

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 G-2</u>	1b Three-digit plan number (PN) ▶ <u>500</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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2025</u>	<u>KAREN NOBLE-PATRICK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 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 <hr/> 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 G-2</u>	B Three-digit plan number (PN) ▶ <u>500</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>16717448</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>37610</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>376913</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>911381</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>1319036</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>2440999</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>4365273</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) 4254194
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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) 3053670
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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) 869997
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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) 1172455
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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) 358728
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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) 219538
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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) 142287
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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)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MIDCOAST MARBLE AND GRANITE INC. 401K PLAN	
b	Name of plan sponsor	MIDCOAST MARBLE AND GRANITE INC.	c EIN-PN 01-0537324-001
a	Plan name	GEORGE L. DOHERTY FUNERAL SERVICE INC. PSP	
b	Name of plan sponsor	GEORGE L. DOHERTY FUNERAL SERVIC	c EIN-PN 04-2198908-001
a	Plan name	STANDLEY BROTHERS MACHINE CO INC 401K PLAN	
b	Name of plan sponsor	STANDLEY BROTHERS MACHINE CO INC	c EIN-PN 04-2212016-001
a	Plan name	DERMATOLOGY ASSOC. OF THE NORTH SHORE INC. PSP	
b	Name of plan sponsor	DERMATOLOGY ASSOC. OF THE NORTH	c EIN-PN 04-2617820-001
a	Plan name	PROCESS PIPING CO. INC. 401K PLAN	
b	Name of plan sponsor	PROCESS PIPING CO. INC.	c EIN-PN 04-2650434-001
a	Plan name	PROCESS PIPING CO. INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	PROCESS PIPING CO. INC.	c EIN-PN 04-2650434-001
a	Plan name	APOLLO PLUMBING AND HEATING INC. PR SH PLAN	
b	Name of plan sponsor	APOLLO PLUMBING AND HEATING INC	c EIN-PN 04-2654915-001
a	Plan name	FREEDOM TIRE INC 401K PLAN	
b	Name of plan sponsor	FREEDOM TIRE INC	c EIN-PN 04-2868051-001
a	Plan name	EMPL PRFT SHRG PL OF SKEW PROD INC AND AFFILIATES	
b	Name of plan sponsor	SKEW PRODUCTS INC	c EIN-PN 04-2874199-001
a	Plan name	MERRIMACK INSURANCE AND RET PLANNING 401K PLAN	
b	Name of plan sponsor	MERRIMACK INS AND RETIREM PLAN SVC	c EIN-PN 04-2875653-001
a	Plan name	FEARONS AUTO AND PAINT SUPPLY INC 401K PLAN	
b	Name of plan sponsor	FEARONS AUTO AND PAINT SUPPLY	c EIN-PN 04-3075350-001
a	Plan name	RMN MECHANICAL CO INC 401K PLAN	
b	Name of plan sponsor	RMN MECHANICAL CO. INC.	c EIN-PN 04-3127734-001

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	SULLIVAN SORGI AND DIMMOCK LLP PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	SULLIVAN SORGI AND DIMMOCK LLP	c EIN-PN 04-3246745-001
a	Plan name	STACKPOLE AND PARTNERS LTD 401K PLAN	
b	Name of plan sponsor	STACKPOLE AND PARTNERS LTD	c EIN-PN 04-3270247-001
a	Plan name	POHSI WU D.M.D P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	POHSI WU D.M.D P.C.	c EIN-PN 04-3289351-001
a	Plan name	JETTECH INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JETTECH INC.	c EIN-PN 04-3333708-001
a	Plan name	MEDICAL HEALTHCARE SPECIALIST PC PS 401K PL	
b	Name of plan sponsor	MD HEALTHCARE SPCLTS PC	c EIN-PN 04-3338782-001
a	Plan name	JBM GENERAL CONTRACTORS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JBM GENERAL CONTRACTORS INC	c EIN-PN 04-3513963-001
a	Plan name	COMMONWEALTH CONTRACTING SERVICES LLC 401K PLAN	
b	Name of plan sponsor	COMMONWEALTH CONTRACTING SERVICE	c EIN-PN 04-3524366-001
a	Plan name	XELOR COMPANY INC 401K PLAN	
b	Name of plan sponsor	XELOR COMPANY INC	c EIN-PN 04-3560378-001
a	Plan name	D TODD FORD MD PA 401K PLAN	
b	Name of plan sponsor	D TODD FORD MD PA	c EIN-PN 04-3668771-001
a	Plan name	STANLEY PARK FAMILY MEDICINE SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	STANLEY PARK FAMILY MEDICINE	c EIN-PN 04-3683180-001
a	Plan name	TIDEWATER FAMILY MEDICAL CARE PC 401K PLAN	
b	Name of plan sponsor	TIDEWATER FAMILY MEDICAL CARE PC	c EIN-PN 05-0613990-001
a	Plan name	D W TRANSPORT AND LEASING 401K RETIREMENT PLAN	
b	Name of plan sponsor	D W TRANSPORT AND LEASING INC	c EIN-PN 06-1114099-001

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	CIRCLE PINES SAUSAGE HAUS INC 401K PLAN
b	Name of plan sponsor	CIRCLE PINES SAUSAGE HAUS INC.
c	EIN-PN	11-3741695-001
a	Plan name	WILLOW RUN VETERINARY INC 401K RETIREMENT PLAN
b	Name of plan sponsor	WILLOW RUN VETERINARY CLINIC INC
c	EIN-PN	20-0145504-001
a	Plan name	PATRICK D REEVES MD PA SAFE HARBOR 401K PLAN
b	Name of plan sponsor	PATRICK D REEVES MD PA
c	EIN-PN	20-0223231-001
a	Plan name	HENSONS PLUMBING SERVICES INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	HENSON PLUMBING INC
c	EIN-PN	20-1352488-001
a	Plan name	EVAN S. FISCHER M.D. RETIREMENT PLAN
b	Name of plan sponsor	ORTHOPAEDIC SRGY SPCLT OF MONTCL
c	EIN-PN	20-1419339-001
a	Plan name	SOLUTIENT GEOSCIENCES INC 401K RETIREMENT PLAN
b	Name of plan sponsor	SOLUTIENT GEOSCIENCES INC
c	EIN-PN	20-1572825-001
a	Plan name	BUCKEYE VETERINARY SERVICE INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	BUCKEYE VETERINARY SERVICE INC
c	EIN-PN	20-1651382-001
a	Plan name	LEESVILLE CARDIOVASCULAR CENTER 401K PLAN
b	Name of plan sponsor	LEESVILLE CARDIOVASCULAR CENTER
c	EIN-PN	20-2981300-001
a	Plan name	LANTIUM INC 401K RETIREMENT PLAN
b	Name of plan sponsor	LANTIUM INC
c	EIN-PN	20-3929190-001
a	Plan name	INNOVATIVE NETWORKS INC. RETIREMENT PLAN
b	Name of plan sponsor	INNOVATIVE NETWORKS INC.
c	EIN-PN	20-3930596-001
a	Plan name	FINI USA CORP 401K PLAN
b	Name of plan sponsor	FINI USA CORP 401K PLAN
c	EIN-PN	20-4921886-001
a	Plan name	BAZAN HUERTA AND ASSOCIATES 401K PROFIT SHARING PLAN
b	Name of plan sponsor	BAZAN HUERTA AND ASSOCIATES INC
c	EIN-PN	20-5056584-001

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	STAGG MARINE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	CAJUN COAST MARINE LLC	c EIN-PN 20-5604891-001
a	Plan name	HERMITAGE PRESS INC 401K PLAN	
b	Name of plan sponsor	HERMITAGE PRESS INC	c EIN-PN 21-0700680-001
a	Plan name	DRIVE MASTER COMPANY INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	DRIVEMASTER COMPANY. INC.	c EIN-PN 22-1860519-001
a	Plan name	EME INC 401K PLAN	
b	Name of plan sponsor	EXCAVATING MATERIALS AND EQUIPMENT	c EIN-PN 22-2282554-001
a	Plan name	MYLES TRANSPORTATION INC RETIREMENT PLAN	
b	Name of plan sponsor	MYLES TRANSPORATION INC	c EIN-PN 22-2589710-001
a	Plan name	MAUREEN FRASER DDS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MAUREEN FRASER DDS LLC	c EIN-PN 22-2756681-001
a	Plan name	APROPAL LTD PROFIT SHARING PLAN	
b	Name of plan sponsor	APROPAL LTD	c EIN-PN 22-3336978-001
a	Plan name	CHIEN T DUONG DMD 401K PROFIT SHARING PLAN DBA FAMILY DENTAL	
b	Name of plan sponsor	FAMILY DENTAL CARE	c EIN-PN 22-3870572-001
a	Plan name	J G MORRIS INC 401K PLAN	
b	Name of plan sponsor	J G MORRIS INC	c EIN-PN 23-1714158-001
a	Plan name	GROUP DYNAMICS IN FOCUS INC 401K PRFT SHRG PL	
b	Name of plan sponsor	GROUP DYNAMICS IN FOCUS INC	c EIN-PN 23-2178386-001
a	Plan name	LAPENSOHN AND ASSOCIATES PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	LAPENSOHN AND ASSOCIATES	c EIN-PN 23-2468115-001
a	Plan name	T J PUPILLO INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	T J PUPILLO INC	c EIN-PN 23-2474602-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE COUNTRY PRESS 401K PLAN	
b	Name of plan sponsor	THE COUNTRY PRESS INC	c EIN-PN 23-2931774-001
a	Plan name	THE PHYSICIAN NOW LLC 401K PLAN AND TRUST	
b	Name of plan sponsor	PHYSICIAN NOW LLC	c EIN-PN 26-1098954-001
a	Plan name	A AND B MACHINE COMPANY INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	AMG SOLUTIONS DBA A AND B MACHIN	c EIN-PN 26-1115064-001
a	Plan name	W.D. STEELE CONST.SERVICES LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	W.D. STEELE CONSTRUCTION SERVICE	c EIN-PN 26-3756601-001
a	Plan name	NORTH AMERICAN PLUMBING AND HEATING LLC 401K PLAN	
b	Name of plan sponsor	N AMERICAN PLUMBING AND HEATING	c EIN-PN 27-0023125-001
a	Plan name	BRIGHTON SPRING SERVICE CO INC 401K PLAN	
b	Name of plan sponsor	BRIGHTON SPRING SERVICE CO INC	c EIN-PN 31-0650017-001
a	Plan name	GEMINI EYE CARE 401K SAVINGS PLAN	
b	Name of plan sponsor	GEMINI EYE CARE	c EIN-PN 31-0830623-001
a	Plan name	STEWART MANUFACTURING CORP 401K RETIREMENT PL	
b	Name of plan sponsor	STEWART MTG CORP	c EIN-PN 31-0840717-001
a	Plan name	SHIRMAR OF CINCINNATI INC PROFIT SHARING PLAN	
b	Name of plan sponsor	SHIRMAR OF CINCINNATI INC	c EIN-PN 31-0925287-001
a	Plan name	E J ROBINSON ANDYS MIRROR AND GLASS COMPANY 401K PLAN	
b	Name of plan sponsor	EJ ROBINSON GLASS CO	c EIN-PN 31-1353966-001
a	Plan name	L WOOD AND SON LTD 401K PLAN	
b	Name of plan sponsor	L WOOD AND SON LTD	c EIN-PN 31-1559658-001
a	Plan name	HEMPTATIONS INC 401K PLAN	
b	Name of plan sponsor	HEMPTATIONS INC.	c EIN-PN 31-1651356-001

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	PREMIER PLANNING GROUP LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	PREMIER PLANNING GROUP	c EIN-PN 31-1778126-001
a	Plan name	CLAIM SPECIALISTS INTL LTD 401K	
b	Name of plan sponsor	CLAIM SPECIALISTS INTERNATIONAL	c EIN-PN 33-0075563-001
a	Plan name	ARCAROS AUTO BODY REPAIR INC 401K PROFIT SHRG PLN	
b	Name of plan sponsor	ARCAROS AUTO BODY REPAIR INC	c EIN-PN 33-0190164-001
a	Plan name	ACCREDITED DERMATOLOGY MEDICAL CLINIC	
b	Name of plan sponsor	ACCREDITED DERMATOLOGY MD CLINIC	c EIN-PN 33-0723959-001
a	Plan name	ALVACO INC DBA AVCOGAS PROPANE SALES AND SERVICES 401K PS PLAN	
b	Name of plan sponsor	AVCOGAS PROPANE SALES AND SERVICES	c EIN-PN 33-0773308-001
a	Plan name	BDK TRUCKING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BDK TRUCKING INC	c EIN-PN 33-0861930-001
a	Plan name	ADVANCED CIVIL DESIGN INC 401K PLAN	
b	Name of plan sponsor	ADVANCED CIVIL DESIGN INC	c EIN-PN 33-1022033-001
a	Plan name	K AND L TRUCKING INC 401K PLAN	
b	Name of plan sponsor	K AND L TRUCKING INC	c EIN-PN 34-1335934-001
a	Plan name	WILCOX FINANCIAL RETIREMENT PLAN	
b	Name of plan sponsor	WILCOX FINANCIAL	c EIN-PN 34-1366050-001
a	Plan name	DALES BAR AND GRILL INC 401K PLAN	
b	Name of plan sponsor	DALES BAR AND GRILL INC	c EIN-PN 34-1557091-001
a	Plan name	CB HEALTHCARE MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor	CB HEALTHCARE MANAGEMENT LLC	c EIN-PN 34-1992703-001
a	Plan name	THE FARMERS STATE BANK 401K PLAN	
b	Name of plan sponsor	THE FARMERS STATE BANK 401K PLAN	c EIN-PN 34-4230590-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NORTH SHORE GASTROENTEROLOGY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor N SHORE GASTROENTEROLOGY INC.	c EIN-PN 34-6514764-001
a	Plan name PRIORITY RECYCLING LLC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor PRIORITY RECYCLING LLC	c EIN-PN 35-2103415-001
a	Plan name EDSAL SANDUSKY RETIREMENT PLAN	
b	Name of plan sponsor EDSAL SANDUSKY CORPORATION	c EIN-PN 35-2174005-001
a	Plan name THE NIGHTINGALE CONANT RETIREMENT PLAN	
b	Name of plan sponsor NIGHTINGALE CONANT CORPORATION	c EIN-PN 36-2427779-001
a	Plan name TRIODYNE INC EMPLOYEES 401K PLAN	
b	Name of plan sponsor TRIODYNE INC	c EIN-PN 36-2726570-001
a	Plan name AT YOUR CONVENIENCE INC PROFIT SHARING PL AND TRT	
b	Name of plan sponsor AT YOUR CONVENIENCE INC	c EIN-PN 36-3573593-001
a	Plan name HUNTINGTON ENVIRONMENTAL SYSTEMS INC 401K SVGS PL	
b	Name of plan sponsor HUNTINGTON ENVIRONMENTL SYS INC	c EIN-PN 36-4158275-001
a	Plan name CORCORAN ENDER AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor CORCORAN ENDER AND ASSOCIATES LL	c EIN-PN 36-4323082-001
a	Plan name MISSOURI VALLEY GLASS COMPANY 401K PLAN	
b	Name of plan sponsor MISSOURI VALLEY GLASS CO	c EIN-PN 37-1196511-001
a	Plan name THE PODOLSKY OIL COMPANY HR10 401K	
b	Name of plan sponsor THE PODOLSKY OIL COMPANY HR10	c EIN-PN 37-1413897-001
a	Plan name SIEGFRIED CRANDALL PR SH RTMT SAV PLN	
b	Name of plan sponsor SIEGFRIED CRANDALL P C	c EIN-PN 38-1947639-001
a	Plan name HUTCHINSON WARREN AND ASSOC. INC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor HUTCHINSON WARREN AND ASSOCIATES	c EIN-PN 38-3267947-001

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 CHRISTIAN MONTESSORI SCHOOL OF ANN ARBOR 401K PLAN	
b	Name of plan sponsor CHRISTIAN MONTESSORI ANN ARBOR	c EIN-PN 38-3418422-001
a	Plan name STAGG MARINE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor RENTROP TUGS INC	c EIN-PN 38-3674673-001
a	Plan name NEW HORIZON CENTER 401K RETIREMENT PLAN	
b	Name of plan sponsor NEW HORIZON CENTER INC.	c EIN-PN 39-1529116-001
a	Plan name DEALER FINANCIAL SYSTEMS 401K PROFIT SHARING	
b	Name of plan sponsor DEALER FINANCIAL SYSTEMS INC.	c EIN-PN 39-1687879-001
a	Plan name WESTGARD QC 401K PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor WESTGARD QC	c EIN-PN 39-1951929-001
a	Plan name WOODHILL FINANCIAL EMPL 401K SAVINGS PLAN	
b	Name of plan sponsor WOODHILL FINANCIAL INC	c EIN-PN 41-1541815-001
a	Plan name VON HANSON MEATS OF COON RAPIDS INC. 401K PLAN	
b	Name of plan sponsor VON HANSONS MEATS COON RAPIDS/P	c EIN-PN 41-1962914-001
a	Plan name ALPHA MEDICAL CENTER 401K PLAN	
b	Name of plan sponsor AUSTIN I OGWU MD PA	c EIN-PN 41-2083842-001
a	Plan name CITY OF MINNEAPOLIS DEFERRED COMPENSATION RETIREMENT PLAN	
b	Name of plan sponsor CITY OF MINNEAPOLIS	c EIN-PN 41-6005375-001
a	Plan name HINSON AND GRAVELLE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HINSON GRAVELLE AND ADAIR LLP	c EIN-PN 42-1540044-001
a	Plan name CRAIG I HIRASAWA DDS INC PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG HIRASAWA DDS	c EIN-PN 42-1568463-001
a	Plan name LINH U LE DDS INC PROFIT SHARING PLAN	
b	Name of plan sponsor LINH U LE DDS	c EIN-PN 42-1568470-001

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 MISSOURI CROP IMPROVEMENT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MISSOURI CROP IMPROVEMENT ASSOCI	c EIN-PN 43-0656496-001
a	Plan name SADDLE AND BRIDLE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SADDLE AND BRIDLE INC	c EIN-PN 43-0712271-001
a	Plan name TRUSTEES OF CLARK INDUSTRIES INC EMPLOYEES 401K PLAN	
b	Name of plan sponsor CLARK INDUSTRIES INC	c EIN-PN 43-0862557-001
a	Plan name GERDING ENTERPRISES INC PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor GERDING ENTERPRISES INC	c EIN-PN 43-0924223-001
a	Plan name CONRAD PROPERTIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor CONRAD PROPERTIES CORPORATION	c EIN-PN 43-1083472-001
a	Plan name SOLI AND SOLI INC 401K PROFIT SHARING PL AND TRT	
b	Name of plan sponsor SOLIS INSTY PRINTS PLUS INC	c EIN-PN 43-1111618-001
a	Plan name R AND S REPAIR SERVICE CO PRFT SHRNG PLAN AND TRUST	
b	Name of plan sponsor R AND S POOL AND SPA	c EIN-PN 43-1285046-001
a	Plan name HIGDON AND HALE CPA PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HIGDON AND HALE CPA PC	c EIN-PN 43-1530865-001
a	Plan name AUDRIE SEELEY AND CO SIMPLE 401K PLAN	
b	Name of plan sponsor AUDRIE SEELEY AND COMPANY	c EIN-PN 43-1579393-001
a	Plan name SHOWME PUBLISHING INC. 401K SAFE HARBOR PLAN	
b	Name of plan sponsor SHOWME PUBLISHING INC.	c EIN-PN 43-1625934-001
a	Plan name LEGACY RESTAURANT GROUP LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor LEGACY RESTAURANT GROUP LLC	c EIN-PN 43-1824787-001
a	Plan name CATASTROPHIC PRPRTY RESTORE LLC 401K PL	
b	Name of plan sponsor CATASTROPHIC PRPTY RESTORE LLC	c EIN-PN 43-1893122-001

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	DONALD R CARLTON 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DONALD R CARLTON	c EIN-PN 44-9505961-001
a	Plan name	CARILLON GROUP PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	CARILLON GROUP INC	c EIN-PN 45-0466790-001
a	Plan name	CONDERMAN INC SHARING PLAN AND TRUST	
b	Name of plan sponsor	CONDERMAN INC	c EIN-PN 46-1914176-001
a	Plan name	OMAHA BOTANICAL GARDENS 401K PRFT SHRG PL AND TR	
b	Name of plan sponsor	OMAHA BOTANICAL GARDENS	c EIN-PN 47-0659701-001
a	Plan name	AMERITAS AGENTS 401K PLAN	
b	Name of plan sponsor	AMERITAS HOLDING COMPANY	c EIN-PN 47-0806844-010
a	Plan name	LUNCEFORD FAMILY HEALTH CENTER 401K PLAN	
b	Name of plan sponsor	LUNCEFORD FAMILY HEALTH CENTER P	c EIN-PN 47-0864421-001
a	Plan name	GLENDO LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GLENDO LLC	c EIN-PN 47-1339871-001
a	Plan name	T.E. BROWN LLC DBA INSTRULAB EMPLOYEES 401K PLAN	
b	Name of plan sponsor	T.E. BROWN LLC DBA INSTRULAB	c EIN-PN 47-2018339-001
a	Plan name	STRASSER TRUE VALUE HARDWARE 401K PS P AND T	
b	Name of plan sponsor	STRASSER TRUE VALUE HARDWARE INC	c EIN-PN 48-0530929-001
a	Plan name	THE GREENAMYRE COMPANIES 401K PLAN	
b	Name of plan sponsor	BESELS ROOFING AND HEATING INC	c EIN-PN 48-0592856-001
a	Plan name	RIVERSIDE RESOURCES INC. 401K PLAN AND TRUST	
b	Name of plan sponsor	RIVERSIDE RESOURCES INC.	c EIN-PN 48-0729273-001
a	Plan name	JADE DENTAL LABORATORY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	JADE DENTAL LABORATORY INC	c EIN-PN 48-0866933-001

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	WORD TECH INC PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	WORD TECH INC
c	EIN-PN	48-0876196-001
a	Plan name	FREEMAN CONSTRUCTION CO PRFT SHRG PL AND TRUST
b	Name of plan sponsor	FREEMAN CONSTRUCTION CO INC
c	EIN-PN	48-0878280-001
a	Plan name	VERNON A MILLS MD PA PROFIT SHARING PLAN
b	Name of plan sponsor	VERNON A MILLS MD PA
c	EIN-PN	48-0937191-001
a	Plan name	CLARK ENTERPRISES 401K PLAN
b	Name of plan sponsor	DKC INC
c	EIN-PN	48-1124111-001
a	Plan name	PRATT KIEFFER AND CO SAFE HARBOR 401K PROFIT SHARING PLAN
b	Name of plan sponsor	PRATT KIEFFER AND CO
c	EIN-PN	48-1191938-001
a	Plan name	SEAGULL ENVIRONMENTAL TECH 401K PS PLAN AND TR
b	Name of plan sponsor	SEAGULL ENVIRONMENTAL TECH INC
c	EIN-PN	48-1206560-001
a	Plan name	ANNE J. RICHTER M.D. 401K PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	ANNE J. RICHTER M.D.
c	EIN-PN	50-9949040-001
a	Plan name	PERFECT TURF 401K PLAN
b	Name of plan sponsor	PERFECT TURF LAWN AND LANDSCAPING
c	EIN-PN	51-0500576-001
a	Plan name	AMERICANA GROCERY OF MD INC 401K PROFIT SHRG PLAN
b	Name of plan sponsor	AMERICANA GROCERY OF MD INC
c	EIN-PN	52-1137275-001
a	Plan name	SMARTECH RETIREMENT PLAN
b	Name of plan sponsor	SYSTEMS MGT AND RESEARCH TECH COR
c	EIN-PN	52-1962855-001
a	Plan name	STURM EUROPEAN MILITARY SURPLUS TEESAR INC 401K SAVINGS PLAN
b	Name of plan sponsor	STURM EUROPEAN MILTY SURPLUS TEE
c	EIN-PN	54-1267240-001
a	Plan name	INVICTUS SYSTEMS CORPORATION 401K PLAN
b	Name of plan sponsor	INVICTUS SYSTEMS CORPORATION
c	EIN-PN	54-1541817-001

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	RIVERSIDE SERV A DIV OF MJD INC PROFIT SHR PLAN	
b	Name of plan sponsor	RIVERSIDE SERVICES A DIVISION OF	c EIN-PN 55-0674780-001
a	Plan name	FRALDO INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	FRALDO INC	c EIN-PN 55-0867240-001
a	Plan name	HICKORY DYEING AND WINDING CO INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HICKORY DYEING AND WINDING CO INC	c EIN-PN 56-0487012-001
a	Plan name	TERRAQUEST ENVIRONMENTAL CONSULTANTS PC PS PLAN	
b	Name of plan sponsor	TERRAQUEST ENVIRONMENTAL CONSULT	c EIN-PN 56-2216411-001
a	Plan name	URSULA POYDRAS MD 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	URSULA POYDRAS MD LLC	c EIN-PN 56-2627117-001
a	Plan name	GRAPHIC DIMENSIONS INC 401K PLAN	
b	Name of plan sponsor	GRAPHIC DIMENSIONS INC	c EIN-PN 58-2091827-001
a	Plan name	PARK AVENUE CONDOMINIUM ASSOCIATION 401K PLAN	
b	Name of plan sponsor	PARK AVENUE CONDOMINIUM ASSOCIAT	c EIN-PN 58-2309122-001
a	Plan name	PARK REGENCY 401K PLAN	
b	Name of plan sponsor	PARK REGENCY	c EIN-PN 58-2472716-001
a	Plan name	CARMICHAEL DEVELOPMENT LLC 401K PLAN	
b	Name of plan sponsor	CARMICHAEL DEVELOPMENT LLC	c EIN-PN 58-2620430-001
a	Plan name	T T PUBLICATIONS INC 401K PROFIT SHARING PL AND TR	
b	Name of plan sponsor	T T PUBLICATIONS INC	c EIN-PN 59-2274073-001
a	Plan name	MAJIC CLEANING SYSTEMS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	MAJIC CLEANING SYSTEMS INC	c EIN-PN 59-3048897-001
a	Plan name	KOHLHEPP WOLFE TERRY AND ASSOC 401K RETIREMENT PL	
b	Name of plan sponsor	KOHLHEPP WOLFE TERRY AND ASSOC	c EIN-PN 61-1104459-001

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	KENTUCKY RIVER FINANCE CO INC 401K RTRMNT PLAN	
b	Name of plan sponsor	KENTUCKY RIVER FINANCE COMPANY I	c EIN-PN 61-1165061-001
a	Plan name	WHITAKER PHARMACY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITAKER PHARMACARE INC.	c EIN-PN 61-1384724-001
a	Plan name	SCULLYS METAL FABRICATION INC 401K PLAN	
b	Name of plan sponsor	SCULLYS METAL FABRICATION INC	c EIN-PN 61-1437455-001
a	Plan name	BRIGHTON BANCORP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIGHTON BANCORP	c EIN-PN 62-0138830-001
a	Plan name	GIRLS INC RETIREMENT PLAN	
b	Name of plan sponsor	GIRLS INCORPORATED OF MEMPHIS	c EIN-PN 62-0512078-001
a	Plan name	NW TN ECONOMIC DEVELOPMENT COUNCIL PROFIT SHARING PLAN	
b	Name of plan sponsor	NW TN ECONOMIC DEVELOPMENT COUNC	c EIN-PN 62-0729622-001
a	Plan name	REYNOLDS BROTHERS OIL CO INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	REYNOLDS BROTHERS OIL CO INC	c EIN-PN 62-0760682-001
a	Plan name	WILSON WELL COMPANY INC 401K PLAN	
b	Name of plan sponsor	WILSON WELL COMPANY INC	c EIN-PN 62-0927225-001
a	Plan name	EAGLE SPECIALTY PRODUCTS PROFIT SHARING PLAN	
b	Name of plan sponsor	EAGLE SPECIALTY PRODUCTS	c EIN-PN 62-1506179-001
a	Plan name	UCL FINANCIAL GROUP 401K PLAN	
b	Name of plan sponsor	UCL FINANCIAL GROUP LLC	c EIN-PN 62-1605142-001
a	Plan name	RON ROTI DBA PENSN REVIEW SERVICES PRT SHR RET SVGS	
b	Name of plan sponsor	RONALD P ROTI DBA PENSION REVIEW	c EIN-PN 62-1678841-001
a	Plan name	RHEUMATOLOGY AND DERMATOLOGY 401K RET PL	
b	Name of plan sponsor	RHEUMATOLOGY AND DERMATOLOGY	c EIN-PN 62-1763550-001

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	MCVEAN TRADING 401K PLAN AND TRUST	
b	Name of plan sponsor	MCVEAN TRADING AND INVESTMENTS L	c EIN-PN 62-1765496-001
a	Plan name	GRIFFIN CLIFT EVERTON AND MASCHMEYER 401K PSP	
b	Name of plan sponsor	GRIFFIN CLIFT EVERTON MASCHMEYER	c EIN-PN 62-1781473-001
a	Plan name	FARNELL HEATING AND AIR CONDITIONING RET PLAN	
b	Name of plan sponsor	FARNELL HEATING AND AIR CONDITIONI	c EIN-PN 63-0849274-001
a	Plan name	MEXBRIT LLC 401K PLAN	
b	Name of plan sponsor	MEXBRIT LLC	c EIN-PN 65-0080552-001
a	Plan name	GURALNICK GILLILAND 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GURALNICK GILLILAND	c EIN-PN 65-1192353-001
a	Plan name	THE HIDE AND LEATHER HOUSE 401K SAVINGS PLAN	
b	Name of plan sponsor	THE HIDE AND LEATHER HOUSE	c EIN-PN 68-0029158-001
a	Plan name	THE HIDE AND LEATHER PROFIT SHARING PLAN	
b	Name of plan sponsor	THE HIDE AND LEATHER HOUSE	c EIN-PN 68-0029158-001
a	Plan name	SAYLOR CONSULTING PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	SAYLOR CONSULTING INC	c EIN-PN 68-0297594-001
a	Plan name	GLOBAL ECOTECHNOLOGIES INC	
b	Name of plan sponsor	GLOBAL ECOTECHNOLOGIES INC	c EIN-PN 68-0347941-001
a	Plan name	TTI 401K PLAN	
b	Name of plan sponsor	TELEMANAGEMENT TECHNOLOGIES INC	c EIN-PN 68-0371935-001
a	Plan name	SPOOR MASONRY AND TILE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SPOOR MASONRY AND TILE INC.	c EIN-PN 68-0405925-001
a	Plan name	ALL STEEL FENCE INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ALL STEEL FENCE INC	c EIN-PN 68-0431700-001

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	A PACKARD CORPORATION 401K RETIREMENT PLAN	
b	Name of plan sponsor	A PACKARD CORPORATION	c EIN-PN 68-0470815-001
a	Plan name	YELTON COMPANY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	YELTON COMPANY INC	c EIN-PN 68-0487055-001
a	Plan name	AUTOMATED CONVEYOR SYSTEMS INC RETIREMENT PLAN	
b	Name of plan sponsor	AUTOMATED CONVEYOR SYSTEMS INC	c EIN-PN 71-0440313-001
a	Plan name	HEAVY EQUIPMENT TRAINING 401K PLAN	
b	Name of plan sponsor	HEAVY EQUIPMENT TRAINING LLC	c EIN-PN 71-0982827-001
a	Plan name	KING TRUCKING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	KING TRUCKING INC	c EIN-PN 72-0690624-001
a	Plan name	ROBERT V. CAZAYOUX MD APC PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT V. CAZAYOUX MD APC	c EIN-PN 72-0801972-001
a	Plan name	KIDDER INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KIDDER INC	c EIN-PN 72-1180180-001
a	Plan name	LANDCRAFT HOMES EMPLOYEES 401K PLAN	
b	Name of plan sponsor	LANDCRAFT HOMES LLC	c EIN-PN 72-1187250-001
a	Plan name	JOSEPH M CAMPO DDS APDC 401K PLAN	
b	Name of plan sponsor	JOSEPH M CAMPO DDS APDC	c EIN-PN 72-1315551-001
a	Plan name	SDL EMPLOYEES 401K PLAN	
b	Name of plan sponsor	SOUTHEAST DENTAL LABORATORY INC	c EIN-PN 72-1344898-001
a	Plan name	ROBERT B. KIDD M.D. APMC EMPLOYEES 401 K PLAN	
b	Name of plan sponsor	ROBERT B. KIDD MD APMC	c EIN-PN 72-1371529-001
a	Plan name	SPECIALTY MILL AND CASEWORK 401K PLAN	
b	Name of plan sponsor	SPECIALTY MILL AND CASEWORK LLC	c EIN-PN 72-1390623-001

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 TULSA NEW HOLLAND 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TULSA NEW HOLLAND INC.	c EIN-PN 73-1333751-001
a	Plan name MORRISON HARDWARE 401K PLAN	
b	Name of plan sponsor C G MORRISON COMPANY INC	c EIN-PN 74-1322546-001
a	Plan name MIL POTRERO MUTUAL WATER CO RETIREMENT TRUST	
b	Name of plan sponsor MIL POTRERO MUTUAL WATER CO	c EIN-PN 74-1686600-001
a	Plan name TLPP 401K PLAN	
b	Name of plan sponsor TEXAS LEGAL PROTECTION PLAN INC	c EIN-PN 74-1742134-001
a	Plan name LAKEY ELECTRIC COMPANY 401K PLAN	
b	Name of plan sponsor LAKEY ELECTRIC COMPANY	c EIN-PN 74-1839326-001
a	Plan name HOFFMANN FLOORS INC 401K PLAN	
b	Name of plan sponsor HOFFMANN FLOORS INC	c EIN-PN 74-2181581-001
a	Plan name ROCKY HILL EQUIPMENT RENTALS INC 401K PS PLN	
b	Name of plan sponsor ROCKY HILL EQUIPT RENTALS INC PS	c EIN-PN 74-2376183-001
a	Plan name NHRG 401K PLAN	
b	Name of plan sponsor NATIONAL HUMAN RESOURCE GROUP IN	c EIN-PN 74-2704752-001
a	Plan name GRTR NEW BRAUNFELS CHAMB OF COMMERCE PS 401K PLAN	
b	Name of plan sponsor GRTR NEW BRAUNFELS CHAMBER OF CO	c EIN-PN 74-2860574-001
a	Plan name GALVESTON COUNTY NAVIGATION DIST 1 EE PPL	
b	Name of plan sponsor GALVESTON CTY NAVGTN DSTRCT 1	c EIN-PN 74-6022188-001
a	Plan name SOUTHSIDE EYE CARE PLLC 401K PLAN	
b	Name of plan sponsor SOUTHSIDE EYE CARE PLLC	c EIN-PN 75-3028236-001
a	Plan name PERFORMANCE DIESEL INC 401K PLAN	
b	Name of plan sponsor PERFORMANCE DIESEL INC	c EIN-PN 76-0270294-001

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 CAROLS ROMAN SHADES INC 401K PLAN	
b	Name of plan sponsor CAROLS ROMAN SHADES INC	c EIN-PN 77-0150681-001
a	Plan name NADIM SARKIES MD INC PROFIT SHARING PLAN	
b	Name of plan sponsor NADIM SARKIES MD INC	c EIN-PN 77-0514344-001
a	Plan name WORTHINGTON RETIREMENT PLAN	
b	Name of plan sponsor WORTHINGTON AND WORTHINGTON LLC	c EIN-PN 81-1692295-001
a	Plan name HICKS PARTNERS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HICKS PARTNERS LLC	c EIN-PN 83-0367295-001
a	Plan name PENINSULA ASSOCIATES 401K PLAN	
b	Name of plan sponsor PENINSULA ASSOC SPEECH THER SERV	c EIN-PN 83-2267075-001
a	Plan name EMIG AND HAUFF ASSOCIATES ARCHITECTS 401K PLAN	
b	Name of plan sponsor PETER J HAUFF DBA EMIG AND	c EIN-PN 83-3551048-001
a	Plan name EQUILTER INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor EQUILTER INC	c EIN-PN 84-1522799-001
a	Plan name REID INSURANCE GROUP INC. PROFIT SHARING PLAN	
b	Name of plan sponsor REID INSURANCE GROUP INC	c EIN-PN 85-0211210-001
a	Plan name WESTERN STATES INSURANCE GRP INC 401K PLAN	
b	Name of plan sponsor WESTERN STATES INSURANCE GRP IN	c EIN-PN 85-0270534-001
a	Plan name PASUPATHY PADMANABHAN MD PC EMPLOYEE PENSION AND PS PLAN	
b	Name of plan sponsor PASUPATHY PADMANABHAN MD PC	c EIN-PN 85-0356237-001
a	Plan name SOUTHWEST CRAFTSMAN INC PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST CRAFTSMAN INC	c EIN-PN 85-0366270-001
a	Plan name KIDS CASTLE RETIREMENT PLAN	
b	Name of plan sponsor LOMAS CHILD DEVELOPMENT INC	c EIN-PN 85-0417660-001

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	A TECH SECURITY INC RETIREMENT PLAN	
b	Name of plan sponsor	A TECH SECURITY INC	c EIN-PN 85-0438581-001
a	Plan name	THE BANK OF CLOVIS EMPLOYEE 401K PLAN	
b	Name of plan sponsor	BANK OF CLOVIS	c EIN-PN 85-0473550-001
a	Plan name	CITY OF LOVINGTON EMPLOYEE PENSION TRUST	
b	Name of plan sponsor	CITY OF LOVINGTON	c EIN-PN 85-6000604-001
a	Plan name	COMMUNITY SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITY SERVICES CENTER INC	c EIN-PN 85-6013260-001
a	Plan name	EDS ELECTRONICS INC RETIREMENT PLAN	
b	Name of plan sponsor	EDS ELECTRONICS INC	c EIN-PN 86-0850594-001
a	Plan name	COMMERCIAL CABINET COMPANY 401K PLAN	
b	Name of plan sponsor	NEVIA INC	c EIN-PN 88-0363372-001
a	Plan name	CANRIGHT SYSTEMS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	CANRIGHT SYSTEMS INC	c EIN-PN 93-1099513-001
a	Plan name	ADVENTURES IN WINE RETIREMENT PLAN	
b	Name of plan sponsor	BARSAC INC DBA ADVENTURES IN WIN	c EIN-PN 94-3015567-001
a	Plan name	ENVISION LAW GROUP LLP 401K TRUST	
b	Name of plan sponsor	ENVISION LAW GROUP LLP	c EIN-PN 94-3325795-001
a	Plan name	AARON AND WILSON LLP 401K SAVINGS PLAN	
b	Name of plan sponsor	AARON AND WILSON LLP	c EIN-PN 94-3337042-001
a	Plan name	CHOLAKIAN AND ASSOCIATES 401K AND PROFIT SHARING	
b	Name of plan sponsor	CHOLAKIAN AND ASSOCIATES	c EIN-PN 94-3350305-001
a	Plan name	CHOLAKIAN AND ASSOCIATES PROFIT SHARING	
b	Name of plan sponsor	CHOLAKIAN AND ASSOCIATES	c EIN-PN 94-3350305-001

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 VIRGINIA COUNTRY CLUB 401K PROFIT SHARING PLAN	
b	Name of plan sponsor VIRGINIA COUNTRY CLUB	c EIN-PN 95-1337380-001
a	Plan name GRAY STONE AND COMPANY 401K PROFIT SHARING PL	
b	Name of plan sponsor GRAY STONE AND COMPANY	c EIN-PN 95-2100138-001
a	Plan name BORDO AND ACCURATE JOINT RETIREMENT PLAN	
b	Name of plan sponsor BORDO AND ACCURATE	c EIN-PN 95-2502277-001
a	Plan name HMS AGRICULTURAL CORP 401K PLAN	
b	Name of plan sponsor HMS AGRICULTURAL CORP	c EIN-PN 95-2946432-001
a	Plan name PACIFIC NEPHROLOGY MEDICAL GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC NEPHROLOGY MD GRP	c EIN-PN 95-3503341-001
a	Plan name ANTONELLO RISTORANTE INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor ANTONELLO RISTORANTE INC	c EIN-PN 95-3539189-001
a	Plan name ACE TUBE BENDING 401K PLAN	
b	Name of plan sponsor ACE TUBE BENDING	c EIN-PN 95-3778328-001
a	Plan name BY DEBBIE INC PROFIT SHARING PLAN	
b	Name of plan sponsor BY DEBBIE INC PS PENSION PLAN TR	c EIN-PN 95-3877697-001
a	Plan name WINNER AND MANDABACH CAMPAIGNS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor KIRSCHKOHN AND BRIDGE LLP	c EIN-PN 95-4038637-001
a	Plan name VENANCIO E PRADO A MEDICAL CORP EES RTMT PL	
b	Name of plan sponsor VENANCIO E PRADO MD CORP	c EIN-PN 95-4045438-001
a	Plan name ALAJAJIAN MARCOOSI ARCHITECTS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ALAJAJIAN MARCOOSI ARCHITECTS	c EIN-PN 95-4048608-001
a	Plan name CARLOS M DAYRIT JR MD INC EMPLO DEFND BNFT PNSN PL	
b	Name of plan sponsor CARLOS M DAYRIT JR MD INC	c EIN-PN 95-4097009-001

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 K C ELECTRIC PROFIT SHARING PLAN	
b	Name of plan sponsor VBS ENTERPRISES INC	c EIN-PN 95-4252825-001
a	Plan name AMI HOLDINGS LLC 401K PROFIT SHARING TRUST	
b	Name of plan sponsor AMI HOLDINGS LLC	c EIN-PN 95-4324700-001
a	Plan name JEJOMI DESIGNS INC 401K SAFE HARBOR PLAN	
b	Name of plan sponsor JEJOMI DESIGNS INC	c EIN-PN 95-4365970-001
a	Plan name EUROBUBBLIES INC PROFIT SHARING PLAN	
b	Name of plan sponsor EUROBUBBLIES INC	c EIN-PN 95-4378808-001
a	Plan name COMMUNITY ENHANCEMENT SERVICES 401K PFT SHG PL	
b	Name of plan sponsor COMMUNITY ENHANCEMENT SERVICES	c EIN-PN 95-4506631-001
a	Plan name DOR CRISOSTOMO DOR AND DOW ACCOUNTANCY CORPORATION PSP	
b	Name of plan sponsor DOR CRISOSTOMO DOR AND DOW	c EIN-PN 95-4557928-001
a	Plan name LEVY MOSSE AND COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LEVY MOSSE AND COMPANY	c EIN-PN 95-4831153-001
a	Plan name DAUGHTERS OF WISDOM INC. RETIREMENT PLAN	
b	Name of plan sponsor DAUGHTERS OF WISDOM INC.	c EIN-PN 11-2128244-001
a	Plan name CABS HOME ATTENDANTS SERVICE INC DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CABS HOME ATTENDANTS SERVICE INC	c EIN-PN 11-2503313-001
a	Plan name DIPROPERZIO AND MALLIA ARCHITECTS LLP 401K PLAN	
b	Name of plan sponsor DIPROPERZIO AND MALLIA ARCHITECTS	c EIN-PN 11-2822267-001
a	Plan name TOMCO MECHANICAL CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TOMCO MECHANICAL CORP	c EIN-PN 11-2858605-001
a	Plan name VELEZ ORGANIZATION 401K PLAN	
b	Name of plan sponsor VELEZ ORGANIZATION	c EIN-PN 11-2966657-001

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 CAMTECH SERVICE INC. 401K PLAN	
b	Name of plan sponsor CAMTECH SERVICE INC.	c EIN-PN 11-3245101-001
a	Plan name ANDREW L. HULT COMPANY RETIREMENT PLAN	
b	Name of plan sponsor ANDREW L. HULT CPA PLLC	c EIN-PN 11-3482718-001
a	Plan name NETWORK INFRASTRUCTURE INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NETWORK INFRASTRUCTURE INC.	c EIN-PN 11-3548119-001
a	Plan name PRECISION ASSEMBLY TECHNOLOGIES INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION ASSEMBLY TECHNOLOGIES	c EIN-PN 11-3573316-001
a	Plan name FIRST AMERICAN ARTIFICIAL FLOWERS 401K SAVINGS PLAN	
b	Name of plan sponsor 1ST AMERICAN ARTIFICIAL FLOWERS	c EIN-PN 13-1972652-001
a	Plan name CITY WATER METER REPAIR CO INC 401K PLAN	
b	Name of plan sponsor CITY WATER METER REPAIR CO INC	c EIN-PN 13-2577393-001
a	Plan name OWN INSTRUMENT INC RETIREMENT PLAN	
b	Name of plan sponsor OWN INSTRUMENT INC	c EIN-PN 13-2605844-001
a	Plan name RONATA ENTERPRISES INC PROFIT SHARING PLAN	
b	Name of plan sponsor RONATA ENTERPRISES INC	c EIN-PN 13-2633062-001
a	Plan name PREMIER ATHLETIC CLUB EMPLOYEES 401K PLAN	
b	Name of plan sponsor PREMIER ATHLETIC CLUB	c EIN-PN 13-2736083-001
a	Plan name PUTNEY PLANNING CORP PROFIT SHARING PLAN	
b	Name of plan sponsor PUTNEY PLANNING CORP	c EIN-PN 13-2789361-001
a	Plan name ROYAL CARIBBEAN BAKERY UNION LOCAL 550 401K PLAN	
b	Name of plan sponsor ROYAL CARIBBEAN BAKERY	c EIN-PN 13-3049784-001
a	Plan name DATA INDUSTRIES LTD 401K PLAN	
b	Name of plan sponsor DATA INDUSTRIES LTD CORP.	c EIN-PN 13-3195477-001

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	BUSINESS MANAGEMENT INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor	BUSINESS MANAGEMENT INTL	c EIN-PN 13-3411191-001
a	Plan name	SHEBITZBERMAN AND DELFORTE PC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SHEBITZBERMAN AND DELFORTE PC	c EIN-PN 13-3616216-001
a	Plan name	ZOTT CONSTRUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ZOTT CONSTRUCTION INC.	c EIN-PN 13-3707355-001
a	Plan name	MUNLEY AND MEADE PLLC CASH OR DEFERRED PLAN AND TRUST	
b	Name of plan sponsor	MUNLEY AND MEADE PLLC	c EIN-PN 13-3805760-001
a	Plan name	MARTINA M REYNOLDS DDS PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTINA M REYNOLDS DDS	c EIN-PN 13-3833979-001
a	Plan name	PIONEER HOMECARE INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PIONEER HOMECARE INC.	c EIN-PN 13-3871817-001
a	Plan name	HUDSON VALLEY MEDICAL GROUP SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	HUDSON VALLEY MEDICAL GROUP PLLC	c EIN-PN 13-3952716-001
a	Plan name	WOODSTONE DEVELOPMENT LLC RETIREMENT PLAN	
b	Name of plan sponsor	WOODSTONE DEVELOPMENT LLC	c EIN-PN 13-4131995-001
a	Plan name	VISA VIS DESIGN LLC 401K PLAN	
b	Name of plan sponsor	VISA VIS DESIGN LLC	c EIN-PN 13-4147778-001
a	Plan name	OCEAN VIEW CEMETERY THE BEAUTIFUL 401K PFT SHR PL	
b	Name of plan sponsor	OCEAN VIEW CEMETRY BEAUTIFUL	c EIN-PN 13-5578510-001
a	Plan name	WEST WISE SUPERMARKET INC PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST WISE SUPERMARKET INC	c EIN-PN 16-1072820-001
a	Plan name	BUFFALO BUSINESS AND ESTATE SERVICES PROFIT SHARING TRUST	
b	Name of plan sponsor	BUFFALO BUSINESS AND ESTATE SERV	c EIN-PN 16-1124047-001

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 TUG HILL CONSTRUCTION INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TUG HILL CONSTRUCTION INC	c EIN-PN 16-1160786-001
a	Plan name GERWITZ AND MCNEIL ELECTRIC INC PROFIT SHARING TRUST	
b	Name of plan sponsor GERWITZ AND MCNEIL ELECTRIC INC	c EIN-PN 16-1203324-001
a	Plan name BURKE FORGING RETIREMENT PLAN	
b	Name of plan sponsor BURKE FORGING AND HEAT TREATING	c EIN-PN 16-1292047-001
a	Plan name RRB INC DBA 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RRB INC DBA	c EIN-PN 16-1373187-001
a	Plan name BRIGHTPLANIT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRIGHTPLANIT	c EIN-PN 20-0795830-001
a	Plan name CREEKSIDE MILLWORK LLC 401K PLAN	
b	Name of plan sponsor CREEKSIDE MILLWORK LLC	c EIN-PN 20-1930105-001
a	Plan name BENVENUTI PUBLIC RELATIONS PROFIT SHARING PLAN	
b	Name of plan sponsor BENVENUTI PUBLIC RELATIONS LLC	c EIN-PN 20-3765850-001
a	Plan name KMAC CONSTRUCTION INC. PROFIT SHARING PLAN	
b	Name of plan sponsor KMAC CONSTRUCTION INC.	c EIN-PN 20-4693253-001
a	Plan name MICHAEL J. RAFA PENSION PLAN	
b	Name of plan sponsor MJR PATENT CONSULTING LLC	c EIN-PN 20-4706563-001
a	Plan name ANDREW GLASS DPM PC PROFIT SHARING PLAN	
b	Name of plan sponsor ANDREW GLASS DPM PC	c EIN-PN 20-5452678-001
a	Plan name JACK SHAINMAN GALLERY INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JACK SHAINMAN GALLERY INC. NYC	c EIN-PN 22-2762243-001
a	Plan name ENI MECHANICAL INC. 401K PLAN	
b	Name of plan sponsor ENI MECHANICAL INC.	c EIN-PN 27-1539542-001

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	MARIE CHEN MD 401K PROFIT SHARING PLAN	
b Name of plan sponsor	MARIE CHEN MD	c EIN-PN 30-0113351-001
a Plan name	JOSEPH S MAUCERI MD PC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	JOSEPH S MAUCERI MD PC	c EIN-PN 32-0035142-001
a Plan name	COOK CONSTRUCTION 401K PROFIT SHARING PLAN	
b Name of plan sponsor	COOK CONSTRUCTION	c EIN-PN 38-3794579-001
a Plan name	US STEELWORKERS LLC SAVINGS PLAN	
b Name of plan sponsor	US STEELWORKERS LLC	c EIN-PN 56-2467926-001
a Plan name	TRIBECA FILM INSTITUTE 401K PLAN	
b Name of plan sponsor	TRIBECA FILM INSTITUTE INC.	c EIN-PN 80-0006057-001
a Plan name	SUPPLYME LLC D/B/A RANDR GENERAL SUPPLY 401K SAVINGS AND RETIREMENT	
b Name of plan sponsor	SUPPLYME LLC D/B/A R AND R	c EIN-PN 81-5234486-001
a Plan name	ADSCO MANUFACTURING LLC 401K PLAN	
b Name of plan sponsor	ADSCO MANUFACTURING LLC	c EIN-PN 83-3885045-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

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 G-2	B Three-digit plan number (PN) ▶ 500
C Plan sponsor's name as shown on line 2a of Form 5500 AMERITAS LIFE INSURANCE CORP	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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	22313826 36239529
(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)	406687439 412010395
(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	429001265	448249924
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	429001265	448249924

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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5591421
(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)		56895978
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		62487399

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		62487399
l Transfers of assets:			
(1) To this plan	2l(1)		124232480
(2) From this plan	2l(2)		167471220

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 _____.