

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

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

a single-employer plan  a DFE (specify) P

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>AMERITAS LIFE INSURANCE CORP SEPARATE ACCOUNT G-3</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERITAS LIFE INSURANCE CORP</u></p> <p><u>5900 O STREET</u> <u>LINCOLN, NE 68510</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>47-0098400</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>402-467-1122</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>AMERITAS LIFE INSURANCE CORP SEPARATE ACCOUNT G-3</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERITAS LIFE INSURANCE CORP</u>	<b>D</b> Employer Identification Number (EIN) <u>47-0098400</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED HERMES CAPPRESERVATION FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FEDERATED INVESTORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>22-2712853-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>632820</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION BALANCED FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>43-0995254-022</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8482231</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION CAP PRESERVATION FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>43-0995254-024</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8680147</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BENEFIT STADION CONSERVATIVE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>43-0995254-023</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7244940</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION CORE INCOME ETF FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>81-6274538-063</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8568936</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION CYCLICAL TREND ETF FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>81-6274538-062</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4543524</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION DOMESTIC EQUITY ETF FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>81-6274538-059</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10823033</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STADION DYNAMIC TREND ETF FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BENEFIT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>81-6274538-061</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4492873</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BENEFIT STADION GROWTH FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BENEFIT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>43-0995254-020</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>18415633</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STADION INTERNATIONAL EQUITY ETF FU</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BENEFIT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>81-6274538-060</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5502078</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BENEFIT STADION MAXIMUM GROWTH FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BENEFIT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>43-0995254-048</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2225970</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BENEFIT STADION MODERATE GROWTH FUN</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>BENEFIT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>43-0995254-021</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>22445408</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STATE ST INT IDX SEC LEND CL III</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-0337987-104</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1465484</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STATE ST RUSS SMCPIDX SECLND CL III</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-0337987-106</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1705068</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STATE ST S&amp;P 500 IDX SECLND CL H</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-0337987-107</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7735839</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STATE ST S&amp;P MDCP IDX SECLND CL III</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-0337987-108</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3153554</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STATE ST US BND IDX SECLND CL III</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-0337987-105</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>462343</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LOUIS P. COTE INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOUIS P. COTE INC.	<b>c</b> EIN-PN 02-0232906-001
<b>a</b>	Plan name	INTERNAL MEDICINE CLINIC OF TANGIPAHOA LLC 401K PSP	
<b>b</b>	Name of plan sponsor	INTERNAL MEDICINE CLINIC	<b>c</b> EIN-PN 03-0417452-001
<b>a</b>	Plan name	CANTELLA AND CO INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CANTELLA AND CO INC.	<b>c</b> EIN-PN 04-2670968-001
<b>a</b>	Plan name	LANDMARK STRUCTURES CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LANDMARK STRUCTURES CORPORATION	<b>c</b> EIN-PN 04-3178314-001
<b>a</b>	Plan name	ASSOC FOR COMMUNITY AFFILIATED PLANS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASSOC FOR COMMUNITY AFFILIATED	<b>c</b> EIN-PN 05-0509791-001
<b>a</b>	Plan name	DOT GENERATION OF CONNECTICUT 401K PLAN	
<b>b</b>	Name of plan sponsor	DOT GENERATION OF CONNECTICUT	<b>c</b> EIN-PN 06-1243847-001
<b>a</b>	Plan name	ARDENT DISPLAYS AND PACKAGING INC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	ARDENT DISPLAYS AND PACKAGING INC	<b>c</b> EIN-PN 06-1262323-001
<b>a</b>	Plan name	WOCL LEYDON LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOOHER WOCL AND LEYDON LLC	<b>c</b> EIN-PN 06-1407531-001
<b>a</b>	Plan name	HARRISONHAMNETT P.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARRISONHAMNETT P.C.	<b>c</b> EIN-PN 13-3596627-001
<b>a</b>	Plan name	INFOTECH SOLUTIONS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INFOTECH SOLUTIONS LLC	<b>c</b> EIN-PN 13-4094248-001
<b>a</b>	Plan name	EXPORTIMPORT SERVICES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	EXPORTIMPORT SERVICES INC.	<b>c</b> EIN-PN 13-5061015-001
<b>a</b>	Plan name	DUNHILL INTERNATIONAL LIST CO. INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUNHILL INTL LIST CO. INC.	<b>c</b> EIN-PN 13-5671798-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	SOURCE COMMUNICATIONS OF AMERICA LLC 401K PLAN	
<b>b</b> Name of plan sponsor	SOURCE COMMUNICATIONS OF AMERICA	<b>c</b> EIN-PN 20-0507160-001
<b>a</b> Plan name	JINKS CROW P.C. 401K PLAN	
<b>b</b> Name of plan sponsor	JINKS CROW P.C.	<b>c</b> EIN-PN 20-0561264-001
<b>a</b> Plan name	RYCLAIR CORP. 401K PSP AND TRUST	
<b>b</b> Name of plan sponsor	RYCLAIR CORP.	<b>c</b> EIN-PN 20-2834216-001
<b>a</b> Plan name	SMITH DOLLAR PC 401K PSP AND TRUST	
<b>b</b> Name of plan sponsor	SMITH DOLLAR PC	<b>c</b> EIN-PN 20-2951753-001
<b>a</b> Plan name	ARMS 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ACCELERATED RECEIVABLES MGMT	<b>c</b> EIN-PN 20-3579636-001
<b>a</b> Plan name	BETH EGANLODGE DMD 401K PLAN	
<b>b</b> Name of plan sponsor	BETH EGANLODGE DMD	<b>c</b> EIN-PN 20-4229599-001
<b>a</b> Plan name	BOUEY AND BLACK LLP 401K PLAN	
<b>b</b> Name of plan sponsor	BOUEY AND BLACK LLP	<b>c</b> EIN-PN 20-4987687-001
<b>a</b> Plan name	LINIK CORP. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LINIK CORP.	<b>c</b> EIN-PN 20-5035607-001
<b>a</b> Plan name	AIMS MEDICAL GROUP 401K PLAN	
<b>b</b> Name of plan sponsor	AIMS PLLC	<b>c</b> EIN-PN 20-5485614-001
<b>a</b> Plan name	SPARTAN 401K PLAN	
<b>b</b> Name of plan sponsor	SPARTAN TECH	<b>c</b> EIN-PN 20-5869033-001
<b>a</b> Plan name	RAHWAY DENTAL GROUP PA EMPLOYEES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	RAHWAY DENTAL GROUP PA	<b>c</b> EIN-PN 22-1911075-001
<b>a</b> Plan name	MASTAPETER FUNERAL HOMES PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MASTAPETER FUNERAL HOMES INC.	<b>c</b> EIN-PN 22-2043705-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	NJ HARDWOODS INC. 401K PLAN	
<b>b</b> Name of plan sponsor	NJ HARDWOODS INC.	<b>c</b> EIN-PN 22-2498221-001
<b>a</b> Plan name	SHARBELL DEVELOPMENT CORP. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	SHARBELL DEVELOPMENT CORP.	<b>c</b> EIN-PN 22-2543285-001
<b>a</b> Plan name	NETSAK INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	NETSAK INC.	<b>c</b> EIN-PN 22-2784227-001
<b>a</b> Plan name	JOSEPH CHIARELLO AND CO. INC. 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	JOSEPH CHIARELLO AND CO. INC.	<b>c</b> EIN-PN 22-3065887-001
<b>a</b> Plan name	HELMER LEGAL 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HELMER CONLEY AND KASSELMAN P.A.	<b>c</b> EIN-PN 22-3160942-001
<b>a</b> Plan name	AMRIDGE UNIVERSITY 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AMRIDGE UNIVERSITY	<b>c</b> EIN-PN 23-7034324-001
<b>a</b> Plan name	PATRICK PROPERTIES EVENTS LLC 401K PROFIT SHARING PLAN TRUST	
<b>b</b> Name of plan sponsor	PATRICK PROPERTIES EVENTS LLC	<b>c</b> EIN-PN 26-0610333-001
<b>a</b> Plan name	NAPLES HEART RHYTHM SPECIALISTS 401K PLAN	
<b>b</b> Name of plan sponsor	NAPLES HEART RHYTHM SPECIALISTS	<b>c</b> EIN-PN 26-0868499-001
<b>a</b> Plan name	DERMATOLOGY GROUP 401K	
<b>b</b> Name of plan sponsor	DERMATOLOGY MED GRP OF SAN FRAN	<b>c</b> EIN-PN 26-1087410-001
<b>a</b> Plan name	AMERICAN TRAVEL SOLUTIONS 401K PLAN	
<b>b</b> Name of plan sponsor	AMERICAN TRAVEL SOLUTIONS LLC	<b>c</b> EIN-PN 26-1584446-001
<b>a</b> Plan name	MOSSY SUPERSTORE 401K PLAN	
<b>b</b> Name of plan sponsor	MOSSY MOTORS OF MISSISSIPPI LLP	<b>c</b> EIN-PN 26-2116688-001
<b>a</b> Plan name	SLATTERY MARKETING 401K PLAN	
<b>b</b> Name of plan sponsor	SLATTERY MARKETING	<b>c</b> EIN-PN 26-2707418-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	ENERQUIP LLC 401K PLAN	
<b>b</b> Name of plan sponsor	ENERQUIP LLC	<b>c</b> EIN-PN 26-3186817-001
<b>a</b> Plan name	TOTAL ASSESSMENT SOLUTIONS CORP 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TOTAL ASSESSMENT SOLUTIONS CORP	<b>c</b> EIN-PN 27-1427730-001
<b>a</b> Plan name	CER EMPLOYEES 401K PLAN	
<b>b</b> Name of plan sponsor	CER TECHNICAL SERVICES LLC	<b>c</b> EIN-PN 27-1525460-001
<b>a</b> Plan name	ITINERIS NA INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ITINERIS NA INC.	<b>c</b> EIN-PN 27-1791662-001
<b>a</b> Plan name	CAPITAL FIRE PROTECTION CO. 401K PLAN	
<b>b</b> Name of plan sponsor	CAPITAL FIRE PROTECTION CO.	<b>c</b> EIN-PN 31-0669763-001
<b>a</b> Plan name	INDIAN CREEK FABRICATORS INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	INDIAN CREEK FABRICATORS INC.	<b>c</b> EIN-PN 31-1196045-001
<b>a</b> Plan name	LOUD AND CLEAR 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LOUD AND CLEAR INC.	<b>c</b> EIN-PN 31-1306248-001
<b>a</b> Plan name	LOUD AND CLEAR INC CASH BALANCE PENSION PLAN	
<b>b</b> Name of plan sponsor	LOUD AND CLEAR INC	<b>c</b> EIN-PN 31-1306248-001
<b>a</b> Plan name	COMP ORAL AND MAXILLOFACIAL SURGERY INC. PSP AND TRUST	
<b>b</b> Name of plan sponsor	COMP ORAL AND MAXILLOFACIAL	<b>c</b> EIN-PN 31-1508141-001
<b>a</b> Plan name	ACTION MACHINE 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ACTION MACHINE LLC	<b>c</b> EIN-PN 33-3370982-001
<b>a</b> Plan name	GRABILL PLUMBING AND HEATING INC. 401K PLAN	
<b>b</b> Name of plan sponsor	GRABILL PLUMBING AND HEATING INC.	<b>c</b> EIN-PN 34-1144840-001
<b>a</b> Plan name	FEDORKO CHIROPRACTIC CLINIC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	FEDORKO CHIROPRACTIC HEALTH CTR	<b>c</b> EIN-PN 34-1373579-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THEODORE FRITZ INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THEODORE FRITZ INC.	<b>c</b> EIN-PN 34-1632569-001
<b>a</b>	Plan name VANCUREN SERVICES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor VANCUREN SERVICES INC.	<b>c</b> EIN-PN 34-1718988-001
<b>a</b>	Plan name BAY ORAL AND MAXILLOFACIAL SURGERY INC. PS AND 401K PLAN	
<b>b</b>	Name of plan sponsor BAY ORAL AND MAXILLOFACIAL SURGERY	<b>c</b> EIN-PN 34-1964505-001
<b>a</b>	Plan name PRECISE TOOLING SOLUTIONS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PRECISE TOOLING SOLUTIONS INC	<b>c</b> EIN-PN 35-1716551-001
<b>a</b>	Plan name BREWER COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor BREWER MACHINE AND MFG INC.	<b>c</b> EIN-PN 35-1774562-001
<b>a</b>	Plan name JAMES H. CUNNINGHAM INSURANCE AGENCY INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JAMES H. CUNNINGHAM INSURANCE	<b>c</b> EIN-PN 36-2666465-001
<b>a</b>	Plan name LARSEN MANUFACTURING LLC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor LARSEN MANUFACTURING LLC	<b>c</b> EIN-PN 36-4279178-001
<b>a</b>	Plan name MICHIGAN PERINATAL ASSOC. PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN PERINATAL ASSOC. PC	<b>c</b> EIN-PN 36-4509477-001
<b>a</b>	Plan name L. W. CONTRACTORS INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor L. W. CONTRACTORS INC.	<b>c</b> EIN-PN 37-1097320-001
<b>a</b>	Plan name LASER CUTTING COMPANY INC. 401K PLAN	
<b>b</b>	Name of plan sponsor LASER CUTTING COMPANY INC.	<b>c</b> EIN-PN 38-1846134-001
<b>a</b>	Plan name ST. CLAIR SYSTEMS INC. 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor ST. CLAIR SYSTEMS INC.	<b>c</b> EIN-PN 38-2933124-001
<b>a</b>	Plan name UNICOTE CORPORATION 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor UNICOTE CORPORATION	<b>c</b> EIN-PN 38-3543346-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	ANDERSONASHTON INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ANDERSONASHTON INC.
<b>c</b>	EIN-PN	39-0963485-001
<b>a</b>	Plan name	MAPLE RIDGE FARMS INC. 401K PLAN
<b>b</b>	Name of plan sponsor	MAPLE RIDGE FARMS INC.
<b>c</b>	EIN-PN	39-1419625-001
<b>a</b>	Plan name	FEHRMAN ORTHODONTICS SC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FEHRMAN ORTHODONTICS SC
<b>c</b>	EIN-PN	39-2011930-001
<b>a</b>	Plan name	MINNESOTA GRINDING INC RESTATED EMPLOYEES PROFIT SHARING TRUST
<b>b</b>	Name of plan sponsor	MINNESOTA GRINDING INC
<b>c</b>	EIN-PN	41-0945980-001
<b>a</b>	Plan name	ASSOCIATED PARTNERSHIP LTD INC. 401K PLAN
<b>b</b>	Name of plan sponsor	ASSOCIATED PARTNERSHIP LTD INC.
<b>c</b>	EIN-PN	41-1459880-001
<b>a</b>	Plan name	POSTVILLE VETERINARY CLINIC P.C 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	POSTVILLE VETERINARY CLINIC P.C
<b>c</b>	EIN-PN	42-1279931-001
<b>a</b>	Plan name	I.A. FEINGOLD M.D. 401K PLAN
<b>b</b>	Name of plan sponsor	IA FEINGOLD MD MED/LLEGAL CONSULT
<b>c</b>	EIN-PN	42-1571092-001
<b>a</b>	Plan name	BIORESOURCE TECH LLC PSP AND TRUST
<b>b</b>	Name of plan sponsor	BIORESOURCE TECHNOLOGY LLC
<b>c</b>	EIN-PN	43-2026900-001
<b>a</b>	Plan name	UNIMETAL SURFACE FINISHING 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	UNIMETAL SURFACE FINISHING LLC
<b>c</b>	EIN-PN	45-2040978-001
<b>a</b>	Plan name	AMHERST ORAL SURGERY AND IMPLANT CTR LLC PS AND 401K PLAN
<b>b</b>	Name of plan sponsor	AMHERST ORAL SURGERY AND IMPLANT
<b>c</b>	EIN-PN	45-4974029-001
<b>a</b>	Plan name	ACSEL MEDICAL SOLUTIONS LLC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ACSEL MEDICAL SOLUTIONS LLC
<b>c</b>	EIN-PN	45-5587076-001
<b>a</b>	Plan name	JAMES WEST ORTHODONTICS LLC 401K PLAN
<b>b</b>	Name of plan sponsor	JAMES WEST ORTHODONTICS LLC
<b>c</b>	EIN-PN	47-4834642-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HMN ARCHITECTS INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	HMN ARCHITECTS INC.	<b>c</b> EIN-PN 48-1186794-001
<b>a</b>	Plan name	DE GUARDIOLA ADVISORS AND VILLAMAR ASSOC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DE GUARDIOLA ADVISORS AND VILLAMAR	<b>c</b> EIN-PN 51-0443091-001
<b>a</b>	Plan name	MONARCH EMPLOYEE INVESTMENT ACCOUNT	
<b>b</b>	Name of plan sponsor	THE MONARCH BEVERAGE COMPANY INC	<b>c</b> EIN-PN 52-2281555-001
<b>a</b>	Plan name	VANSANT AND GUSLER INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VANSANT AND GUSLER INC.	<b>c</b> EIN-PN 54-0954592-001
<b>a</b>	Plan name	CAPTAIN GEORGES SEAFOOD RESTAURANT 401K PLAN	
<b>b</b>	Name of plan sponsor	LIDESLAMBOUS INC.	<b>c</b> EIN-PN 54-1297506-001
<b>a</b>	Plan name	SADLER EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SADLER BROTHERS OIL COMPANY INC.	<b>c</b> EIN-PN 54-1935536-001
<b>a</b>	Plan name	SECUREIT CONSULTING GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	SECUREIT CONSULTING GROUP	<b>c</b> EIN-PN 54-2012193-001
<b>a</b>	Plan name	MCCALL BROTHERS INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCCALL BROTHERS INC.	<b>c</b> EIN-PN 56-0539535-001
<b>a</b>	Plan name	RANDOLPH COMMUNITY SERVICES INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RANDOLPH COMMUNITY SERVICES	<b>c</b> EIN-PN 56-1244921-001
<b>a</b>	Plan name	GREATER RALEIGH REFRIGERATION INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREATER RALEIGH REFRIGERATION	<b>c</b> EIN-PN 56-1686114-001
<b>a</b>	Plan name	MAHAN OVEN AND ENGINEERING COMPANY INC. PSP AND TRUST	
<b>b</b>	Name of plan sponsor	MAHAN OVEN AND ENGINEERING CO.	<b>c</b> EIN-PN 57-0470170-001
<b>a</b>	Plan name	WEINBERGERS FURNITURE SHOWCASE 401K PSP	
<b>b</b>	Name of plan sponsor	WEINBERGER FURNITURE SHOWCASE	<b>c</b> EIN-PN 58-0250960-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	BUSBYS INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BUSBYS INC.	<b>c</b> EIN-PN 58-1249718-001
<b>a</b> Plan name	U.S. ENTERPRISES 401K PLAN	
<b>b</b> Name of plan sponsor	U.S. ENTERPRISES	<b>c</b> EIN-PN 58-1333740-001
<b>a</b> Plan name	MANMOHAN GUPTA M.D. P.C. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MANMOHAN GUPTA M.D.	<b>c</b> EIN-PN 58-1586750-001
<b>a</b> Plan name	NETWORK CABLING INFRASTRUCTURES LLC	
<b>b</b> Name of plan sponsor	NETWORK CABLING INFRASTRUCTURES	<b>c</b> EIN-PN 58-2594407-001
<b>a</b> Plan name	HMS WAREHOUSING CORP 401K PROGRAM	
<b>b</b> Name of plan sponsor	HMS WAREHOUSING CORP	<b>c</b> EIN-PN 59-1055276-001
<b>a</b> Plan name	ORTHOPEDIC CNTR OF FLORIDA INC. EMPLOYEES 401K PSP	
<b>b</b> Name of plan sponsor	ORTHOPEDIC CNTR OF FLORIDA INC.	<b>c</b> EIN-PN 59-2750728-001
<b>a</b> Plan name	FLORIDA RETAIL FEDERATION INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	FLORIDA RETAIL FEDERATION INC.	<b>c</b> EIN-PN 59-2907600-001
<b>a</b> Plan name	FLORIDA EYE CONSULTANTS INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	FLORIDA EYE CONSULTANTS INC.	<b>c</b> EIN-PN 59-3395074-001
<b>a</b> Plan name	NURSINGALE 401K PLAN	
<b>b</b> Name of plan sponsor	CHILDRENS NURSING SPECIALTIES	<b>c</b> EIN-PN 59-3796997-001
<b>a</b> Plan name	FOSTERMORALES PLLC	
<b>b</b> Name of plan sponsor	FOSTERMORALES PLLC	<b>c</b> EIN-PN 60-0000416-001
<b>a</b> Plan name	FUTURE DESIGNS INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FUTURE DESIGNS INC.	<b>c</b> EIN-PN 61-1166571-001
<b>a</b> Plan name	LIVINGSTON WILBERT VAULT 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LIVINGSTON WILBERT VAULT CO INC	<b>c</b> EIN-PN 62-0786882-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	STEEL BUILDING ATTITUDES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	STEEL BUILDING ATTITUDES INC.	<b>c</b> EIN-PN 62-1619222-001
<b>a</b>	Plan name	JACK INGRAM MOTORS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JACK INGRAM MOTORS INC	<b>c</b> EIN-PN 63-0436433-001
<b>a</b>	Plan name	STOCKETT AND THOMAS AGENCY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STOCKETT AND THOMAS AGENCY LLP	<b>c</b> EIN-PN 64-0903249-001
<b>a</b>	Plan name	AOK JETS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AOK JETS INC.	<b>c</b> EIN-PN 65-0246121-001
<b>a</b>	Plan name	SAMSUNG ELEC. LATINOAMERICA MIAMI INC. 401K PSP	
<b>b</b>	Name of plan sponsor	SAMSUNG ELEC LATINOAMERICA MIAMI	<b>c</b> EIN-PN 65-0592532-001
<b>a</b>	Plan name	ARTISTIC PAVER MANUFACTURING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARTISTIC PAVER MANUFACTURING INC	<b>c</b> EIN-PN 65-1029559-001
<b>a</b>	Plan name	CUSTOM DESIGN COUNTERTOPS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM DESIGN COUNTERTOPS INC.	<b>c</b> EIN-PN 68-0198381-001
<b>a</b>	Plan name	BAYVIEW SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	BAYVIEW SERVICES INC.	<b>c</b> EIN-PN 68-0310921-001
<b>a</b>	Plan name	MARATHON FITNESS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARATHON FITNESS	<b>c</b> EIN-PN 68-0544664-001
<b>a</b>	Plan name	ENVISION NETWORKED SOLUTIONS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EOH ENTERPRISES LLC	<b>c</b> EIN-PN 71-0957684-001
<b>a</b>	Plan name	MULTISTACK LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MULTISTACK LLC	<b>c</b> EIN-PN 72-1524879-001
<b>a</b>	Plan name	PETROLEUM CLUB OF HOUSTON 401K PLAN	
<b>b</b>	Name of plan sponsor	PETROLEUM CLUB OF HOUSTON	<b>c</b> EIN-PN 74-1098713-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HOGGATT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOGGATT LLC	<b>c</b> EIN-PN 74-1730979-001
<b>a</b>	Plan name	DYNALLOY 401K PLAN	
<b>b</b>	Name of plan sponsor	DYNALLOY INDUSTRIES INC	<b>c</b> EIN-PN 74-1816941-001
<b>a</b>	Plan name	STERLING AUTO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	STERLING AUTO GROUP	<b>c</b> EIN-PN 74-2959366-001
<b>a</b>	Plan name	SPORTS OCCUPATIONAL AND KNEE SURGERY P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	SPORTS OCCUPATIONAL AND KNEE	<b>c</b> EIN-PN 74-3003368-001
<b>a</b>	Plan name	FIRST BASIN CREDIT UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	FIRST BASIN CREDIT UNION	<b>c</b> EIN-PN 75-1084210-001
<b>a</b>	Plan name	THE CNTRL CHURCH OF CHRIST OF AMARILLO TX EE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	THE CNTRL CHURCH OF CHRIST	<b>c</b> EIN-PN 75-1769195-001
<b>a</b>	Plan name	LEGGETT CLEMONS CRANDALL PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BASINGER LEGGETT CLEMONS BOWLING	<b>c</b> EIN-PN 75-2982332-001
<b>a</b>	Plan name	GENESIS FINANCIAL TECHNOLOGIES INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENESIS FINANCIAL TECHNOLOGIES	<b>c</b> EIN-PN 75-3015904-001
<b>a</b>	Plan name	FILTRATION TECHNOLOGY CORP EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	FILTRATION TECHNOLOGY CORP	<b>c</b> EIN-PN 76-0214592-001
<b>a</b>	Plan name	M. MEHRINFAR DDS PLLC 401K	
<b>b</b>	Name of plan sponsor	M. MEHRINFAR DDS PLLC	<b>c</b> EIN-PN 76-0509923-001
<b>a</b>	Plan name	AYER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOPI N. AYER MD	<b>c</b> EIN-PN 77-0483665-001
<b>a</b>	Plan name	CLE OMS PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	CLE OMS	<b>c</b> EIN-PN 81-0816769-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WESCHLERS AUCTIONEERS AND APPRAISERS LLC PSP	
<b>b</b>	Name of plan sponsor	WESCHLERS AUCTIONEERS	<b>c</b> EIN-PN 81-2461975-001
<b>a</b>	Plan name	POSITIVE PHYSICIANS HOLDINGS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	POSITIVE PHYSICIANS HOLDINGS INC	<b>c</b> EIN-PN 83-0824448-001
<b>a</b>	Plan name	SIGNAL BEHAVIORAL HEALTH NETWORK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIGNAL BEHAVIORAL HEALTH NETWORK	<b>c</b> EIN-PN 84-1362495-001
<b>a</b>	Plan name	IFB 401K PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL FINANCE BANK	<b>c</b> EIN-PN 85-3345810-001
<b>a</b>	Plan name	ROCKY MOUNTAIN PHYSICAL THERAPY 401K PLAN	
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN PHYSICAL THERAPY	<b>c</b> EIN-PN 86-1018807-001
<b>a</b>	Plan name	JULIET COMPANIES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JULIET PROPERTY COMPANIES	<b>c</b> EIN-PN 88-0381993-001
<b>a</b>	Plan name	SAC LAW FIRM 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF STEPHENSON	<b>c</b> EIN-PN 88-0551560-001
<b>a</b>	Plan name	TED PEREZ AND ASSOCIATES INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TED PEREZ AND ASSOCIATES INC.	<b>c</b> EIN-PN 90-0128195-001
<b>a</b>	Plan name	SEATTLE PERIODONTICS AND IMPLANT DENTISTRY 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	SEATTLE PERIODONTICS AND IMPLANT	<b>c</b> EIN-PN 91-1696993-001
<b>a</b>	Plan name	WESTERN LIVING CONCEPTS 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTERN LIVING CONCEPTS	<b>c</b> EIN-PN 91-1824981-001
<b>a</b>	Plan name	MCGEE HEATING AND AIR CONDITIONING INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MCGEE HEATING AND AIR CONDITIONING	<b>c</b> EIN-PN 93-4406489-001
<b>a</b>	Plan name	SANTA CRUZ NISSANDODGEVW 401K SAVINGS AND RETIRE. PLAN	
<b>b</b>	Name of plan sponsor	SANTA CRUZ NISSANDODGEVW	<b>c</b> EIN-PN 94-2553123-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CALIFORNIA WASTE SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA WASTE SOLUTIONS INC	<b>c</b> EIN-PN 94-3151076-001
<b>a</b>	Plan name	PROVEN MANAGEMENT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PROVEN MANAGEMENT INC.	<b>c</b> EIN-PN 94-3235783-001
<b>a</b>	Plan name	RESULTS RADIO 401K PLAN	
<b>b</b>	Name of plan sponsor	RESULTS RADIO LLC	<b>c</b> EIN-PN 94-3325146-001
<b>a</b>	Plan name	SPECIALTY TECHNICAL CONSULTANTS INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTY TECHNICAL CONSULTANTS	<b>c</b> EIN-PN 94-3330139-001
<b>a</b>	Plan name	INLAND INDUSTRIAL TIRE NORTH INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INLAND INDUSTRIAL TIRE NORTH INC	<b>c</b> EIN-PN 95-3590616-001
<b>a</b>	Plan name	INTERNATIONAL LASER GROUP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL LASER GROUP	<b>c</b> EIN-PN 95-4442188-001
<b>a</b>	Plan name	FERRARI OF SOUTHERN CALIFORNIA 401K PLAN	
<b>b</b>	Name of plan sponsor	FERRARI OF BEVERLY HILLS	<b>c</b> EIN-PN 95-4685945-001
<b>a</b>	Plan name	HAWAIIAN ISLAND FREIGHT ASSOC INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HAWAIIAN ISLAND FREIGHT ASSOC	<b>c</b> EIN-PN 99-0114753-001
<b>a</b>	Plan name	BERT M. SUMIKAWA DDS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERT M. SUMIKAWA DDS INC.	<b>c</b> EIN-PN 99-0148240-001
<b>a</b>	Plan name	MENEHUNE WATER CO. INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MENEHUNE WATER CO. INC.	<b>c</b> EIN-PN 99-0244514-001
<b>a</b>	Plan name	WESLEY R. SEGAWA AND ASSOC. INC. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WESLEY R. SEGAWA AND ASSOC. INC.	<b>c</b> EIN-PN 99-0313810-001
<b>a</b>	Plan name	JD PAINTING AND DECORATING INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JD PAINTING AND DECORATING INC.	<b>c</b> EIN-PN 99-6695018-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERITAS LIFE INSURANCE CORP SEPARATE ACCOUNT G-3</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERITAS LIFE INSURANCE CORP</b>	<b>D</b> Employer Identification Number (EIN) <b>47-0098400</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	126793813
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	273115277
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	116579881
<b>(15)</b> Other.....	<b>1c(15)</b>	268257278

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	399909090	384837159
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	399909090	384837159

**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.

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

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	13101753
(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)	34305662
<b>c</b> Other income .....	2c	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	47407415

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> 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
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	47407415
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	84180458
(2) From this plan .....	2l(2)	146659804

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.