

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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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

1a Name of plan <u>AMERITAS LIFE INSURANCE CORP SEPARATE ACCOUNT D</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERITAS LIFE INSURANCE CORP</u> <u>5900 O STREET</u> <u>LINCOLN, NE 68510</u>	2b Employer Identification Number (EIN) <u>47-0098400</u> 2c Plan Sponsor's telephone number <u>402-467-1122</u> 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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2025</u>	<u>KAREN NOBLE-PATRICK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>AMERITAS LIFE INSURANCE CORP SEPARATE ACCOUNT D</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERITAS LIFE INSURANCE CORP</u>	D Employer Identification Number (EIN) <u>47-0098400</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE BLUECHIP GROWTH TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>80-0470272-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>161684302</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2005 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>61-6434302-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>146884</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2010 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>32-6199795-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3433382</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2015 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6941654-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>401164</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2020 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11641851</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2025 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>37-6495447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11224551</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2030 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-7010946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45622876</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPRICE RETIREMENT 2035 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595013-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18655498
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a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPRICE RETIREMENT 2040 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41650654
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a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPRICE RETIREMENT 2045 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13869583
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a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPRICE RETIREMENT 2050 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33417404
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a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPRICE RETIREMENT 2055 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9601843
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a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPRICE RETIREMENT 2060 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 47-1088316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8549589
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a Name of MTIA, CCT, PSA, or 103-12 IE: TROWEPRICE RETIREMENT 2065 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 85-1763138-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2449418
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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	WELCO DIAMOND TOOL CORP PROFIT SHARING PLAN	
b	Name of plan sponsor	WELCO DIAMOND TOOL CORP	c EIN-PN 04-2580470-001
a	Plan name	INGLEWOOD 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INGLEWOOD DEVELOPMENT CORPORATIO	c EIN-PN 04-3344946-001
a	Plan name	RHEUMATOLOGY AND OSTEOPOROSIS SERVICES 401K PROFIT	
b	Name of plan sponsor	RHEUMATOLOGY AND OSTEOPOROSIS SERV	c EIN-PN 20-1212442-001
a	Plan name	WILLNERD AND ASSOCIATES LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLNERD AND ASSOCIATES LLC	c EIN-PN 20-1689606-001
a	Plan name	ADAMS ESQ. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ADAMS ESQ.	c EIN-PN 20-1700014-001
a	Plan name	LUCAS TRUCKING CORP 401K LUCAS TRUCKING CORP.	
b	Name of plan sponsor	LUCAS TRUCKING CORP.	c EIN-PN 23-1901752-001
a	Plan name	SYMMCO INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SYMMCO INC.	c EIN-PN 23-2886315-001
a	Plan name	PUNXSUTAWNEY AREA HOSPITAL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PUNXSUTAWNEY AREA HOSPITAL	c EIN-PN 25-0965210-001
a	Plan name	COLONIAL OLDSMOBILECADILLAC GMC TRUCK INC. 401K PS PLAN	
b	Name of plan sponsor	COLONIAL OLDSMOBILECADILLAC INC	c EIN-PN 25-0996565-001
a	Plan name	DUBOIS AREA CATHOLIC SCHOOLS 401K PLAN	
b	Name of plan sponsor	DUBOIS AREA CATHOLIC SCHOOLS	c EIN-PN 25-1101646-001
a	Plan name	SOULT WHOLESALE COMPANY SALARY SAVINGS PLAN	
b	Name of plan sponsor	SOULT WHOLESALE COMPANY	c EIN-PN 25-1119799-001
a	Plan name	HOUSING AUTH. OF INDIANA COUNTY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	HOUSING AUTH. OF INDIANA COUNTY	c EIN-PN 25-1184504-001

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	SMITH HAULING INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SMITH HAULING INC.	c EIN-PN 25-1185255-001
a	Plan name	ARMSTRONGINDIANA CLARION DRUG COMMISSION INC 401K	
b	Name of plan sponsor	ARMSTRONGINDIANA CLARION DRUG AND	c EIN-PN 25-1253020-001
a	Plan name	TREASURE LAKE PROPERTY OWNERS INC. ASSOCIATION 401K PLAN	
b	Name of plan sponsor	TREASURE LAKE PROPERTY OWNERS I	c EIN-PN 25-1261226-001
a	Plan name	RESCHINI AGENCY INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RESCHINI AGENCY INC.	c EIN-PN 25-1368370-001
a	Plan name	I AND A RESIDENTIAL SERVICE 401K PLAN	
b	Name of plan sponsor	IANDA RESIDENTIAL SERVICES INC	c EIN-PN 25-1375759-001
a	Plan name	CASAI 401K PLAN	
b	Name of plan sponsor	CITIZENS AMBULANCE SERVICE ADM	c EIN-PN 25-1419042-001
a	Plan name	ORIGINAL FUELS INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ORIGINAL FUELS INC.	c EIN-PN 25-1445173-001
a	Plan name	G AND C COAL ANALYSIS LAB INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	G AND C COAL ANALYSIS LAB INC.	c EIN-PN 25-1446956-001
a	Plan name	MCCOURT LABEL CABINET CO. 401K PLAN	
b	Name of plan sponsor	MCCOURT LABEL CABINET CO.	c EIN-PN 25-1590050-001
a	Plan name	MCCOURT LABEL UNION RETIREMENT PLAN	
b	Name of plan sponsor	MCCOURT LABEL CABINET CO.	c EIN-PN 25-1590050-001
a	Plan name	BURRELL PHARMACY 401K PLAN	
b	Name of plan sponsor	HEIGHTS PRESCRIPTION PHARMACY I	c EIN-PN 25-1625792-001
a	Plan name	HEIGHTS PHARMACY 401K PLAN	
b	Name of plan sponsor	HEIGHTS PRESCRIPTION PHARMACY I	c EIN-PN 25-1625792-001

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	VARISCHETTI 401K RETIREMENT PLAN
b	Name of plan sponsor	VARISCHETTI AND SONS INC.
c	EIN-PN	25-1659678-001
a	Plan name	18 KARAT INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	18 KARAT INC.
c	EIN-PN	25-1730868-001
a	Plan name	CHERRYHILL MANUFACTURING CORP 401K PLAN
b	Name of plan sponsor	CHERRYHILL MANUFACTURING CORP
c	EIN-PN	25-1840330-001
a	Plan name	MICHAEL P. GRESS DDS PC RETIREMENT PLAN
b	Name of plan sponsor	MICHAEL P. GRESS DDS
c	EIN-PN	25-1866584-001
a	Plan name	LABELPACK AUTOMATION INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	LABELPACK AUTOMATION INC
c	EIN-PN	25-1886321-001
a	Plan name	BRUSH VALLEY TOWNSHIP PENSION PLAN
b	Name of plan sponsor	BRUSH VALLEY TOWNSHIP
c	EIN-PN	25-6000648-001
a	Plan name	WHITE TOWNSHIP PENSION PLAN
b	Name of plan sponsor	WHITE TOWNSHIP
c	EIN-PN	25-6003515-001
a	Plan name	MUNICIPAL AUTHORITY BOROUGH OF DERRY PENSION PLAN
b	Name of plan sponsor	MUNICIPAL AUTHORITY BOROUGH OF D
c	EIN-PN	25-6004146-001
a	Plan name	THE GORDON LAW FIRM LLP 401K PLA
b	Name of plan sponsor	THE GORDON LAW FIRM LLP
c	EIN-PN	26-4300343-001
a	Plan name	BJM SALES AND SERVICE INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	BJM EQUIPMENT LP DBA BJM SALES
c	EIN-PN	27-2508985-001
a	Plan name	CAL PERRY CONSTRUCTION 401K PROFIT SHARING PLAN
b	Name of plan sponsor	CAL PERRY CONSTRUCTION
c	EIN-PN	30-0151673-001
a	Plan name	KEYSTONE DRILL SERVICES INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	KEYSTONE DRILL SERVICES INC.
c	EIN-PN	30-0876482-001

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 GRISWOLD REAL ESTATE MANAGEMENT INC 401K PLAN	
b	Name of plan sponsor GRISWOLD REAL ESTATE MANAGEMENT	c EIN-PN 33-0301739-001
a	Plan name CYRUS DAMIRCHI MD PROFIT SHARING PLAN	
b	Name of plan sponsor CYRUS DAMIRCHI MD	c EIN-PN 33-0933704-001
a	Plan name INDUSTRIAL PACKAGING SUPPLIES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor INDUSTRIAL PACKAGING SUPPLIES	c EIN-PN 33-2661659-001
a	Plan name THE DESMONDSTEPHAN MFG. CO. PENSION PLAN	
b	Name of plan sponsor THE DESMONDSTEPHAN MFG. CO.	c EIN-PN 34-4479431-001
a	Plan name ZEGERS INC 401K PLAN	
b	Name of plan sponsor ZEGERS INC	c EIN-PN 36-1995650-001
a	Plan name OBRIEN AND ASSOCIATES INC.	
b	Name of plan sponsor OBRIEN AND ASSOCIATES INC.	c EIN-PN 36-2435881-001
a	Plan name BRITT ASSOCIATES INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRITT ASSOCIATES INC.	c EIN-PN 36-2810925-001
a	Plan name SCREAMIN EAGLE CARTAGE INC. 401K SAVINGS PLAN	
b	Name of plan sponsor SCREAMIN EAGLE CARTAGE INC.	c EIN-PN 36-2923854-001
a	Plan name CIRCLE GEAR AND MACHINE CO. INC 401K SAVINGS PLAN	
b	Name of plan sponsor CIRCLE GEAR AND MACHINE COMPANY	c EIN-PN 36-2971263-001
a	Plan name PEACE ACTION INC. 401K PLAN	
b	Name of plan sponsor PEACE ACTION INC	c EIN-PN 36-3294748-001
a	Plan name IROQUOIS FARMERS STATE BANK PENSION PLAN	
b	Name of plan sponsor IROQUOIS FARMERS STATE BANK	c EIN-PN 37-0348360-001
a	Plan name REDALL INDUSTRIES INC. EMPLOYEE SAVINGS PROGRAM	
b	Name of plan sponsor REDALL INDUSTRIES INC.	c EIN-PN 38-2947361-001

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 ARLINGTON HARDWARE CO. INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ARLINGTON HARDWARE CO. INC.	c EIN-PN 39-0909189-001
a	Plan name PEOPLES FOOD COOP INC. 401K PLAN	
b	Name of plan sponsor PEOPLES FOOD COOP INC.	c EIN-PN 39-1319077-001
a	Plan name BAER INSURANCE SERVICES INC. 401K PLAN	
b	Name of plan sponsor BAER INSURANCE SERVICES LLC	c EIN-PN 39-1875073-001
a	Plan name TLC PRECISION WAFER TECHNOLOGY INC. 401K PLAN	
b	Name of plan sponsor TLC PRECISION WAFER TECHNOLOGY I	c EIN-PN 41-1697186-001
a	Plan name CHERRY HILL COMPANY/LRC 401K PLAN	
b	Name of plan sponsor CHERRY HILL COMPANY/LRC	c EIN-PN 41-2046029-001
a	Plan name UNION STATE BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor UNION STATE BANK	c EIN-PN 42-0573000-001
a	Plan name MIDLAND COMMUNICATIONS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MIDLAND AUDIO VISUAL SALES INC	c EIN-PN 42-0815485-001
a	Plan name KOLLASCH LAND AND LIVESTOCK INC 401K PLAN	
b	Name of plan sponsor KOLLASCH LAND AND LIVESTOCK INC.	c EIN-PN 42-1070277-001
a	Plan name LAMB FUNERAL HOME 401K PLAN	
b	Name of plan sponsor LAMB FUNERAL HOMES INC	c EIN-PN 42-1102138-001
a	Plan name KC PETERSEN CONSTRUCTION CO INC 401K RETIREMENT PLAN	
b	Name of plan sponsor K.C. PETERSEN CONSTRUCTION CO. I	c EIN-PN 42-1183600-001
a	Plan name ARENS INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ARENS INC.	c EIN-PN 42-1197910-001
a	Plan name ITP/IHC 401K PLAN IOWA TOOL PRODUCTS INC.	
b	Name of plan sponsor IOWA HOIST AND CRANE INC	c EIN-PN 42-1432313-001

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	BFL RETIREMENT PLAN	
b	Name of plan sponsor	BLACK FARMS LTD.	c EIN-PN 45-0468318-001
a	Plan name	NAUTILUS GENERAL CONTRACTORS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NAUTILUS GENERAL CONTRACTORS IN	c EIN-PN 46-0466999-001
a	Plan name	FOREST CANYON ASSOC 401K ENT PLAN	
b	Name of plan sponsor	NORTHERN AZ EAR NOSE AND THROAT	c EIN-PN 46-0504121-001
a	Plan name	FOREST CANYON ASSOC 401K GAST PLAN	
b	Name of plan sponsor	NORTHERN AZ GASTROENTEROLOGY	c EIN-PN 46-0504121-001
a	Plan name	FOREST CANYON ASSOC 401K SURG PLAN	
b	Name of plan sponsor	FOREST CANYON SURGERY CENTER	c EIN-PN 46-0504121-001
a	Plan name	FIRST TRICOUNTY BANK 401K PLAN	
b	Name of plan sponsor	FIRST TRICOUNTY BANK	c EIN-PN 47-0098310-001
a	Plan name	NEBCO INC. 401K PROFIT SHARING AND RELATED PLANS	
b	Name of plan sponsor	NEBCO INC C/O UNION BANK	c EIN-PN 47-0368489-001
a	Plan name	UNITED WAY OF LINCOLN AND LANCASTER COUNTY 401K	
b	Name of plan sponsor	UNITED WAY OF LINCOLN	c EIN-PN 47-0376624-001
a	Plan name	NEBRASKA NEW CAR AND TRUCK DEALERS ASSOC 401K PS PLAN	
b	Name of plan sponsor	NEBRASKA NEW CAR AND TRUCK DEALERS	c EIN-PN 47-0421836-001
a	Plan name	HORWATH LAUNDRY MACHINERY CO PROFIT SHARING PLAN	
b	Name of plan sponsor	HORWATH LAUNDRY MACHINERY CO	c EIN-PN 47-0436595-001
a	Plan name	SUN NEWSPAPERS OF LINCOLN INC.	
b	Name of plan sponsor	SUN NEWSPAPERS OF LINCOLN INC.	c EIN-PN 47-0465210-001
a	Plan name	CITY OF HICKMAN PENSION PLAN	
b	Name of plan sponsor	CITY OF HICKMAN	c EIN-PN 47-0489999-001

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 ANDREWS ELECTRIC COMPANY INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ANDREWS ELECTRIC CO INC	c EIN-PN 47-0494672-001
a	Plan name IMPERIAL MANOR EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor IMPERIAL MANOR	c EIN-PN 47-0521296-001
a	Plan name HYDRAULIC EQUIPMENT SERVICE SIMPLE 401K PLAN	
b	Name of plan sponsor HYDRAULIC EQUIPMENT SERVICE	c EIN-PN 47-0536872-001
a	Plan name MIDLANDS PACKAGING CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MIDLANDS PACKAGING CORPORATION	c EIN-PN 47-0540863-001
a	Plan name CYCLOCASH 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CYCLONAIRE CORP	c EIN-PN 47-0550591-001
a	Plan name BUTLER COUNTY HEALTH CARE CENTER 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BUTLER COUNTY HEALTH CARE CENTER	c EIN-PN 47-0551144-001
a	Plan name GNS CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GNS CORPORATION	c EIN-PN 47-0554553-001
a	Plan name BLUEBIRD NURSERY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BLUEBIRD NURSERY INC.	c EIN-PN 47-0560738-001
a	Plan name S AND S INVESTMENT COMPANY INC AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor SANDS INVESTMENT COMPANY INC	c EIN-PN 47-0560757-001
a	Plan name STANDARD HEATING AND AIR CONDINC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor STANDARD HEATING AND AIR CONDITION	c EIN-PN 47-0593196-001
a	Plan name NEBRASKA RURAL WATER ASSOCIATION 401K PLAN	
b	Name of plan sponsor NEBRASKA RURAL WATER ASSOCIATION	c EIN-PN 47-0600532-001
a	Plan name SCHWORER AUTO 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SCHWORER MOTOR COMPANY	c EIN-PN 47-0648519-001

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	M.I. INDUSTRIES INCORPORATED 401K PROFIT SHARING PLAN	
b Name of plan sponsor	M.I. INDUSTRIES INCORPORATED	c EIN-PN 47-0650799-001
a Plan name	CREATIVE THINKING INC. 401K PLAN	
b Name of plan sponsor	CREATIVE THINKING INC.	c EIN-PN 47-0656138-001
a Plan name	GOLD CREST RETIREMENT CENTER RETIREMENT PLAN	
b Name of plan sponsor	COFFMAN LEVI CHARITABLE TRUST I	c EIN-PN 47-0690851-001
a Plan name	UNICO GROUP INC. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	UNICO GROUP INC.	c EIN-PN 47-0719624-001
a Plan name	NEIA BUILDERS INC. PROFIT SHARING PLAN	
b Name of plan sponsor	NEIA BUILDERS INC.	c EIN-PN 47-0728400-001
a Plan name	LINCOLN COLD STORAGE INC.	
b Name of plan sponsor	LINCOLN COLD STORAGE INC.	c EIN-PN 47-0761915-001
a Plan name	GENERAL SURGERY ASSOCIATES LLC PROFIT SHARING PLAN	
b Name of plan sponsor	GENERAL SURGERY ASSOCIATES LLC	c EIN-PN 47-0843453-001
a Plan name	COASTAL TRANS LOGIC INC. PLAN	
b Name of plan sponsor	COASTAL WINDOW AND DOOR CENTER	c EIN-PN 47-3109074-001
a Plan name	BOSTWICK IRRIGATION EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	BOSTWICK IRRIGATION DISTRICT IN	c EIN-PN 47-6000945-001
a Plan name	CITY OF ALBION RETIREMENT PLAN	
b Name of plan sponsor	CITY OF ALBION	c EIN-PN 47-6006068-001
a Plan name	CITY OF ATKINSON 414H	
b Name of plan sponsor	CITY OF ATKINSON NEBRASKA	c EIN-PN 47-6006081-001
a Plan name	CITY OF AUBURN NE AND BOARD OF PUBLIC WORKS EE PENSION PLAN	
b Name of plan sponsor	CITY OF AUBURN NE AND BOARD OF	c EIN-PN 47-6006083-001

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	CITY OF COLUMBUS FIREFIGHTERS	
b	Name of plan sponsor	CITY OF COLUMBUS NE	c EIN-PN 47-6006144-001
a	Plan name	CITY OF COLUMBUS FIREFIGHTERS UNALLOCATED	
b	Name of plan sponsor	CITY OF COLUMBUS NE	c EIN-PN 47-6006144-001
a	Plan name	CITY OF COLUMBUS NEBRASKA EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF COLUMBUS NE	c EIN-PN 47-6006144-001
a	Plan name	CITY OF COLUMBUS POLICE OFFICERS	
b	Name of plan sponsor	CITY OF COLUMBUS NE	c EIN-PN 47-6006144-001
a	Plan name	CITY OF COLUMBUS POLICE UNALLOCATED	
b	Name of plan sponsor	CITY OF COLUMBUS NE	c EIN-PN 47-6006144-001
a	Plan name	CITY OF FAIRBURY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF FAIRBURY	c EIN-PN 47-6006184-001
a	Plan name	CITY OF FALLS CITY POLICE PENSION PLAN	
b	Name of plan sponsor	CITY OF FALLS CITY	c EIN-PN 47-6006187-001
a	Plan name	CITY OF GRAND ISLAND GENERAL EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF GRAND ISLAND	c EIN-PN 47-6006205-001
a	Plan name	CITY OF LINCOLN EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF LINCOLN	c EIN-PN 47-6006256-001
a	Plan name	CITY OF LINCOLN RETIREMENT PLAN FOR DIRECTORS	
b	Name of plan sponsor	CITY OF LINCOLN	c EIN-PN 47-6006256-001
a	Plan name	CITY OF MILFORD NE RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF MILFORD NEBRASKA	c EIN-PN 47-6006278-001
a	Plan name	CITY OF MILFORD NEBRASKA 457 PLAN	
b	Name of plan sponsor	CITY OF MILFORD NEBRASKA	c EIN-PN 47-6006278-001

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	CITY OF NORFOLK FIREFIGHTERS PENSION PLAN	
b	Name of plan sponsor	CITY OF NORFOLK	c EIN-PN 47-6006293-001
a	Plan name	CITY OF NORFOLK GENERAL EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF NORFOLK	c EIN-PN 47-6006293-001
a	Plan name	CITY OF NORFOLK POLICE OFFICERS PENSION PLAN	
b	Name of plan sponsor	CITY OF NORFOLK	c EIN-PN 47-6006293-001
a	Plan name	CITY OF PLATTSMOUTH EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF PLATTSMOUTH	c EIN-PN 47-6006328-001
a	Plan name	CITY OF PLATTSMOUTH NEBRASKA POLICE OFFICERS PENSION PLAN	
b	Name of plan sponsor	CITY OF PLATTSMOUTH	c EIN-PN 47-6006328-001
a	Plan name	CITY OF SCHUYLER 414H POLICE RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF SCHUYLER POLICE	c EIN-PN 47-6006347-001
a	Plan name	CITY OF SEWARD EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF SEWARD	c EIN-PN 47-6006355-001
a	Plan name	CITY OF SEWARD POLICE PENSION PLAN	
b	Name of plan sponsor	CITY OF SEWARD	c EIN-PN 47-6006355-001
a	Plan name	CITY OF VALENTINE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF VALENTINE	c EIN-PN 47-6006395-001
a	Plan name	GOVT ENTITIES OF NE AXTELL RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE BENKELMAN RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE DORCHESTER RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001

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	GOVT ENTITIES OF NE EXETER RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE FAIRMONT RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE FRIEND RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE LYONS	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE NORTH BEND	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE PIERCE	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE PRAGUE RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE SCRIBNER	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE TEKAMAH	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	GOVT ENTITIES OF NE VALPARAISO RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT ENTITIES OF NEBRASKA	c EIN-PN 47-6006397-001
a	Plan name	CITY OF WYMORE NE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	CITY OF WYMORE	c EIN-PN 47-6006421-001
a	Plan name	FMA ASSOCIATE SAVINGS PLAN	
b	Name of plan sponsor	FMA REALTY INC.	c EIN-PN 47-6024503-001

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	JSS SAVINGS PLAN	
b	Name of plan sponsor	JUSTICE AND SECURITY STRATEGIES I	c EIN-PN 52-2402710-001
a	Plan name	EXCEL REHABILITATION 401K PLAN	
b	Name of plan sponsor	EXCEL REHABILITATION PLLC	c EIN-PN 54-2056272-001
a	Plan name	WEIRTON GERIATRIC CENTER RETIREMENT PLAN	
b	Name of plan sponsor	WEIRTON GERIATRIC CENTER	c EIN-PN 55-0606587-001
a	Plan name	HR TRUCHECK INC	
b	Name of plan sponsor	HR TRUCHECK INC	c EIN-PN 58-2228380-001
a	Plan name	RANDY WISE HOMES RETIREMENT PLAN	
b	Name of plan sponsor	RANDY WISE HOMES INC.	c EIN-PN 59-2154613-001
a	Plan name	ORTHOPAEDIC ASSC. OF OSCEOLA 401K PLAN	
b	Name of plan sponsor	KARR AND KORNBERG MD PA DBA ORTH	c EIN-PN 59-2474151-001
a	Plan name	DARCIPRETE AND ASSOCIATES INC. 401K PLAN	
b	Name of plan sponsor	DARCIPRETE AND ASSOCIATES INC.	c EIN-PN 61-1424519-001
a	Plan name	COFFEE AUTO REPAIR LLC 401K PLAN	
b	Name of plan sponsor	COFFEE AUTO REPAIR LLC	c EIN-PN 63-1144238-001
a	Plan name	INDEPENDENT GRAPHIC SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	INDEPENDENT GRAPHIC SERVICES LL	c EIN-PN 63-1203680-001
a	Plan name	EAG 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVIRONMENTAL ATTORNEYS GROUP	c EIN-PN 63-1265993-001
a	Plan name	ST ALBANS DAY NURSERY INC EMPLOYEES BENEFIT PLAN	
b	Name of plan sponsor	ST ALBANS DAY NURSERY	c EIN-PN 65-0079610-001
a	Plan name	MARK TIMOTHY INC RETIREMENT PLAN	
b	Name of plan sponsor	MARK TIMOTHY INC.	c EIN-PN 65-0152209-001

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	DEVRIES INTERNATIONAL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DEVRIES INTERNATIONAL INC.	c EIN-PN 65-0931662-001
a	Plan name	CENTRAL OIL AND SUPPLY CORPORATION 401K PLAN	
b	Name of plan sponsor	CENTRAL OIL AND SUPPLY CORPORATION	c EIN-PN 72-0150230-001
a	Plan name	OFFSHORE PROCESS SERVICES INC.	
b	Name of plan sponsor	OFFSHORE PROCESS SERVICES INC.	c EIN-PN 72-1171225-001
a	Plan name	JOHN A. BUIE MD PC 401K PLAN	
b	Name of plan sponsor	JOHN A BUIE MD PC	c EIN-PN 73-1553896-001
a	Plan name	CITY OF PURCELL 414 PLAN	
b	Name of plan sponsor	CITY OF PURCELL OKLAHOMA	c EIN-PN 73-6005387-001
a	Plan name	PUSHMATAHA COUNTYTOWN OF ANTLERS HOSPITAL AUTHORITY 401K	
b	Name of plan sponsor	PUSHMATAHA COUNTYTOWN OF ANTLER	c EIN-PN 73-6069650-001
a	Plan name	HOLT HEAVY HAULING 401K PLAN	
b	Name of plan sponsor	HOLTS HEAVY HAULING INC.	c EIN-PN 74-1819178-001
a	Plan name	PLASTERERS LOCAL 79 PENSION TRUST	
b	Name of plan sponsor	PLASTERERS LOCAL 79	c EIN-PN 74-6050743-001
a	Plan name	CHALLENGER FREIGHT SYSTEMS INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CHALLENGER FREIGHT SYSTEMS INC.	c EIN-PN 75-2120320-001
a	Plan name	B. RAI MEHTA MD PA PENSION PLAN	
b	Name of plan sponsor	B. RAI MEHTA M.D. P.A.	c EIN-PN 75-2319484-001
a	Plan name	DR. MARK SMITH P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. MARK D. SMITH P.A.	c EIN-PN 75-2512547-001
a	Plan name	ULRICH ENGINEERS INC. 401K PLAN	
b	Name of plan sponsor	ULRICH ENGINEERS INC.	c EIN-PN 76-0115005-001

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	NATIONAL CREDIT REPORTING 401K PLAN	
b	Name of plan sponsor	JALYSSA INC. DBA NATIONAL CREDI	c EIN-PN 77-0409844-001
a	Plan name	OPEN GATE SANGHA RETIREMENT PLAN	
b	Name of plan sponsor	OPEN GATE SANGHA INC	c EIN-PN 77-0563414-001
a	Plan name	DANTER DENTAL INC. 401K PLAN	
b	Name of plan sponsor	DANTER DENTAL INC.	c EIN-PN 81-0829637-001
a	Plan name	HOUSE OF WU 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HOUSE OF WU LLC	c EIN-PN 81-1462321-001
a	Plan name	HUSK TRADING AND INVESTMENTS LLC 401K PLAN	
b	Name of plan sponsor	HUSK TRADING AND INVESTMENTS LLC	c EIN-PN 83-0817993-001
a	Plan name	PRO SERVE CORPORATION 401K PLAN	
b	Name of plan sponsor	PROSERVE CORPORATION	c EIN-PN 84-0975175-001
a	Plan name	RON BYRNE AND ASSOCIATES INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RON BYRNE AND ASSOCIATES INC	c EIN-PN 84-0989725-001
a	Plan name	OPTIMA L.L.C.	
b	Name of plan sponsor	OPTIMA LLC	c EIN-PN 84-1392163-001
a	Plan name	SERVICESTAR DEVELOPMENT COMPANY LLC 401K PLAN	
b	Name of plan sponsor	SERVICESTAR DEVELOPMENT COMPANY	c EIN-PN 84-1412807-001
a	Plan name	E LIGHT ELECTRIC SERVICES INC. 401K PLAN	
b	Name of plan sponsor	E LIGHT ELECTRIC SERVICES INC	c EIN-PN 84-1477330-001
a	Plan name	E.F. CHARLES INC. 401K PLAN	
b	Name of plan sponsor	E.F. CHARLES INC.	c EIN-PN 86-0473373-001
a	Plan name	DIAL MECHANICAL PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	DIAL MECHANICAL COMPANY	c EIN-PN 86-0485762-001

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	GPMI 401K PLAN	
b	Name of plan sponsor	GPMI COMPANY	c EIN-PN 86-0635770-001
a	Plan name	HATCH PLUMBING 401K PLAN	
b	Name of plan sponsor	HATCH PLUMBING INC.	c EIN-PN 86-0639006-001
a	Plan name	NORTH COUNTRY HEALTHCARE INC 401K RETIREMENT	
b	Name of plan sponsor	NORTH COUNTRY HEALTHCARE	c EIN-PN 86-0663432-001
a	Plan name	MVP 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOUNTAIN VIEW PEDIATRICS P.C.	c EIN-PN 86-0718949-001
a	Plan name	ANTELOPE POINT HOLDINGS 401K PLAN	
b	Name of plan sponsor	ANTELOPE POINT HOLDINGS LLC	c EIN-PN 86-1014485-001
a	Plan name	FLAGSTAFF OBGYN LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FLAGSTAFF OBGYN LLC	c EIN-PN 86-1032836-001
a	Plan name	MULTIFILL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MULTIFILL INC.	c EIN-PN 87-0556522-001
a	Plan name	BOSMA POULTRY GROUP LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BOSMA POULTRY GROUP LLC	c EIN-PN 87-3212790-001
a	Plan name	PROFESSIONAL DESIGN ASSOCIATES INC. 401K PLAN	
b	Name of plan sponsor	PROFESSIONAL DESIGN ASSOCIATES	c EIN-PN 88-0399673-001
a	Plan name	JAMES D CURTIS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMES D CURTIS	c EIN-PN 90-0213861-001
a	Plan name	GRAND CANYON SQUIRE INN 401K PLAN	
b	Name of plan sponsor	SQUIRE MOTOR INNS INC DBA GRAND	c EIN-PN 91-0870737-001
a	Plan name	MCCASHLAND KIRBY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCASHLAND KIRBY INSURANCE AGENC	c EIN-PN 91-1811695-001

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 AMERITAS LIFE INSURANCE CORP SEPARATE ACCOUNT D	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 AMERITAS LIFE INSURANCE CORP	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 47-0098400</td> </tr> </table>	D Employer Identification Number (EIN) 47-0098400	
D Employer Identification Number (EIN) 47-0098400			

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	362348999
(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)	1236181293
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1692444321	1598530292
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	1692444321	1598530292

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)	64248408
(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)	150445616
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	214694024

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(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)	0
j Total expenses. Add all expense amounts in column (b) and enter total	2j	0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	214694024
l Transfers of assets:		
(1) To this plan	2l(1)	385396772
(2) From this plan	2l(2)	694004825

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 _____.