & MANUFACTURING CORPORATION 401(K) PLAN	
b	Name of plan sponsor RIVERSIDE TANK & MANUFACTURING C	c EIN-PN 38-1522943-001
a	Plan name RLS, INC. DBA STEVENS FORD 401(K) PLAN	
b	Name of plan sponsor RLS INC DBA STEVENS FORD	c EIN-PN 73-1366564-001
a	Plan name SAN ANTONIO RVS, LLC 401(K) PLAN	
b	Name of plan sponsor SAN ANTONIO RVS LLC	c EIN-PN 83-2141893-001
a	Plan name SANTA FE DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor SANTA FE DISTRIBUTING INC	c EIN-PN 36-2875464-001
a	Plan name SINGLE SOURCE MEDICAL LLC 401(K) PLAN	
b	Name of plan sponsor SINGLE SOURCE MEDICAL LLC	c EIN-PN 86-2619736-001
a	Plan name SMI, INC. 401(K) PLAN	
b	Name of plan sponsor SMI CA INC	c EIN-PN 22-3671211-001
a	Plan name SMITH AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor SMITH AUTOMOTIVE GROUP LLC	c EIN-PN 83-1658487-001
a	Plan name SPECIALTY FEEDS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SPECIALTY FEEDS INC	c EIN-PN 64-0412908-001
a	Plan name SPECTRUM DESIGN, LLC 401(K) PLAN	
b	Name of plan sponsor SPECTRUM DESIGN LLC	c EIN-PN 22-3345640-001
a	Plan name SPENCER INDUSTRIES, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SPENCER INDUSTRIES INC	c EIN-PN 35-1504846-001

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 STEPHL ENGINEERING, LLC 401(K) PLAN	
b	Name of plan sponsor STEPHL ENGINEERING LLC	c EIN-PN 92-0175997-001
a	Plan name STEVE FAULKNER FORD 401(K) PLAN	
b	Name of plan sponsor SF AUTOMOTIVE CHANUTE LLC DBA ST	c EIN-PN 85-2592378-001
a	Plan name STEVE LAUER PAINTING & DECORATING, INC. 401(K) PLAN	
b	Name of plan sponsor STEVE LAUER PAINTING & DECORATIN	c EIN-PN 39-1507679-001
a	Plan name ST. JOHN HARDWARE AND IMPLEMENT 401(K) PLAN	
b	Name of plan sponsor ST JOHN HARDWARE & IMPLEMENT	c EIN-PN 91-0654213-001
a	Plan name SWISS AMERICAN SCREW PRODUCTS 401(K) PLAN	
b	Name of plan sponsor SWISS AMERICAN SCREW PRODUCTS LL	c EIN-PN 38-6060590-001
a	Plan name SYMETRIX EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor SYMETRIX INC	c EIN-PN 91-1006550-001
a	Plan name SYSTEMS ATLANTA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SYSTEMS ATLANTA INC	c EIN-PN 58-1390175-001
a	Plan name TAYLOR'S TRANSPORTATION, LLC 401(K) PLAN	
b	Name of plan sponsor TAYLORS TRANSPORTATION LLC	c EIN-PN 20-4093364-001
a	Plan name TETON MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor TETON MOTORS INC	c EIN-PN 83-0215428-001
a	Plan name THE ENHANCERS, INC. 401(K) PLAN	
b	Name of plan sponsor THE ENHANCERS INC	c EIN-PN 39-1600339-001
a	Plan name THE MOWER SHOP, INC. 401(K) PLAN	
b	Name of plan sponsor THE MOWER SHOP INC	c EIN-PN 71-0719347-001
a	Plan name THOMPSON TOOL & DIE, INC. 401(K) PLAN	
b	Name of plan sponsor THOMPSON TOOL & DIE INC	c EIN-PN 41-1636977-001

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	THORNEL ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	THORNEL ASSOCIATES INC	c EIN-PN 36-3540418-001
a	Plan name	THOUSAND OAKS TOYOTA 401(K) PLAN	
b	Name of plan sponsor	B & B MOTORS DBA THOUSAND OAKS T	c EIN-PN 95-2473540-001
a	Plan name	THWING ALBERT INSTRUMENT CO 401(K) PLAN	
b	Name of plan sponsor	THWING ALBERT INSTRUMENT CO	c EIN-PN 23-1154970-001
a	Plan name	TITAN 401(K) PLAN	
b	Name of plan sponsor	TITAN METAL FABRICATORS INC	c EIN-PN 77-0485212-001
a	Plan name	TJ AEROSPACE, INC. 401(K) PLAN	
b	Name of plan sponsor	TJ AEROSPACE INC	c EIN-PN 20-8505084-001
a	Plan name	TRACE METAL INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	TRACE METAL INDUSTRIES INC	c EIN-PN 75-2305031-001
a	Plan name	TYNAN'S 401(K) PLAN	
b	Name of plan sponsor	TYNANS VOLKSWAGEN INC	c EIN-PN 84-0522675-001
a	Plan name	ULTIMATE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	ULTIMATE MACHINING & ENGINEERING	c EIN-PN 36-3954180-001
a	Plan name	UNIVERSITY LITHOPRINTERS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY LITHOPRINTERS INC	c EIN-PN 38-2052650-001
a	Plan name	VALENCIA ACURA 401(K) PLAN	
b	Name of plan sponsor	TONKIN AND FLEMING ENTERPRISES I	c EIN-PN 77-0451548-001
a	Plan name	VALLEY CRAFT INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	VALLEY CRAFT INDUSTRIES INC	c EIN-PN 45-5266000-001
a	Plan name	VALLEY SALES CORPORATION DBA SPECTRA PRINT 401(K) PLAN	
b	Name of plan sponsor	VALLEY SALES CORPORATION	c EIN-PN 39-0983258-001

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	VBM ACQUISITION 401(K) PLAN	
b	Name of plan sponsor	VBM ACQUISITION LLC	c EIN-PN 26-1466826-001
a	Plan name	VECTOR TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	VECTOR TECHNOLOGIES INC	c EIN-PN 46-3245445-001
a	Plan name	VIP RUBBER COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	VIP RUBBER COMPANY INC	c EIN-PN 95-2656481-001
a	Plan name	VISUAL OPTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	VISUAL OPTIONS INC	c EIN-PN 20-2755153-001
a	Plan name	WARREN CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor	WARREN CONTROLS INC	c EIN-PN 54-2079753-001
a	Plan name	WASHINGTON COUNTY TRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	WASHINGTON COUNTY TRACTOR INC	c EIN-PN 74-2505736-001
a	Plan name	W.D. MATTHEWS MACHINERY CO. 401(K) PLAN	
b	Name of plan sponsor	WD MATTHEWS MACHINERY CO	c EIN-PN 01-0232180-001
a	Plan name	WEBER SPECIALTIES COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEBER SPECIALTIES COMPANY	c EIN-PN 38-1465129-001
a	Plan name	WHITE MOUNTAIN COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	WHITE MOUNTAIN COUNTRY CLUB	c EIN-PN 86-0120524-001
a	Plan name	WIDE WEST GROUP 401(K) PLAN	
b	Name of plan sponsor	WIDE WEST GROUP DBA PREFERRED MA	c EIN-PN 85-3396065-001
a	Plan name	WILSON CAR SALES 401(K) PLAN	
b	Name of plan sponsor	WILSON CHEVROLET INC	c EIN-PN 57-0870429-001
a	Plan name	ZUND AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	ZUND AMERICA INC	c EIN-PN 51-0506512-001

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 INTERNATIONAL LARGE ACCOUNT NF	B Three-digit plan number (PN) ▶ 118
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.

Assets	(a) Beginning of Year	(b) End of Year
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)	2851561
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3212892
(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	3212892	2851561
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	3212892	2851561

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)	749134	
(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)		749134
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)	74046	
(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)		
(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)	-353551	
(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)		178653
c Other income	2c		146905
d Total income. Add all income amounts in column (b) and enter total	2d		795187

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1137574	
(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)		1137574
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)	18944	
(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)		18944
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1156518

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-361331
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 _____.