

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

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

a single-employer plan  a DFE (specify) P

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information**—enter all requested information

<p><b>1a</b> Name of plan <u>SMALL-MID CAP INDEX ACCOUNT Q</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>017</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SENTRY LIFE INSURANCE COMPANY</u></p> <p><u>1800 NORTH POINT DRIVE</u> <u>STEVENS POINT, WI 54481</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>39-6040276</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>715-346-6000</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/29/2025	JOHN HYLAND
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>SMALL-MID CAP INDEX ACCOUNT Q</u>	<b>B</b> Three-digit plan number (PN)	<u>017</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-6040276</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ACC PRECISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACC PRECISION INC	<b>c</b> EIN-PN 47-0924701-001
<b>a</b>	Plan name	ACCURATE TECHNOLOGY MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE TECHNOLOGY MFG INC	<b>c</b> EIN-PN 26-3954413-001
<b>a</b>	Plan name	A & C FARM SERVICE, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A & C FARM SERVICE INC	<b>c</b> EIN-PN 41-1299862-001
<b>a</b>	Plan name	ADDISON ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADDISON ELECTRIC INC	<b>c</b> EIN-PN 36-3846350-001
<b>a</b>	Plan name	ADDISON FABRICATORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADDISON FABRICATORS INC	<b>c</b> EIN-PN 63-0796407-001
<b>a</b>	Plan name	ADVANTAGE FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE FORD INC	<b>c</b> EIN-PN 91-1792637-001
<b>a</b>	Plan name	AEROSPACE TESTING LABORATORY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE TESTING LAB INC	<b>c</b> EIN-PN 06-0947808-001
<b>a</b>	Plan name	AFLEX EXTRUSION TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFLEX EXTRUSION TECHNOLOGIES INC	<b>c</b> EIN-PN 22-3791102-001
<b>a</b>	Plan name	AGI-VR/WESSON INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGI VR WESSON INC	<b>c</b> EIN-PN 65-1003659-001
<b>a</b>	Plan name	ALLEE REES COMPANY, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLEE REES COMPANY INC	<b>c</b> EIN-PN 95-3428542-001
<b>a</b>	Plan name	ALLOYWELD INSPECTION CO., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLOYWELD INSPECTION CO INC	<b>c</b> EIN-PN 36-3122971-001
<b>a</b>	Plan name	ALLWAYS PRECISION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLWAYS PRECISION LLC	<b>c</b> EIN-PN 87-3686274-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ALTA DESIGN AND MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTA DESIGN AND MANUFACTURING IN	<b>c</b> EIN-PN 04-3792230-001
<b>a</b>	Plan name	AMBER ENGINEERING & MFG. CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMBER ENGINEERING & MFG CO	<b>c</b> EIN-PN 36-2515083-001
<b>a</b>	Plan name	AMI PRECISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDYS MACHINE INC	<b>c</b> EIN-PN 04-3271130-001
<b>a</b>	Plan name	AMPTECH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMPTECH INC	<b>c</b> EIN-PN 38-2934861-001
<b>a</b>	Plan name	ART'S LAWN MOWER SHOP, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ART'S LAWN MOWER SHOP INC	<b>c</b> EIN-PN 43-1097595-001
<b>a</b>	Plan name	ASSEMBLY TECH INT'L DBA AMERICAN BEAUTY TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSEMBLY TECHNOLOGIES INTERNATIO	<b>c</b> EIN-PN 38-3220853-001
<b>a</b>	Plan name	ATHENS TRACTOR & EQUIPMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATHENS TRACTOR & EQUIPMENT LLC	<b>c</b> EIN-PN 35-2187447-001
<b>a</b>	Plan name	AUTOMOTIVE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOMOTIVE COMPANY INC	<b>c</b> EIN-PN 46-0369082-001
<b>a</b>	Plan name	AUTOMOTIVE ENGINE REBUILDERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOMOTIVE ENGINE REBUILDERS ASS	<b>c</b> EIN-PN 36-2658928-001
<b>a</b>	Plan name	AVON GEAR & ENGINEERING CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVON GEAR & ENGINEERING CO	<b>c</b> EIN-PN 36-2366024-001
<b>a</b>	Plan name	AWFD SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA WESTERN FIXTURE AND DISP	<b>c</b> EIN-PN 86-0669680-001
<b>a</b>	Plan name	BATCHING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BATCHING SYSTEMS INC	<b>c</b> EIN-PN 52-1634587-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BAY DIGITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAY DIGITAL INC	<b>c</b> EIN-PN 94-3352239-001
<b>a</b>	Plan name BAY STATE BUSINESS PRODUCTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAY STATE BUSINESS PRODUCTS INC	<b>c</b> EIN-PN 04-2495921-001
<b>a</b>	Plan name B & B MACHINING, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor B & B MACHINING INC	<b>c</b> EIN-PN 36-3639561-001
<b>a</b>	Plan name B & B TOOL CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & B TOOL CO INC	<b>c</b> EIN-PN 06-0791234-001
<b>a</b>	Plan name BEARING SERVICE COMPANY, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEARING SERVICE COMPANY INC	<b>c</b> EIN-PN 93-0728394-001
<b>a</b>	Plan name BERNARDINO'S BAKERY, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor BERNARDINOS BAKERY INC	<b>c</b> EIN-PN 04-2774661-001
<b>a</b>	Plan name BEST LAWNS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEST LAWNS INC	<b>c</b> EIN-PN 36-3576840-001
<b>a</b>	Plan name BLACK HILLS POWERSPORTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BLACK HILLS POWERSPORTS INC	<b>c</b> EIN-PN 46-0450579-001
<b>a</b>	Plan name BLOCK DIVISION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLOCK DIVISION INC	<b>c</b> EIN-PN 75-1426948-001
<b>a</b>	Plan name BORKGREN FARMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BORKGREN FARMS LLC	<b>c</b> EIN-PN 36-4419022-001
<b>a</b>	Plan name BRODIE, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRODIE INC	<b>c</b> EIN-PN 04-2188432-001
<b>a</b>	Plan name BURLINGTON INSTALLATION CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BURLINGTON INSTALLATION CORPORAT	<b>c</b> EIN-PN 42-1394840-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name BURTON INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BURTON INDUSTRIES INC	<b>c</b> EIN-PN 34-1394835-001
<b>a</b>	Plan name CAMAS INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMAS INCORPORATED	<b>c</b> EIN-PN 41-1582230-001
<b>a</b>	Plan name CAMPBELL WHOLESALE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL WHOLESALE CO INC	<b>c</b> EIN-PN 73-0981205-001
<b>a</b>	Plan name CAPITAL CITY EQUIPMENT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAPITAL CITY EQUIPMENT CO	<b>c</b> EIN-PN 42-1061858-001
<b>a</b>	Plan name CAR-LIFE ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAR LIFE ENTERPRISES INC	<b>c</b> EIN-PN 52-1792740-001
<b>a</b>	Plan name CAROLINA SUPPLYHOUSE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAROLINA SUPPLYHOUSE INC	<b>c</b> EIN-PN 57-0781670-001
<b>a</b>	Plan name CASCADE ENGINE CENTER LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CASCADE ENGINE CENTER LLC	<b>c</b> EIN-PN 91-1674236-001
<b>a</b>	Plan name CENTRAL VALLEY TRAILER REPAIR INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL VALLEY TRAILER REPAIR IN	<b>c</b> EIN-PN 77-0093966-001
<b>a</b>	Plan name CENTURY MOTORS OF COLUMBUS, INC. 401(K) PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor CENTURY MOTORS OF COLUMBUS INC	<b>c</b> EIN-PN 31-1160573-001
<b>a</b>	Plan name CHAMPION CHISEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAMPION CHISEL WORKS INC	<b>c</b> EIN-PN 36-4137769-001
<b>a</b>	Plan name CHEMPLAST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEMPLAST INC	<b>c</b> EIN-PN 76-0647880-001
<b>a</b>	Plan name CLEARWATER ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEARWATER ENGINEERING	<b>c</b> EIN-PN 74-2845584-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COLUMBIA/CRAFT METAL SPINNING CO EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COLUMBIA METAL SPINNING COMPANY	<b>c</b> EIN-PN 36-3085331-001
<b>a</b>	Plan name COMMERCIAL FABRICATORS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL FABRICATORS INC	<b>c</b> EIN-PN 36-2655685-001
<b>a</b>	Plan name COMMUNITY MOTORS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY MOTORS LLC	<b>c</b> EIN-PN 72-0681427-001
<b>a</b>	Plan name CONWAY MANUFACTURING GROUP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONWAY MANUFACTURING GROUP INC	<b>c</b> EIN-PN 71-0789708-001
<b>a</b>	Plan name CONWAY PRECISION PRODUCTS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONWAY PRECISION PRODUCTS INC	<b>c</b> EIN-PN 71-0853682-001
<b>a</b>	Plan name COOK AND COOK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COOK AND COOK INCORPORATED	<b>c</b> EIN-PN 33-0108785-001
<b>a</b>	Plan name COST PLUS ELECTRIC SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COST PLUS ELECTRIC SUPPLY INC	<b>c</b> EIN-PN 84-1416536-001
<b>a</b>	Plan name COYLE STRAPPING & SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COYLE STRAPPING & SUPPLY INC	<b>c</b> EIN-PN 22-2577563-001
<b>a</b>	Plan name DAKOTA ULTRASONICS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAKOTA ULTRASONICS CORPORATION	<b>c</b> EIN-PN 77-0489958-001
<b>a</b>	Plan name D & B CONSTRUCTION EQUIPMENT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor D & B CONSTRUCTION EQUIPMENT INC	<b>c</b> EIN-PN 39-1645114-001
<b>a</b>	Plan name DFW PLASTICS, INC./ DFW ROTEC, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DFW PLASTICS INC/DFW ROTEC INC	<b>c</b> EIN-PN 75-1591651-001
<b>a</b>	Plan name DICKEY-BUB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DICKEY BUB INC	<b>c</b> EIN-PN 43-1014237-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DIEMASTER MACHINE & TOOL, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DIEMASTER MACHINE & TOOL LLC	<b>c</b> EIN-PN 62-1726125-001
<b>a</b>	Plan name	DIXIE GRINDERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIXIE GRINDERS INC	<b>c</b> EIN-PN 63-0878872-001
<b>a</b>	Plan name	DMS INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DMS INDUSTRIES INC	<b>c</b> EIN-PN 36-3865175-001
<b>a</b>	Plan name	DODGE OF ANTIOCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DODGE OF ANTIOCH INC	<b>c</b> EIN-PN 01-0573162-001
<b>a</b>	Plan name	DRAEVING MACHINE & TOOL, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	DRAEVING MACHINE & TOOL INC	<b>c</b> EIN-PN 39-1230544-001
<b>a</b>	Plan name	DYNAMIC FLUID COMPONENTS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC FLUID COMPONENTS INC	<b>c</b> EIN-PN 58-2329868-001
<b>a</b>	Plan name	DYNAMIC METAL TREATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC METAL TREATING INC	<b>c</b> EIN-PN 38-2533822-001
<b>a</b>	Plan name	E.A.S. MANUFACTURING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAS MANUFACTURING COMPANY INC	<b>c</b> EIN-PN 77-0444809-001
<b>a</b>	Plan name	E.C. MACHINING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EC MACHINING INC	<b>c</b> EIN-PN 36-3520939-001
<b>a</b>	Plan name	EDON CONTROLS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDON CONTROLS INC	<b>c</b> EIN-PN 38-3465045-001
<b>a</b>	Plan name	ELDRIDGE SUPPLY COMPANY INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELDRIDGE SUPPLY COMPANY INC	<b>c</b> EIN-PN 84-2345245-001
<b>a</b>	Plan name	ELECTRICO, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELECTRICO INC	<b>c</b> EIN-PN 75-2403801-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name EMPLOYEE RETIREMENT PLAN OF HPI MANUFACTURING, INC.	
<b>b</b>	Name of plan sponsor HPI MANUFACTURING INC	<b>c</b> EIN-PN 61-1763654-001
<b>a</b>	Plan name ENGINEERING MANUFACTURING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGINEERING MANUFACTURING SERVIC	<b>c</b> EIN-PN 56-1613298-001
<b>a</b>	Plan name EVANSVILLE TOOL & DIE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVANSVILLE TOOL & DIE INC	<b>c</b> EIN-PN 35-1045170-001
<b>a</b>	Plan name FABRICATING MACHINE TECHNOLOGY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FABRICATING MACHINE TECHNOLOGY	<b>c</b> EIN-PN 27-0857780-001
<b>a</b>	Plan name FACTORY PAINT STORES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FACTORY PAINT STORES INC	<b>c</b> EIN-PN 04-2922234-001
<b>a</b>	Plan name F.H. PETERSON MACHINE CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor F H PETERSON MACHINE CORP	<b>c</b> EIN-PN 04-2243284-001
<b>a</b>	Plan name FISHACAR, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FISHACAR LTD	<b>c</b> EIN-PN 36-4349082-001
<b>a</b>	Plan name FLAVOR DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLAVOR DYNAMICS INC	<b>c</b> EIN-PN 22-2969046-001
<b>a</b>	Plan name FLORIDA ALIGNBORING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLORIDA ALIGNBORING INC	<b>c</b> EIN-PN 59-3476439-001
<b>a</b>	Plan name FRETZ ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRETZ ENTERPRISES INC	<b>c</b> EIN-PN 23-2312445-001
<b>a</b>	Plan name GATEWAY DIESEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GATEWAY DIESEL INC	<b>c</b> EIN-PN 25-1353252-001
<b>a</b>	Plan name GERHARD DESIGNING & MANUFACTURING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GERHARD DESIGNING & MANUFACTURIN	<b>c</b> EIN-PN 36-2940166-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">GERI LYNN, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GERI LYNN LLC DBA GERI LYNN NISS</a>	<b>c</b> EIN-PN <a href="#">72-1038068-001</a>
<b>a</b>	Plan name <a href="#">GHA TECHNOLOGIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GHA TECHNOLOGIES</a>	<b>c</b> EIN-PN <a href="#">86-0971967-001</a>
<b>a</b>	Plan name <a href="#">GLENBROOK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLENBROOK TECHNOLOGIES INC</a>	<b>c</b> EIN-PN <a href="#">22-2471508-001</a>
<b>a</b>	Plan name <a href="#">GLENDALE NISSAN, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLENDALE NISSAN INC</a>	<b>c</b> EIN-PN <a href="#">36-3718713-001</a>
<b>a</b>	Plan name <a href="#">GREG LEBLANC HOLDINGS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREG LEBLANC HOLDINGS LLC</a>	<b>c</b> EIN-PN <a href="#">81-3354895-001</a>
<b>a</b>	Plan name <a href="#">GUPTON MOTORS INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GUPTON MOTORS INC</a>	<b>c</b> EIN-PN <a href="#">62-1212826-001</a>
<b>a</b>	Plan name <a href="#">HAGBROS PRECISION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAGBROS PRECISION LLC</a>	<b>c</b> EIN-PN <a href="#">45-3533300-001</a>
<b>a</b>	Plan name <a href="#">HAZLEHURST AUTOMOTIVE PARTS CO, INC. SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAZLEHURST AUTOMOTIVE PARTS CO I</a>	<b>c</b> EIN-PN <a href="#">58-6014731-001</a>
<b>a</b>	Plan name <a href="#">HEBERLE FORD, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEBERLE FORD INC</a>	<b>c</b> EIN-PN <a href="#">81-0283581-001</a>
<b>a</b>	Plan name <a href="#">HELM TOOL COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HELM TOOL COMPANY INC</a>	<b>c</b> EIN-PN <a href="#">36-2932915-001</a>
<b>a</b>	Plan name <a href="#">HENWIL CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HENWIL CORPORATION</a>	<b>c</b> EIN-PN <a href="#">25-1898531-001</a>
<b>a</b>	Plan name <a href="#">HERKO INTERNATIONAL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HERKO INTERNATIONAL INC</a>	<b>c</b> EIN-PN <a href="#">65-0047253-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">H. GALOW 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">H GALOW COMPANY INC</a>	<b>c</b> EIN-PN <a href="#">22-2384511-001</a>
<b>a</b>	Plan name <a href="#">HIGH TECH SOLUTIONS LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIGH TECH SOLUTIONS LLC</a>	<b>c</b> EIN-PN <a href="#">27-1106189-001</a>
<b>a</b>	Plan name <a href="#">HIWIN CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIWIN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">36-3843536-001</a>
<b>a</b>	Plan name <a href="#">HMC INSTRUMENT &amp; MACHINE WORKS, LTD. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HMC INSTRUMENT &amp; MACHINE WORKS L</a>	<b>c</b> EIN-PN <a href="#">76-0488403-001</a>
<b>a</b>	Plan name <a href="#">HOLTGRAVE DISTRIBUTING, INC. EMPLOYEES SAVINGS TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOLTGRAVE DISTRIBUTING INC</a>	<b>c</b> EIN-PN <a href="#">37-1266820-001</a>
<b>a</b>	Plan name <a href="#">HYDRAULIC SALES &amp; SERVICE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HYDRAULIC SALES &amp; SERVICE INC</a>	<b>c</b> EIN-PN <a href="#">59-1692614-001</a>
<b>a</b>	Plan name <a href="#">INNOVATIVE MFG SERVICES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INNOVATIVE MANUFACTURING SERVICE</a>	<b>c</b> EIN-PN <a href="#">61-1330288-001</a>
<b>a</b>	Plan name <a href="#">IN-PHASE TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IN PHASE TECHNOLOGIES INC</a>	<b>c</b> EIN-PN <a href="#">22-3373452-001</a>
<b>a</b>	Plan name <a href="#">INSIGHT COMMUNICATION, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INSIGHT COMMUNICATION LLC</a>	<b>c</b> EIN-PN <a href="#">26-1527253-001</a>
<b>a</b>	Plan name <a href="#">J5 TRACTORS, INC. SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J5 TRACTORS INC</a>	<b>c</b> EIN-PN <a href="#">74-2937125-001</a>
<b>a</b>	Plan name <a href="#">JC CONTROLS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JC CONTROLS INC</a>	<b>c</b> EIN-PN <a href="#">39-1677937-001</a>
<b>a</b>	Plan name <a href="#">JED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JED INDUSTRIES INC</a>	<b>c</b> EIN-PN <a href="#">34-1811433-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JESCO IRON CRAFT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JESCO IRON CRAFT INC	<b>c</b> EIN-PN 22-1642767-001
<b>a</b>	Plan name	J. J. STEEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J J STEEL INC	<b>c</b> EIN-PN 38-2952091-001
<b>a</b>	Plan name	JL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JL LLC	<b>c</b> EIN-PN 87-0887053-001
<b>a</b>	Plan name	JOE HEIDT MOTORS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOE HEIDT MOTORS CORP	<b>c</b> EIN-PN 22-2665319-001
<b>a</b>	Plan name	JOHNSON LITHO GRAPHICS OF EAU CLAIRE, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON LITHO GRAPHICS OF EAU CL	<b>c</b> EIN-PN 39-1311394-001
<b>a</b>	Plan name	JONATHANS COMPUTER CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JONATHANS COMPUTER CENTERS INC	<b>c</b> EIN-PN 22-2311913-001
<b>a</b>	Plan name	JP GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JP GRAPHICS INC	<b>c</b> EIN-PN 77-0537289-001
<b>a</b>	Plan name	JTF BUSINESS SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JTF BUSINESS SYSTEMS INC	<b>c</b> EIN-PN 54-1764634-001
<b>a</b>	Plan name	JUPITER CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUPITER CHEVROLET LP	<b>c</b> EIN-PN 75-2485086-001
<b>a</b>	Plan name	JURA INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JURA INC	<b>c</b> EIN-PN 22-3298554-001
<b>a</b>	Plan name	KAAS INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAAS INDUSTRIES INC	<b>c</b> EIN-PN 36-4096327-001
<b>a</b>	Plan name	KALCO MACHINE & MANUFACTURING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KALCO MACHINE & MANUFACTURING CO	<b>c</b> EIN-PN 75-2773725-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KIA ATLANTA SOUTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIA ATLANTA SOUTH	<b>c</b> EIN-PN 20-0768094-001
<b>a</b>	Plan name	KORTICK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KORTICK MANUFACTURING LLC	<b>c</b> EIN-PN 84-5050477-001
<b>a</b>	Plan name	KROESEN TOOL COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KROESEN TOOL COMPANY INC	<b>c</b> EIN-PN 23-2279311-001
<b>a</b>	Plan name	KRSTIC ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRSTIC ENTERPRISES INC	<b>c</b> EIN-PN 36-3928139-001
<b>a</b>	Plan name	KRUSEMAN IMPLEMENT, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRUSEMAN IMPLEMENT INC	<b>c</b> EIN-PN 42-0942364-001
<b>a</b>	Plan name	KUSTOM MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUSTOM MACHINE INC	<b>c</b> EIN-PN 45-0389756-001
<b>a</b>	Plan name	LASER CONCEPTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LASER CONCEPTS INC	<b>c</b> EIN-PN 90-0204779-001
<b>a</b>	Plan name	LEN'S ACE HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LENS ACE HARDWARE INC	<b>c</b> EIN-PN 36-2666890-001
<b>a</b>	Plan name	LEXUS OF WESTMINSTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R R L CORPORATION	<b>c</b> EIN-PN 33-0344181-001
<b>a</b>	Plan name	LIBERTY COACH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY COACH INC	<b>c</b> EIN-PN 36-2786476-001
<b>a</b>	Plan name	LIFTMOORE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIFTMOORE INC	<b>c</b> EIN-PN 74-1960229-001
<b>a</b>	Plan name	LINDALE MACHINE & TOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINDALE MACHINE & TOOL INC	<b>c</b> EIN-PN 58-2000646-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LUCIANO PACKAGING TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUCIANO PACKAGING TECHNOLOGIES I	<b>c</b> EIN-PN 22-3082368-001
<b>a</b>	Plan name MARK'S TRACTOR & IMPLEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARKS TRACTOR & IMPLEMENT INC	<b>c</b> EIN-PN 39-1871347-001
<b>a</b>	Plan name MARTIN PRINTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARTIN PRINTING INC	<b>c</b> EIN-PN 74-1865882-001
<b>a</b>	Plan name MATT CASTRUCCI, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATT CASTRUCCI INC	<b>c</b> EIN-PN 31-0871089-001
<b>a</b>	Plan name MAYDWELL & HARTZELL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAYDWELL & HARTZELL LLC	<b>c</b> EIN-PN 26-2841569-001
<b>a</b>	Plan name MCALLEN METAL STAMPING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCALLEN METAL STAMPING	<b>c</b> EIN-PN 74-2629157-001
<b>a</b>	Plan name METAL DETAIL, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor METAL DETAIL INC	<b>c</b> EIN-PN 75-1178336-001
<b>a</b>	Plan name METRO OPTICS OF AUSTIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor METRO OPTICS OF AUSTIN INC	<b>c</b> EIN-PN 74-2552109-001
<b>a</b>	Plan name MID SOUTH INDUSTRIAL AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID SOUTH INDUSTRIAL AUTOMATION	<b>c</b> EIN-PN 74-3098565-001
<b>a</b>	Plan name MIDWAY MACHINE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MIDWAY MACHINE INC	<b>c</b> EIN-PN 63-0898775-001
<b>a</b>	Plan name MISSISSIPPI VALLEY EQUIPMENT CO AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MISSISSIPPI VALLEY EQUIPMENT COM	<b>c</b> EIN-PN 43-0724604-001
<b>a</b>	Plan name MISTER LABEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MISTER LABEL INC	<b>c</b> EIN-PN 27-3425650-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name MOON CUTTER CO., INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOON CUTTER CO INC	<b>c</b> EIN-PN 06-0846655-001
<b>a</b>	Plan name MOUNTAIN CITY AUTO PARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN CITY AUTO PARTS II INC	<b>c</b> EIN-PN 20-3995892-001
<b>a</b>	Plan name MOYE HANDLING SYSTEMS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor OVERHEAD HOIST & CRANE INC	<b>c</b> EIN-PN 22-3136568-001
<b>a</b>	Plan name M&R POWER EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor M&R POWER EQUIPMENT GROUP HERMIT	<b>c</b> EIN-PN 26-0036155-001
<b>a</b>	Plan name NEO SOLUTIONS, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor NEO SOLUTIONS INC	<b>c</b> EIN-PN 23-2046149-001
<b>a</b>	Plan name NISSAN OF SOUTH HOLLAND 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAN DAM MOTORS INC	<b>c</b> EIN-PN 20-2661429-001
<b>a</b>	Plan name NORTHWEST MACHINE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST MACHINE INC	<b>c</b> EIN-PN 74-1859208-001
<b>a</b>	Plan name NUMERIC MACHINING, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor NUMERIC MACHINING INC	<b>c</b> EIN-PN 04-2801588-001
<b>a</b>	Plan name OFFSHORE MOLDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OFFSHORE MOLDS INC	<b>c</b> EIN-PN 84-1605402-001
<b>a</b>	Plan name OROCHEM TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OROCHEM TECHNOLOGIES INC	<b>c</b> EIN-PN 36-4114983-001
<b>a</b>	Plan name PACKEY WEBB FORD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACKEY WEBB FORD	<b>c</b> EIN-PN 36-2804554-001
<b>a</b>	Plan name PALM SPRINGS NISSAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor SLEVIN AUTOMOTIVE GROUP LLC	<b>c</b> EIN-PN 27-0559410-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PARKWAY METAL PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARKWAY METAL PRODUCTS INC	<b>c</b> EIN-PN 36-2601860-001
<b>a</b>	Plan name	PELICAN WORLDWIDE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PELICAN WORLDWIDE INC	<b>c</b> EIN-PN 76-0613885-001
<b>a</b>	Plan name	PERMIAN TRACTOR SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERMIAN TRACTOR SALES INC	<b>c</b> EIN-PN 75-1506514-001
<b>a</b>	Plan name	PICTURE MASTER/VAN GOGH/COLOR PORTRAITS, INC. 401(K)PLAN	
<b>b</b>	Name of plan sponsor	PICTURE MASTER COLOR LAB INC VAN	<b>c</b> EIN-PN 36-2393414-001
<b>a</b>	Plan name	PLASTEK WERKS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PLASTEK WERKS INC	<b>c</b> EIN-PN 58-2005631-001
<b>a</b>	Plan name	P & L SCREW PRODUCTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P & L SCREW PRODUCTS INC	<b>c</b> EIN-PN 36-6104229-001
<b>a</b>	Plan name	POLYCONN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POLYCONN A DIVISION OF WM P NUGE	<b>c</b> EIN-PN 41-1709388-001
<b>a</b>	Plan name	POSI-PACK CORPORATION SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POSI PACK CORPORATION	<b>c</b> EIN-PN 41-1353138-001
<b>a</b>	Plan name	POWERCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWERCO INC	<b>c</b> EIN-PN 23-2794596-001
<b>a</b>	Plan name	POWERSCREEN TEXAS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POWERSCREEN TEXAS INC	<b>c</b> EIN-PN 74-2601559-001
<b>a</b>	Plan name	PRECISE FOOD INGREDIENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISE FOOD INGREDIENTS INC	<b>c</b> EIN-PN 75-2699528-001
<b>a</b>	Plan name	PRECISION LASER PROCESSING INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION LASER PROCESSING INC	<b>c</b> EIN-PN 87-0530994-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PRECISION MACHINE SERVICE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PRECISION MACHINE SERVICE INC	<b>c</b> EIN-PN 59-1429824-001
<b>a</b>	Plan name	PROCESS AND CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROCESS AND CONTROL SYSTEMS INC	<b>c</b> EIN-PN 36-4152495-001
<b>a</b>	Plan name	PRODUCTION ASSEMBLY SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRODUCTION ASSEMBLY SYSTEMS INC	<b>c</b> EIN-PN 33-0523898-001
<b>a</b>	Plan name	PTL EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAVAGE WRIGHT GROUP INC DBA PTL	<b>c</b> EIN-PN 88-0589049-001
<b>a</b>	Plan name	Q3-CNC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Q3-CNC INC	<b>c</b> EIN-PN 33-0970256-001
<b>a</b>	Plan name	QUESTECH UNLIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUESTECH UNLIMITED INC	<b>c</b> EIN-PN 91-2170425-001
<b>a</b>	Plan name	RAMCO LAUNDRY MACHINERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAMCO LAUNDRY MACHINERY	<b>c</b> EIN-PN 75-2343421-001
<b>a</b>	Plan name	RAM MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAMSEY AIR MANAGEMENT INC	<b>c</b> EIN-PN 52-2364688-001
<b>a</b>	Plan name	RANDALL DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERRE LP	<b>c</b> EIN-PN 75-2793196-001
<b>a</b>	Plan name	RASCOE & MAHS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RASCOE & MAHS INC	<b>c</b> EIN-PN 58-2000686-001
<b>a</b>	Plan name	RAS PROCESS EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAS PROCESS EQUIPMENT	<b>c</b> EIN-PN 22-3723860-001
<b>a</b>	Plan name	REBCO MACHINE SPECIALTIES, INC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REBCO MACHINE SPECIALTIES INC	<b>c</b> EIN-PN 36-2995599-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	REGITAR U.S.A., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REGITAR USA INC	<b>c</b> EIN-PN 63-0958819-001
<b>a</b>	Plan name	RIDE AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIDE AUTO GROUP LLC	<b>c</b> EIN-PN 20-5664635-001
<b>a</b>	Plan name	ROBERT C. WEISHEIT CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT C WEISHEIT CO INC	<b>c</b> EIN-PN 36-3556931-001
<b>a</b>	Plan name	ROBERT D. YOUNG CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT D YOUNG CONSTRUCTION INC	<b>c</b> EIN-PN 35-1580136-001
<b>a</b>	Plan name	ROBERT HUTSON FORD LINCOLN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT HUTSON FORD LINCOLN INC	<b>c</b> EIN-PN 58-1955337-001
<b>a</b>	Plan name	ROLL MACHINING TECHNOLOGIES & SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROLL MACHINING TECHNOLOGIES & SO	<b>c</b> EIN-PN 36-4416577-001
<b>a</b>	Plan name	ROMAR MACHINE & TOOL CO. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROMAR MACHINE & TOOL CO	<b>c</b> EIN-PN 22-2107779-001
<b>a</b>	Plan name	ROSEDALE PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSEDALE PRODUCTS INC	<b>c</b> EIN-PN 38-1993765-001
<b>a</b>	Plan name	ROWAN CORNIL, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROWAN CORNIL INC	<b>c</b> EIN-PN 75-2194496-001
<b>a</b>	Plan name	RUSSARD, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUSSARD INC	<b>c</b> EIN-PN 04-2226233-001
<b>a</b>	Plan name	SAF-T-FLO WATER SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAF-T-FLO WATER SERVICES INC	<b>c</b> EIN-PN 20-0863292-001
<b>a</b>	Plan name	SENTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	SENTRY INSURANCE COMPANY	<b>c</b> EIN-PN 39-0333950-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SENTRY SERVICES, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENTRY SERVICES LLC	<b>c</b> EIN-PN 39-1269745-001
<b>a</b>	Plan name	SHEP CHEVROLET, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEP CHEVROLET INC	<b>c</b> EIN-PN 48-0799099-001
<b>a</b>	Plan name	SHORELINE METALS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHORELINE METALS LLC	<b>c</b> EIN-PN 87-2875622-001
<b>a</b>	Plan name	SILVER CREEK MACHINE, LTD SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVER CREEK MACHINE LTD	<b>c</b> EIN-PN 20-3070668-001
<b>a</b>	Plan name	SINCLAIR MINERAL & CHEMICAL CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SINCLAIR MINERAL & CHEMICAL CO	<b>c</b> EIN-PN 36-2270520-001
<b>a</b>	Plan name	SJM INDUSTRIAL RADIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SJM INDUSTRIAL RADIO	<b>c</b> EIN-PN 95-4521069-001
<b>a</b>	Plan name	SLIP SERVICE COMPANY SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLIP SERVICE COMPANY	<b>c</b> EIN-PN 75-2675174-001
<b>a</b>	Plan name	SMITHS MILL IMPLEMENT, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITHS MILL IMPLEMENT INC	<b>c</b> EIN-PN 41-0911260-001
<b>a</b>	Plan name	SMITH VALLEY GARAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH VALLEY GARAGE INC	<b>c</b> EIN-PN 88-0264992-001
<b>a</b>	Plan name	SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPARTAN PRINTING INC	<b>c</b> EIN-PN 75-1155218-001
<b>a</b>	Plan name	SP AUTO PARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SP AUTO PARTS INC AKA PAUL MACHE	<b>c</b> EIN-PN 52-1451204-001
<b>a</b>	Plan name	SPECTRUM PRINTING COMPANY, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECTRUM PRINTING COMPANY LLC	<b>c</b> EIN-PN 86-0730665-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SPELLMAN TRAILERS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SPELLMAN TRAILERS INC	<b>c</b> EIN-PN 39-1095514-001
<b>a</b>	Plan name	SQUARE ONE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SQUARE ONE INC	<b>c</b> EIN-PN 22-3519119-001
<b>a</b>	Plan name	STEVEN ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESIS HEALTH CLUBS MANAGEMENT	<b>c</b> EIN-PN 88-0413082-001
<b>a</b>	Plan name	STRUCTURAL MACHINERY SOLUTIONS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRUCTURAL MACHINERY SOLUTIONS I	<b>c</b> EIN-PN 38-2178502-001
<b>a</b>	Plan name	SUBURBAN GLASS & MIRROR CO., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUBURBAN GLASS & MIRROR CO INC	<b>c</b> EIN-PN 04-2840076-001
<b>a</b>	Plan name	SUMMIT TECHNOLOGY AFFILIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT TECHNOLOGY AFFILIATES LLC	<b>c</b> EIN-PN 81-1069246-001
<b>a</b>	Plan name	SURROZ MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SURROZ MOTORS INC	<b>c</b> EIN-PN 93-0608381-001
<b>a</b>	Plan name	SWARTZROCK IMPLEMENT CO., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWARTZROCK IMPLEMENT CO INC	<b>c</b> EIN-PN 42-0896719-001
<b>a</b>	Plan name	SYQWEST, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SYQWEST INC	<b>c</b> EIN-PN 84-1622217-001
<b>a</b>	Plan name	TAYLOR PRESS PRODUCTS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR PRESS PRODUCTS COMPANY	<b>c</b> EIN-PN 34-4449691-001
<b>a</b>	Plan name	TBF HOLDINGS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TBF HOLDINGS CORP	<b>c</b> EIN-PN 75-1174654-001
<b>a</b>	Plan name	TCR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURBINE COMPONENT REPAIR INC	<b>c</b> EIN-PN 76-0546788-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TECH INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECH INDUSTRIES INC	<b>c</b> EIN-PN 34-1630580-001
<b>a</b>	Plan name	TFE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TFE COMPANY INC	<b>c</b> EIN-PN 74-1554224-001
<b>a</b>	Plan name	THE KNABE TOOL WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KNABE TOOL WORKS INC	<b>c</b> EIN-PN 39-1036166-001
<b>a</b>	Plan name	THE SOUSA CORPORATION SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE SOUSA CORPORATION	<b>c</b> EIN-PN 06-0790216-001
<b>a</b>	Plan name	THOMASON TRACTOR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMASON TRACTOR COMPANY	<b>c</b> EIN-PN 94-1712147-001
<b>a</b>	Plan name	THOR SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOR SOLUTIONS INC	<b>c</b> EIN-PN 33-0642791-001
<b>a</b>	Plan name	THREE R PLASTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THREE R PLASTICS INC	<b>c</b> EIN-PN 36-3961515-001
<b>a</b>	Plan name	TRANSDUCERS DIRECT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSDUCERS DIRECT LLC	<b>c</b> EIN-PN 31-1669520-001
<b>a</b>	Plan name	TRIAD PACKAGING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRIAD PACKAGING INC	<b>c</b> EIN-PN 63-1077563-001
<b>a</b>	Plan name	TRIMQUICK COMPANY SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VINYL VISIONS LLC	<b>c</b> EIN-PN 33-0989650-001
<b>a</b>	Plan name	TRIONICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIONICS LLC	<b>c</b> EIN-PN 76-0348989-001
<b>a</b>	Plan name	TRI STATE PLASTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI STATE PLASTICS INC	<b>c</b> EIN-PN 61-1271151-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRI-TEX MANUFACTURING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI-TEX MANUFACTURING LLC	<b>c</b> EIN-PN 20-0095783-001
<b>a</b>	Plan name	TRU-TEX INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRU TEX INTERNATIONAL CORPORATIO	<b>c</b> EIN-PN 31-0725589-001
<b>a</b>	Plan name	T&S PRECISION MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T&S PRECISION MANUFACTURING INC	<b>c</b> EIN-PN 64-0752950-001
<b>a</b>	Plan name	TWO RIVERS AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWO RIVERS AUTOMOTIVE INC	<b>c</b> EIN-PN 62-1188683-001
<b>a</b>	Plan name	ULTRA TECH EXTRUSIONS OF TENNESSEE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ULTRA TECH EXTRUSIONS OF TENNESS	<b>c</b> EIN-PN 62-1289417-001
<b>a</b>	Plan name	USM, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	USM INC	<b>c</b> EIN-PN 76-0455540-001
<b>a</b>	Plan name	VACHON AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VACHON CHEVROLET INC	<b>c</b> EIN-PN 82-5133288-001
<b>a</b>	Plan name	WALT'S LIVE OAK FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALTS LIVE OAK FORD	<b>c</b> EIN-PN 59-3208047-001
<b>a</b>	Plan name	WAVES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAVES INC	<b>c</b> EIN-PN 62-1465460-001
<b>a</b>	Plan name	WAYNE AUTOMOTIVE GROUP, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WAYNE AUTOMOTIVE GROUP LLC	<b>c</b> EIN-PN 27-5060686-001
<b>a</b>	Plan name	WEBB EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEBB CHEVROLET INC	<b>c</b> EIN-PN 36-4327474-001
<b>a</b>	Plan name	WEBTECH, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEBTECH INC	<b>c</b> EIN-PN 22-2392776-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WESTBORO MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTBORO TOYOTA INC	<b>c</b> EIN-PN 04-2505717-001
<b>a</b>	Plan name	WEST SIDE DENTAL CT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST SIDE DENTAL CT LLC	<b>c</b> EIN-PN 55-0834997-001
<b>a</b>	Plan name	WILL & FAULKNER AUTOMOTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILL & FAULKNER AUTOMOTIVE LLC	<b>c</b> EIN-PN 26-2437730-001
<b>a</b>	Plan name	WISCONSIN INSURANCE ALLIANCE EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN INSURANCE ALLIANCE	<b>c</b> EIN-PN 39-0714210-001
<b>a</b>	Plan name	WISCONSIN PAPER COUNCIL SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN PAPER COUNCIL	<b>c</b> EIN-PN 39-0823750-001
<b>a</b>	Plan name	WISSLER MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISSLER MOTORS INC	<b>c</b> EIN-PN 23-1944926-001
<b>a</b>	Plan name	WISS & WISS EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISS & WISS EQUIPMENT INC	<b>c</b> EIN-PN 43-1486626-001
<b>a</b>	Plan name	WOODFIELD NISSAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODFIELD NISSAN INC	<b>c</b> EIN-PN 36-3912294-001
<b>a</b>	Plan name	WOODY BPG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODY BPG INC	<b>c</b> EIN-PN 33-1138771-001
<b>a</b>	Plan name	WREN 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WREN ASSOCIATES LTD	<b>c</b> EIN-PN 43-1306642-001
<b>a</b>	Plan name	YOUNG FURNITURE MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNG FURNITURE MANUFACTURING IN	<b>c</b> EIN-PN 02-0365297-001
<b>a</b>	Plan name	Z & Z MACHINE PRODUCTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Z & Z MACHINE PRODUCTS INC	<b>c</b> EIN-PN 39-1352814-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SMALL-MID CAP INDEX ACCOUNT Q</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>017</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SENTRY LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-6040276</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	28711775
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	14445449
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	28711775	14445449
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	28711775	14445449

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3966364	
(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)		3966364
<b>b Earnings on investments:</b>			
(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)	253852	
(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)		253852
(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)	-145274	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2743719
<b>c</b> Other income .....	<b>2c</b>		1
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6818662

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	20983364	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		20983364
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	101624	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		101624
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		21084988

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-14266326
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.