

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) E, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST
2b Employer Identification Number (EIN): 81-1268907
2c Plan Sponsor's telephone number: 614-249-2400
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<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 checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  1  </u> (4) <input checked="" 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 159943096

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">81-1268907</span></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
COMMUNITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-1440175	10345	0000	4026	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		3614056
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</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>Service Provider 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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>81-1268907</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COMMUNITY INSURANCE COMPANY

31-1440175

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	1320663	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CONSOLIPLEX AGRICULTURE

61-1718036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 16	NONE	167127	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MALONEY & NOVOTNY LLC

34-0677006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	NONE	40550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DESIGN MOJO

81-2046435

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</u>	<b>D</b> Employer Identification Number (EIN) <u>81-1268907</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<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	3J ENTERPRISES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	3J ENTERPRISES INC	<b>c</b> EIN-PN 86-2703579-501
<b>a</b>	Plan name	A GEST FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	A GEST FARMS	<b>c</b> EIN-PN 81-1373306-501
<b>a</b>	Plan name	A J RAHN GREENHOUSES, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	A J RAHN GREENHOUSES, INC	<b>c</b> EIN-PN 31-1192202-501
<b>a</b>	Plan name	A&R CREATIVE GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	A&R CREATIVE GROUP	<b>c</b> EIN-PN 47-2856913-501
<b>a</b>	Plan name	A-1 BATTERY SHOP INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	A-1 BATTERY SHOP INC.	<b>c</b> EIN-PN 34-1527433-501
<b>a</b>	Plan name	A1 RESTAURANT EQUIPMENT COMPANY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	A1 RESTAURANT EQUIPMENT COMPANY	<b>c</b> EIN-PN 20-0802232-501
<b>a</b>	Plan name	AARON BURKS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AARON BURKS	<b>c</b> EIN-PN 27-4805354-501
<b>a</b>	Plan name	AAT TRUCKING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AAT TRUCKING	<b>c</b> EIN-PN 45-3963838-501
<b>a</b>	Plan name	ABBIE CS ACRES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ABBIE CS ACRES, LLC	<b>c</b> EIN-PN 47-4055193-501
<b>a</b>	Plan name	ABIL ENTERPRISES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ABIL ENTERPRISES LLC	<b>c</b> EIN-PN 47-1906670-501
<b>a</b>	Plan name	ABLE EXTERIORS CO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ABLE EXTERIORS CO	<b>c</b> EIN-PN 92-3904221-501
<b>a</b>	Plan name	ACME BROS. PLUMBING CONTRACTORS CO. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ACME BROS. PLUMBING CONTRACTORS CO.	<b>c</b> EIN-PN 27-2103927-502

<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	ACRA LANDSCAPING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ACRA LANDSCAPING	<b>c</b> EIN-PN 20-2981014-501
<b>a</b>	Plan name	ADAPTIVE COMPOSITES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ADAPTIVE COMPOSITES	<b>c</b> EIN-PN 20-3606739-501
<b>a</b>	Plan name	ADMA LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ADMA LLC	<b>c</b> EIN-PN 85-4216741-501
<b>a</b>	Plan name	ADVOCATE FOR ELDERS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ADVOCATE FOR ELDERS	<b>c</b> EIN-PN 04-2669684-501
<b>a</b>	Plan name	AERIAL PLOT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AERIAL PLOT LLC	<b>c</b> EIN-PN 83-2452851-502
<b>a</b>	Plan name	AFIA WEALTH MANAGEMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AFIA WEALTH MANAGEMENT	<b>c</b> EIN-PN 88-0528879-501
<b>a</b>	Plan name	AG NET COMMUNICATION, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AG NET COMMUNICATION, LLC	<b>c</b> EIN-PN 85-4381229-501
<b>a</b>	Plan name	AGENCY ONE INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AGENCY ONE INC	<b>c</b> EIN-PN 06-1664095-501
<b>a</b>	Plan name	AGRICULTURAL PRODUCTION SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AGRICULTURAL PRODUCTION SERVICES LLC	<b>c</b> EIN-PN 27-1091743-501
<b>a</b>	Plan name	AJLJ LAW LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AJLJ LAW LLC	<b>c</b> EIN-PN 93-3049454-501
<b>a</b>	Plan name	ALESIA FREET OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALESIA FREET	<b>c</b> EIN-PN 27-8542776-501
<b>a</b>	Plan name	ALFAGREEN SUPREME OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALFAGREEN SUPREME	<b>c</b> EIN-PN 34-0871795-501

<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	ALFIERI TRUCKING & CONTRACTING INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALFIERI TRUCKING & CONTRACTING INC	<b>c</b> EIN-PN 34-1818251-501
<b>a</b>	Plan name	ALGEBRA PROPERTIES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALGEBRA PROPERTIES LLC	<b>c</b> EIN-PN 26-2866599-501
<b>a</b>	Plan name	ALISANDRA PATEY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALISANDRA PATEY	<b>c</b> EIN-PN 12-1501872-501
<b>a</b>	Plan name	ALL CRITTERS VET OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALL CRITTERS VET	<b>c</b> EIN-PN 88-1783851-501
<b>a</b>	Plan name	ALL PRO LANDSCAPING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALL PRO LANDSCAPING	<b>c</b> EIN-PN 87-0752863-501
<b>a</b>	Plan name	ALL SEASONS AUTO DETAILING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALL SEASONS AUTO DETAILING, LLC	<b>c</b> EIN-PN 93-2688244-501
<b>a</b>	Plan name	ALL SIDE ROOFING AND RESTORATION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALL SIDE ROOFING AND RESTORATION LLC	<b>c</b> EIN-PN 87-3659676-501
<b>a</b>	Plan name	ALL STATE FIRE PROTECTION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALL STATE FIRE PROTECTION	<b>c</b> EIN-PN 82-1887381-501
<b>a</b>	Plan name	ALLIANCE AG, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE AG, LLC	<b>c</b> EIN-PN 47-3033119-501
<b>a</b>	Plan name	ALL-LITE ACQUISITION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALL-LITE ACQUISITION LLC	<b>c</b> EIN-PN 20-8807796-501
<b>a</b>	Plan name	ALUMALLOY METALCASTING CO. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALUMALLOY METALCASTING CO.	<b>c</b> EIN-PN 34-1353294-501
<b>a</b>	Plan name	ALVORD INSURANCE AGENCY, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALVORD INSURANCE AGENCY, LLC	<b>c</b> EIN-PN 84-3742516-502

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">AMANDA LINGENFELTER, LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMANDA LINGENFELTER, LLC</a>	<b>c</b> EIN-PN <a href="#">88-2727948-501</a>
<b>a</b>	Plan name <a href="#">AMENDOLA ENGINEERING, INC. OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMENDOLA ENGINEERING, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1618508-501</a>
<b>a</b>	Plan name <a href="#">AMER CUNNINGHAM CO LPA OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMER CUNNINGHAM CO LPA</a>	<b>c</b> EIN-PN <a href="#">34-1091996-502</a>
<b>a</b>	Plan name <a href="#">AMERICAN SOLVING, INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN SOLVING, INC</a>	<b>c</b> EIN-PN <a href="#">38-2966237-501</a>
<b>a</b>	Plan name <a href="#">AMS BROKERAGE LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMS BROKERAGE LLC</a>	<b>c</b> EIN-PN <a href="#">83-1797687-501</a>
<b>a</b>	Plan name <a href="#">ANCHORED LEADERSHIP OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANCHORED LEADERSHIP</a>	<b>c</b> EIN-PN <a href="#">27-2801381-501</a>
<b>a</b>	Plan name <a href="#">ANDERSON FAMILY INSURANCE OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANDERSON FAMILY INSURANCE</a>	<b>c</b> EIN-PN <a href="#">47-5266175-502</a>
<b>a</b>	Plan name <a href="#">ANDERSON REMODELING, INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANDERSON REMODELING, INC</a>	<b>c</b> EIN-PN <a href="#">51-0533656-501</a>
<b>a</b>	Plan name <a href="#">APHTHONIA LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">APHTHONIA LLC</a>	<b>c</b> EIN-PN <a href="#">88-2436235-501</a>
<b>a</b>	Plan name <a href="#">ARBOR CARE OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARBOR CARE</a>	<b>c</b> EIN-PN <a href="#">20-8330051-501</a>
<b>a</b>	Plan name <a href="#">ARDLUSSA CAPITAL, LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARDLUSSA CAPITAL, LLC</a>	<b>c</b> EIN-PN <a href="#">93-3164222-501</a>
<b>a</b>	Plan name <a href="#">ARGENTI AUTO BODY OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARGENTI AUTO BODY</a>	<b>c</b> EIN-PN <a href="#">34-1670263-501</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ARK GROUP, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ARK GROUP, LLC	<b>c</b> EIN-PN 34-1938207-501
<b>a</b>	Plan name	ARTHUR TAYLOR LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ARTHUR TAYLOR LLC	<b>c</b> EIN-PN 31-1582966-501
<b>a</b>	Plan name	ARTOMOTIVE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ARTOMOTIVE LLC	<b>c</b> EIN-PN 86-1363537-501
<b>a</b>	Plan name	ASAFO AFRICAN FOOD DISTRIBUTORS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ASAFO AFRICAN FOOD DISTRIBUTORS	<b>c</b> EIN-PN 86-3228214-501
<b>a</b>	Plan name	ASHLEYS CANDY AND NUT SHOPPE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ASHLEYS CANDY AND NUT SHOPPE	<b>c</b> EIN-PN 35-2647419-501
<b>a</b>	Plan name	ASHWORTH KNUFF & COMPANY CPAS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ASHWORTH KNUFF & COMPANY CPAS INC	<b>c</b> EIN-PN 47-0901725-502
<b>a</b>	Plan name	ATI FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ATI FARMS	<b>c</b> EIN-PN 82-3921677-501
<b>a</b>	Plan name	ATTENTION TO DETAIL CONSTRUCTION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ATTENTION TO DETAIL CONSTRUCTION LLC	<b>c</b> EIN-PN 87-2696992-501
<b>a</b>	Plan name	AUBURN ACRES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AUBURN ACRES LLC	<b>c</b> EIN-PN 82-2084213-501
<b>a</b>	Plan name	AUTOMOTIVE PERSONNEL, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AUTOMOTIVE PERSONNEL, LLC	<b>c</b> EIN-PN 34-1851902-501
<b>a</b>	Plan name	AVERY REAL ESTATE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AVERY REAL ESTATE	<b>c</b> EIN-PN 47-5150173-501
<b>a</b>	Plan name	AWF TRUCKING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AWF TRUCKING	<b>c</b> EIN-PN 84-4508395-501

<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	AYERS FARMS INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	AYERS FARMS INC.	<b>c</b> EIN-PN 34-0947303-502
<b>a</b>	Plan name	B CARR FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	B CARR FARMS	<b>c</b> EIN-PN 31-1426484-501
<b>a</b>	Plan name	B&C LAWNCARE & LANDSCAPE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	B&C LAWNCARE & LANDSCAPE	<b>c</b> EIN-PN 31-1524654-501
<b>a</b>	Plan name	BACHMAN AG SERVICE, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BACHMAN AG SERVICE, INC.	<b>c</b> EIN-PN 31-1280451-501
<b>a</b>	Plan name	BACK BAY ASSOCIATES INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BACK BAY ASSOCIATES INC.	<b>c</b> EIN-PN 34-1411657-501
<b>a</b>	Plan name	BAINBRIDGE BANC AND LOAN INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAINBRIDGE BANC AND LOAN INC	<b>c</b> EIN-PN 41-2230479-501
<b>a</b>	Plan name	BAKE ME TREATS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAKE ME TREATS	<b>c</b> EIN-PN 47-4778961-502
<b>a</b>	Plan name	BALANCE AND THRIVE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BALANCE AND THRIVE	<b>c</b> EIN-PN 46-1511326-501
<b>a</b>	Plan name	BAL TIC MILL WINERY LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAL TIC MILL WINERY LLC	<b>c</b> EIN-PN 46-2833346-501
<b>a</b>	Plan name	BAR LEE JERSEYS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAR LEE JERSEYS, LLC	<b>c</b> EIN-PN 47-4087173-501
<b>a</b>	Plan name	BARBER FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BARBER FARMS	<b>c</b> EIN-PN 20-2180904-501
<b>a</b>	Plan name	BARGA FARMS, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BARGA FARMS, INC.	<b>c</b> EIN-PN 34-1299902-501

<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	BARKER FENCING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BARKER FENCING LLC	<b>c</b> EIN-PN 81-3987298-501
<b>a</b>	Plan name	BASA TIMBERWORKS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BASA TIMBERWORKS LLC	<b>c</b> EIN-PN 92-2603477-501
<b>a</b>	Plan name	BAUDENDISTEL FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAUDENDISTEL FARMS	<b>c</b> EIN-PN 31-1001745-501
<b>a</b>	Plan name	BAUMAN OIL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAUMAN OIL	<b>c</b> EIN-PN 81-0918222-501
<b>a</b>	Plan name	BAYLOR TWINE DESIGNS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAYLOR TWINE DESIGNS, LLC	<b>c</b> EIN-PN 82-2709335-501
<b>a</b>	Plan name	BEAM SPRINGS INCORPORATED OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BEAM SPRINGS INCORPORATED	<b>c</b> EIN-PN 31-1454703-501
<b>a</b>	Plan name	BECKER FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BECKER FARMS LLC	<b>c</b> EIN-PN 47-4103497-501
<b>a</b>	Plan name	BECKER FARMS MAINTENANCE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BECKER FARMS MAINTENANCE LLC	<b>c</b> EIN-PN 82-3184819-501
<b>a</b>	Plan name	BECKER SALES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BECKER SALES LLC	<b>c</b> EIN-PN 45-2608198-501
<b>a</b>	Plan name	BED BUG BURNERS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BED BUG BURNERS, LLC	<b>c</b> EIN-PN 27-5152718-501
<b>a</b>	Plan name	BELL FARMS AG LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BELL FARMS AG LLC	<b>c</b> EIN-PN 33-1107721-501
<b>a</b>	Plan name	BELLO HOMES CLE INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BELLO HOMES CLE INC	<b>c</b> EIN-PN 88-3502521-501

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 <b>BEN KAUSER EXCAVATING LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEN KAUSER EXCAVATING LLC</b>	<b>c</b> EIN-PN <b>81-3795557-501</b>
<b>a</b>	Plan name <b>BENEFITS ANALYSIS CORPORATION OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENEFITS ANALYSIS CORPORATION</b>	<b>c</b> EIN-PN <b>31-1130307-502</b>
<b>a</b>	Plan name <b>BEREA LANDSCAPE SUPPLIES, INC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEREA LANDSCAPE SUPPLIES, INC</b>	<b>c</b> EIN-PN <b>36-4749089-501</b>
<b>a</b>	Plan name <b>BEREA WINDOW AND DOOR OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEREA WINDOW AND DOOR</b>	<b>c</b> EIN-PN <b>81-0860719-501</b>
<b>a</b>	Plan name <b>BERNET FARMS LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BERNET FARMS LLC</b>	<b>c</b> EIN-PN <b>27-2375496-501</b>
<b>a</b>	Plan name <b>BERNIE OLLOM BUILDERS OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BERNIE OLLOM BUILDERS</b>	<b>c</b> EIN-PN <b>34-1546618-501</b>
<b>a</b>	Plan name <b>BEST GENERAL CONTRACTING, LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEST GENERAL CONTRACTING, LLC</b>	<b>c</b> EIN-PN <b>59-3808367-501</b>
<b>a</b>	Plan name <b>BIG PRARIE LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIG PRARIE LLC</b>	<b>c</b> EIN-PN <b>27-3588348-501</b>
<b>a</b>	Plan name <b>BIRDS HAVEN FARMS OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIRDS HAVEN FARMS</b>	<b>c</b> EIN-PN <b>26-0252040-501</b>
<b>a</b>	Plan name <b>BISHOP FAMILY FARMS OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BISHOP FAMILY FARMS</b>	<b>c</b> EIN-PN <b>27-0697171-501</b>
<b>a</b>	Plan name <b>BISSELL MAPLE FARM OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BISSELL MAPLE FARM</b>	<b>c</b> EIN-PN <b>20-4655320-501</b>
<b>a</b>	Plan name <b>BITBOYZ LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BITBOYZ LLC</b>	<b>c</b> EIN-PN <b>26-3640895-501</b>

<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	BLACK HILL OPERATIONS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLACK HILL OPERATIONS LLC	<b>c</b> EIN-PN 83-3822206-501
<b>a</b>	Plan name	BLACK ROCK INVESTMENTS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLACK ROCK INVESTMENTS	<b>c</b> EIN-PN 82-4146227-501
<b>a</b>	Plan name	BLACKFYRE MANAGEMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLACKFYRE MANAGEMENT	<b>c</b> EIN-PN 83-1764277-501
<b>a</b>	Plan name	BLACKROCK PASO FINO LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLACKROCK PASO FINO LLC	<b>c</b> EIN-PN 32-0011380-501
<b>a</b>	Plan name	BLAIR PORTEUS & SONS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLAIR PORTEUS & SONS	<b>c</b> EIN-PN 31-1028532-501
<b>a</b>	Plan name	BLOOMFIELD LIVESTOCK AUCTION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLOOMFIELD LIVESTOCK AUCTION LLC	<b>c</b> EIN-PN 81-5181377-501
<b>a</b>	Plan name	BLUE LAKE CLEANING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLUE LAKE CLEANING	<b>c</b> EIN-PN 81-2517728-501
<b>a</b>	Plan name	BLUE RIBBON FEED MILL, LTD. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLUE RIBBON FEED MILL, LTD.	<b>c</b> EIN-PN 34-1205664-501
<b>a</b>	Plan name	BLUE-J SURVEYING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLUE-J SURVEYING	<b>c</b> EIN-PN 26-4803478-501
<b>a</b>	Plan name	BLUESTEM FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BLUESTEM FARMS LLC	<b>c</b> EIN-PN 93-1368070-501
<b>a</b>	Plan name	BONE BOYS BBQ AND CATERING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BONE BOYS BBQ AND CATERING LLC	<b>c</b> EIN-PN 47-4809386-501
<b>a</b>	Plan name	BOPP FAMILY INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BOPP FAMILY INC	<b>c</b> EIN-PN 31-1231190-501

<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	BOWLING FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BOWLING FARMS	<b>c</b> EIN-PN 31-0745207-502
<b>a</b>	Plan name	BOYERTS INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BOYERTS INC.	<b>c</b> EIN-PN 31-6459593-501
<b>a</b>	Plan name	BRAD BECK FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRAD BECK FARMS LLC	<b>c</b> EIN-PN 82-3916117-501
<b>a</b>	Plan name	BRIAN REEVES CROP INSURANCE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRIAN REEVES CROP INSURANCE	<b>c</b> EIN-PN 86-3761714-501
<b>a</b>	Plan name	BRIDGETS OF ERIN OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRIDGETS OF ERIN	<b>c</b> EIN-PN 20-8867172-501
<b>a</b>	Plan name	BRIDGEWATER DAIRY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRIDGEWATER DAIRY	<b>c</b> EIN-PN 34-1861080-501
<b>a</b>	Plan name	BRIGHT VIEW MARKETING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRIGHT VIEW MARKETING, LLC	<b>c</b> EIN-PN 93-4990480-501
<b>a</b>	Plan name	BRIGHTSIDE JUNCTION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRIGHTSIDE JUNCTION	<b>c</b> EIN-PN 85-1027047-501
<b>a</b>	Plan name	BROADWAY SCRAP METALS & RECYCLING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BROADWAY SCRAP METALS & RECYCLING	<b>c</b> EIN-PN 46-0744677-501
<b>a</b>	Plan name	BRONCO MACHINE INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRONCO MACHINE INC.	<b>c</b> EIN-PN 34-1151832-501
<b>a</b>	Plan name	BRUBAKER BOWER FAMILY FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BRUBAKER BOWER FAMILY FARMS	<b>c</b> EIN-PN 88-0522871-501
<b>a</b>	Plan name	BSK INDUSTRIES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BSK INDUSTRIES INC	<b>c</b> EIN-PN 34-1575552-501

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 <b>BUCKEYE FARMERS LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCKEYE FARMERS LLC</b>	<b>c</b> EIN-PN <b>45-3622747-501</b>
<b>a</b>	Plan name <b>BUCKEYE TRANSPORTATION OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCKEYE TRANSPORTATION</b>	<b>c</b> EIN-PN <b>20-0009330-501</b>
<b>a</b>	Plan name <b>BUFFALO ROCK BREWING OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUFFALO ROCK BREWING</b>	<b>c</b> EIN-PN <b>84-4441190-501</b>
<b>a</b>	Plan name <b>BURBARIAN ENTERPRISES OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURBARIAN ENTERPRISES</b>	<b>c</b> EIN-PN <b>45-4747519-501</b>
<b>a</b>	Plan name <b>BURGER LAWN SERVICE, LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURGER LAWN SERVICE, LLC</b>	<b>c</b> EIN-PN <b>55-0809664-501</b>
<b>a</b>	Plan name <b>BURNETT REFUSE SERVICE OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURNETT REFUSE SERVICE</b>	<b>c</b> EIN-PN <b>82-3643173-501</b>
<b>a</b>	Plan name <b>BURNHAM ORCHARDS, INC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURNHAM ORCHARDS, INC</b>	<b>c</b> EIN-PN <b>34-1848464-501</b>
<b>a</b>	Plan name <b>BURTON FLORAL &amp; GARDEN OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURTON FLORAL &amp; GARDEN</b>	<b>c</b> EIN-PN <b>46-4297326-501</b>
<b>a</b>	Plan name <b>BUTTER HOSPITALITY LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUTTER HOSPITALITY LLC</b>	<b>c</b> EIN-PN <b>81-3896052-501</b>
<b>a</b>	Plan name <b>BUTTERFIELD FARM MARKET OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUTTERFIELD FARM MARKET</b>	<b>c</b> EIN-PN <b>20-3085040-501</b>
<b>a</b>	Plan name <b>BUTTS FARM, LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUTTS FARM, LLC</b>	<b>c</b> EIN-PN <b>92-2881550-501</b>
<b>a</b>	Plan name <b>C A PATTERSON TRUCKING LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>C A PATTERSON TRUCKING LLC</b>	<b>c</b> EIN-PN <b>93-2200491-501</b>

<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	C MILLER EXCAVATING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	C MILLER EXCAVATING	<b>c</b> EIN-PN 26-4443471-502
<b>a</b>	Plan name	C&R PRECISION ELECTRIC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	C&R PRECISION ELECTRIC	<b>c</b> EIN-PN 90-0182001-501
<b>a</b>	Plan name	CABLE S LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CABLE S LLC	<b>c</b> EIN-PN 82-3944948-501
<b>a</b>	Plan name	CAJKA FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CAJKA FARMS	<b>c</b> EIN-PN 82-2715580-501
<b>a</b>	Plan name	CAMDEN FEEDER PIGS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CAMDEN FEEDER PIGS INC	<b>c</b> EIN-PN 31-1431649-501
<b>a</b>	Plan name	CAMPBELL PAINTLESS DENT REPAIR, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL PAINTLESS DENT REPAIR, LLC	<b>c</b> EIN-PN 47-5049894-501
<b>a</b>	Plan name	CAP FARMS, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CAP FARMS, INC.	<b>c</b> EIN-PN 46-4301177-501
<b>a</b>	Plan name	CAPPS TAVERN INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CAPPS TAVERN INC	<b>c</b> EIN-PN 34-1762419-501
<b>a</b>	Plan name	CARDINAL SONG ACRES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CARDINAL SONG ACRES	<b>c</b> EIN-PN 88-2130785-501
<b>a</b>	Plan name	CARMEN PARTNERS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CARMEN PARTNERS LLC	<b>c</b> EIN-PN 47-5574742-501
<b>a</b>	Plan name	CARSON FAMILY FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CARSON FAMILY FARMS	<b>c</b> EIN-PN 27-3376516-501
<b>a</b>	Plan name	CASEY LAW FIRM LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CASEY LAW FIRM LTD	<b>c</b> EIN-PN 47-2310377-501

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 CATTMAN CO. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CATTMAN CO.	<b>c</b> EIN-PN 02-0574083-501
<b>a</b>	Plan name CB AG, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CB AG, LLC	<b>c</b> EIN-PN 47-4139003-501
<b>a</b>	Plan name CCMAC INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CCMAC INC	<b>c</b> EIN-PN 26-3738222-501
<b>a</b>	Plan name CENTER COURT CAPITAL LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CENTER COURT CAPITAL LLC	<b>c</b> EIN-PN 88-3894472-501
<b>a</b>	Plan name CENTER LINE MACHINING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CENTER LINE MACHINING	<b>c</b> EIN-PN 32-0219913-501
<b>a</b>	Plan name CENTERFIELD TURF CARE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CENTERFIELD TURF CARE LLC	<b>c</b> EIN-PN 93-1890560-501
<b>a</b>	Plan name CENTRUST WEALTH MANAGEMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CENTRUST WEALTH MANAGEMENT	<b>c</b> EIN-PN 03-0441225-501
<b>a</b>	Plan name CEP BEACH, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CEP BEACH, LLC	<b>c</b> EIN-PN 82-3666789-501
<b>a</b>	Plan name CHAKY REMODELING, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CHAKY REMODELING, INC.	<b>c</b> EIN-PN 34-1505609-501
<b>a</b>	Plan name CHARLES SCHULZ BUILDING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CHARLES SCHULZ BUILDING	<b>c</b> EIN-PN 34-0962514-502
<b>a</b>	Plan name CHASE CAMPBELL DRILLING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CHASE CAMPBELL DRILLING	<b>c</b> EIN-PN 27-8025301-501
<b>a</b>	Plan name CHECK CLEVELAND HOMES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CHECK CLEVELAND HOMES LLC	<b>c</b> EIN-PN 27-1628513-501

<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	CHEROKEE VALLEY BISON RANCH OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHEROKEE VALLEY BISON RANCH	<b>c</b> EIN-PN 50-4746354-501
<b>a</b>	Plan name	CHERWOOD FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHERWOOD FARMS	<b>c</b> EIN-PN 34-6729959-501
<b>a</b>	Plan name	CHEST PHYSICIANS, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHEST PHYSICIANS, INC.	<b>c</b> EIN-PN 20-4996066-501
<b>a</b>	Plan name	CHEVINGTON ANIMAL HOSPITAL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHEVINGTON ANIMAL HOSPITAL	<b>c</b> EIN-PN 31-1426522-501
<b>a</b>	Plan name	CHILCOTE FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHILCOTE FARMS	<b>c</b> EIN-PN 27-3582993-501
<b>a</b>	Plan name	CHILD & FAMILY COUNSELING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHILD & FAMILY COUNSELING	<b>c</b> EIN-PN 26-0714279-501
<b>a</b>	Plan name	CHRIS BORING INSURANCE AND FINANCIAL SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHRIS BORING INSURANCE AND FINANCIAL SERVICES	<b>c</b> EIN-PN 81-1311197-501
<b>a</b>	Plan name	CHUPPSTER TRANSPORT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CHUPPSTER TRANSPORT LLC	<b>c</b> EIN-PN 86-3352362-501
<b>a</b>	Plan name	CIRCLE HOME GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CIRCLE HOME GROUP	<b>c</b> EIN-PN 84-3681875-501
<b>a</b>	Plan name	CITYWIDE PAINTING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CITYWIDE PAINTING, LLC	<b>c</b> EIN-PN 46-4250899-501
<b>a</b>	Plan name	CIVIL DESIGN GROUP LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CIVIL DESIGN GROUP LLC	<b>c</b> EIN-PN 82-4231264-501
<b>a</b>	Plan name	CLARK COUNTY AGRICULTURAL SOCIETY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLARK COUNTY AGRICULTURAL SOCIETY	<b>c</b> EIN-PN 31-0525237-501

<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	CLASSIC LAMINATIONS, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC LAMINATIONS, INC.	<b>c</b> EIN-PN 34-1449814-501
<b>a</b>	Plan name	CLE ELECTRIC LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLE ELECTRIC LLC	<b>c</b> EIN-PN 81-0989972-501
<b>a</b>	Plan name	CLE PAINTING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLE PAINTING LLC	<b>c</b> EIN-PN 84-3092028-501
<b>a</b>	Plan name	CLEVELAND CARPENTRY SOLUTIONS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND CARPENTRY SOLUTIONS LLC	<b>c</b> EIN-PN 92-2505234-501
<b>a</b>	Plan name	CLEVELAND SEED SERVICE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND SEED SERVICE LLC	<b>c</b> EIN-PN 87-4783465-501
<b>a</b>	Plan name	CLUTCH TRANSPORTATION SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLUTCH TRANSPORTATION SERVICES	<b>c</b> EIN-PN 92-0743704-501
<b>a</b>	Plan name	CLUTTER FARM PARTNERSHIP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CLUTTER FARM PARTNERSHIP	<b>c</b> EIN-PN 31-1086900-501
<b>a</b>	Plan name	CMIT SOLUTIONS OF CLEVELAND NE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CMIT SOLUTIONS OF CLEVELAND NE	<b>c</b> EIN-PN 83-1864653-501
<b>a</b>	Plan name	COFFEE & ESPRESSO REPAIR SOLUTIONS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	COFFEE & ESPRESSO REPAIR SOLUTIONS	<b>c</b> EIN-PN 47-2675121-501
<b>a</b>	Plan name	COGROUPE MANAGEMENT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	COGROUPE MANAGEMENT LLC	<b>c</b> EIN-PN 81-1104556-501
<b>a</b>	Plan name	COLELLA & HUMPHRIES CPA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	COLELLA & HUMPHRIES CPA	<b>c</b> EIN-PN 34-1516937-501
<b>a</b>	Plan name	COLEMAN TRUCKING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	COLEMAN TRUCKING	<b>c</b> EIN-PN 34-1309514-501

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 COLUMBUS CHOCOLATES AND COFFEES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COLUMBUS CHOCOLATES AND COFFEES	<b>c</b> EIN-PN 47-5249684-501
<b>a</b>	Plan name COLUMBUS HARDSCAPES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COLUMBUS HARDSCAPES LLC	<b>c</b> EIN-PN 45-3973878-501
<b>a</b>	Plan name COLUMBUS TURF NURSERY LTD. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COLUMBUS TURF NURSERY LTD.	<b>c</b> EIN-PN 02-0581178-501
<b>a</b>	Plan name CONARD HOLDINGS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CONARD HOLDINGS, LLC	<b>c</b> EIN-PN 26-1285438-501
<b>a</b>	Plan name CONSOLIDATED INSURANCE GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED INSURANCE GROUP	<b>c</b> EIN-PN 46-1264061-501
<b>a</b>	Plan name CORPORATE MAINTENANCE INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor CORPORATE MAINTENANCE INC	<b>c</b> EIN-PN 34-1769051-501
<b>a</b>	Plan name COSHOCTON GRAIN COMPANY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COSHOCTON GRAIN COMPANY	<b>c</b> EIN-PN 31-1394038-501
<b>a</b>	Plan name COTTAGE HILL FARM INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COTTAGE HILL FARM INC.	<b>c</b> EIN-PN 90-0643483-501
<b>a</b>	Plan name COUNTRYSIDE CROP INSURANCE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COUNTRYSIDE CROP INSURANCE LLC	<b>c</b> EIN-PN 86-3629325-501
<b>a</b>	Plan name COUNTY LINE AG SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COUNTY LINE AG SERVICES	<b>c</b> EIN-PN 34-1922730-501
<b>a</b>	Plan name COURTESY AUTO REPAIR SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COURTESY AUTO REPAIR SERVICES	<b>c</b> EIN-PN 34-1927593-501
<b>a</b>	Plan name COVAULT FARMS INCORPORATED OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor COVAULT FARMS INCORPORATED	<b>c</b> EIN-PN 31-0995594-501

<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	CRAIG W. HERRICK OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CRAIG W. HERRICK	<b>c</b> EIN-PN 27-8668991-501
<b>a</b>	Plan name	CRALL INSURANCE SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CRALL INSURANCE SERVICES LLC	<b>c</b> EIN-PN 46-1052106-501
<b>a</b>	Plan name	CREATIVE PROCESSING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE PROCESSING	<b>c</b> EIN-PN 34-1704072-501
<b>a</b>	Plan name	CREEK BOTTOM CROP SERVICE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CREEK BOTTOM CROP SERVICE	<b>c</b> EIN-PN 99-2074832-501
<b>a</b>	Plan name	CREEK EDGE, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CREEK EDGE, LLC	<b>c</b> EIN-PN 83-3700472-501
<b>a</b>	Plan name	CRM COMPANIES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CRM COMPANIES INC	<b>c</b> EIN-PN 46-0990855-501
<b>a</b>	Plan name	CRMD LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CRMD LLC	<b>c</b> EIN-PN 82-3694681-501
<b>a</b>	Plan name	CSD RG HOLDINGS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CSD RG HOLDINGS LLC	<b>c</b> EIN-PN 93-4701961-501
<b>a</b>	Plan name	CT LESLIE INSURANCE GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CT LESLIE INSURANCE GROUP	<b>c</b> EIN-PN 26-1241532-501
<b>a</b>	Plan name	CULINARY CREATIONS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CULINARY CREATIONS LLC	<b>c</b> EIN-PN 92-3415806-501
<b>a</b>	Plan name	CURTS HAULING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CURTS HAULING	<b>c</b> EIN-PN 01-0744478-501
<b>a</b>	Plan name	CUSTOM INDUSTRIES, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM INDUSTRIES, INC.	<b>c</b> EIN-PN 38-1990233-501

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 <b>CUSTOM MANURE HAULING LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUSTOM MANURE HAULING LLC</b>	<b>c</b> EIN-PN <b>30-1688831-501</b>
<b>a</b>	Plan name <b>CUSTOM REPAIRS &amp; EXCAVATING LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUSTOM REPAIRS &amp; EXCAVATING LLC</b>	<b>c</b> EIN-PN <b>27-4580289-502</b>
<b>a</b>	Plan name <b>CUTEST COOPS LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUTEST COOPS LLC</b>	<b>c</b> EIN-PN <b>34-1603544-501</b>
<b>a</b>	Plan name <b>D &amp; D LANDSCAPING SUPPLY LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D &amp; D LANDSCAPING SUPPLY LLC</b>	<b>c</b> EIN-PN <b>33-1107918-501</b>
<b>a</b>	Plan name <b>D L WINNER LIVESTOCK EXPRESS, INC. OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D L WINNER LIVESTOCK EXPRESS, INC.</b>	<b>c</b> EIN-PN <b>20-5736068-501</b>
<b>a</b>	Plan name <b>D&amp;D PAINTING AND WINDOW WASHING, INC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D&amp;D PAINTING AND WINDOW WASHING, INC</b>	<b>c</b> EIN-PN <b>34-1892449-501</b>
<b>a</b>	Plan name <b>D&amp;T HOLDINGS LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D&amp;T HOLDINGS LLC</b>	<b>c</b> EIN-PN <b>26-4153688-501</b>
<b>a</b>	Plan name <b>D.A. FAMILY FARM OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D.A. FAMILY FARM</b>	<b>c</b> EIN-PN <b>47-5499328-501</b>
<b>a</b>	Plan name <b>DANIEL A JENSEN OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DANIEL A JENSEN</b>	<b>c</b> EIN-PN <b>46-4695514-501</b>
<b>a</b>	Plan name <b>DANIELS FINANCIAL GROUP OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DANIELS FINANCIAL GROUP</b>	<b>c</b> EIN-PN <b>06-1665565-501</b>
<b>a</b>	Plan name <b>DANPROEFAM LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DANPROEFAM LLC</b>	<b>c</b> EIN-PN <b>45-2495844-501</b>
<b>a</b>	Plan name <b>DAS MANAGEMENT CO., LLC OFB BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAS MANAGEMENT CO., LLC</b>	<b>c</b> EIN-PN <b>31-3581109-501</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	DAVID HAWK OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DAVID HAWK	<b>c</b> EIN-PN 27-9709385-501
<b>a</b>	Plan name	DAVID UHLER OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DAVID UHLER	<b>c</b> EIN-PN 27-6641971-501
<b>a</b>	Plan name	DAVIS CATTLE CO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DAVIS CATTLE CO	<b>c</b> EIN-PN 27-6946264-501
<b>a</b>	Plan name	DAVIS FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DAVIS FARMS	<b>c</b> EIN-PN 31-6181743-501
<b>a</b>	Plan name	DAVIS INTERNATIONAL INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DAVIS INTERNATIONAL INC	<b>c</b> EIN-PN 31-0905064-501
<b>a</b>	Plan name	DAYTON TRACTOR & CRANE CO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DAYTON TRACTOR & CRANE CO	<b>c</b> EIN-PN 31-1159216-502
<b>a</b>	Plan name	DE NIRO QUALITY FOODS, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DE NIRO QUALITY FOODS, INC	<b>c</b> EIN-PN 34-1437204-501
<b>a</b>	Plan name	DEAN'S GREENHOUSE INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DEANS GREENHOUSE INC	<b>c</b> EIN-PN 34-0722335-503
<b>a</b>	Plan name	DEERE GREEN ACRES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DEERE GREEN ACRES, LLC	<b>c</b> EIN-PN 82-1070059-501
<b>a</b>	Plan name	DEFOREST & ASSOCIATES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DEFOREST & ASSOCIATES INC	<b>c</b> EIN-PN 31-1397674-501
<b>a</b>	Plan name	DELBERT H. NEFF JR. FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DELBERT H. NEFF JR. FARMS	<b>c</b> EIN-PN 45-2653048-501
<b>a</b>	Plan name	DELONG INSURANCE AGENCY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DELONG INSURANCE AGENCY	<b>c</b> EIN-PN 31-0827519-501

<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	DEPPEN FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DEPPEN FARMS	<b>c</b> EIN-PN 34-1670208-501
<b>a</b>	Plan name	DIAMOND INNER CIRCLE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND INNER CIRCLE LLC	<b>c</b> EIN-PN 26-3754893-501
<b>a</b>	Plan name	DIANE MCNALLY CONSULTING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DIANE MCNALLY CONSULTING	<b>c</b> EIN-PN 27-2475275-501
<b>a</b>	Plan name	DIDINGER AND SON INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DIDINGER AND SON INC	<b>c</b> EIN-PN 31-0782081-501
<b>a</b>	Plan name	DIEHLICIOUS ORCHARDS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DIEHLICIOUS ORCHARDS	<b>c</b> EIN-PN 46-5075511-501
<b>a</b>	Plan name	DIETSCH ENTERPRISES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DIETSCH ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0762079-501
<b>a</b>	Plan name	DIVERSIFIED PACKAGING GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DIVERSIFIED PACKAGING GROUP	<b>c</b> EIN-PN 61-1656918-501
<b>a</b>	Plan name	DOC LANKYS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DOC LANKYS LLC	<b>c</b> EIN-PN 99-2619834-501
<b>a</b>	Plan name	DOG WASTE MANAGEMENT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DOG WASTE MANAGEMENT LLC	<b>c</b> EIN-PN 81-3063139-501
<b>a</b>	Plan name	DOG-GONE CAPABLE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DOG-GONE CAPABLE LLC	<b>c</b> EIN-PN 45-5167221-501
<b>a</b>	Plan name	DONALD BADGER OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DONALD BADGER	<b>c</b> EIN-PN 85-1661405-501
<b>a</b>	Plan name	DONATOS PIZZA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DONATOS PIZZA	<b>c</b> EIN-PN 26-0751014-501

<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	DOVIN FARMS GP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DOVIN FARMS GP	<b>c</b> EIN-PN 84-4062332-501
<b>a</b>	Plan name	DRIVEN EXCAVATING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DRIVEN EXCAVATING LLC	<b>c</b> EIN-PN 84-2637427-502
<b>a</b>	Plan name	DRS HERINGHAUS GENERAL DENTISRY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DRS HERINGHAUS GENERAL DENTISRY	<b>c</b> EIN-PN 34-1755005-501
<b>a</b>	Plan name	DURBIN FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DURBIN FARMS LLC	<b>c</b> EIN-PN 81-0970723-501
<b>a</b>	Plan name	DWELL CONSTRUCTION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DWELL CONSTRUCTION	<b>c</b> EIN-PN 93-3070581-501
<b>a</b>	Plan name	E&A LOCKSMITH OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	E&A LOCKSMITH	<b>c</b> EIN-PN 31-1536196-501
<b>a</b>	Plan name	E. J. ROSSI & COMPANY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	E. J. ROSSI & COMPANY	<b>c</b> EIN-PN 34-1459860-501
<b>a</b>	Plan name	EARTHCRAFT COMPANIES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	EARTHCRAFT COMPANIES, LLC	<b>c</b> EIN-PN 85-0676261-501
<b>a</b>	Plan name	EDWIN JAMES SPIRITS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	EDWIN JAMES SPIRITS LLC	<b>c</b> EIN-PN 81-1376095-501
<b>a</b>	Plan name	EILEEN BRADY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	EILEEN BRADY	<b>c</b> EIN-PN 27-7528984-501
<b>a</b>	Plan name	ELDRED DISTRIBUTING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ELDRED DISTRIBUTING LLC	<b>c</b> EIN-PN 46-3481281-501
<b>a</b>	Plan name	ELECTRIC CONTROL & MOTOR REPAIR SERVICE, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ELECTRIC CONTROL & MOTOR REPAIR SERVICE, INC.	<b>c</b> EIN-PN 34-1091435-501

<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	ELITE PAINT & PRESSURE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ELITE PAINT & PRESSURE	<b>c</b> EIN-PN 85-1292771-501
<b>a</b>	Plan name	ELKHORN S AND HATCHERY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ELKHORN S AND HATCHERY	<b>c</b> EIN-PN 06-1666744-502
<b>a</b>	Plan name	ELLIS FARM & GARDEN OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ELLIS FARM & GARDEN	<b>c</b> EIN-PN 27-5749095-501
<b>a</b>	Plan name	ENCORE VISUAL LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ENCORE VISUAL LLC	<b>c</b> EIN-PN 82-3745038-501
<b>a</b>	Plan name	ENTERPRISE CONSTRUCTION, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ENTERPRISE CONSTRUCTION, INC	<b>c</b> EIN-PN 34-1394216-501
<b>a</b>	Plan name	ENVISION LAWN AND LANDSCAPE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ENVISION LAWN AND LANDSCAPE LLC	<b>c</b> EIN-PN 87-2753123-501
<b>a</b>	Plan name	ERIE SHORE HOLDING INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ERIE SHORE HOLDING INC	<b>c</b> EIN-PN 34-1947795-501
<b>a</b>	Plan name	ERVIN METAJ OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ERVIN METAJ	<b>c</b> EIN-PN 30-1024360-501
<b>a</b>	Plan name	ESSENTIAL CROP CARE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ESSENTIAL CROP CARE LLC	<b>c</b> EIN-PN 81-4687592-501
<b>a</b>	Plan name	FAIRFIELD CROP INSURANCE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FAIRFIELD CROP INSURANCE	<b>c</b> EIN-PN 45-3359321-501
<b>a</b>	Plan name	FALCON CAMP LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FALCON CAMP LLC	<b>c</b> EIN-PN 88-0763689-501
<b>a</b>	Plan name	FARM TRANSPORT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FARM TRANSPORT LLC	<b>c</b> EIN-PN 32-0175074-501

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 FCW & ASSOCIATES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FCW & ASSOCIATES	<b>c</b> EIN-PN 99-3553395-501
<b>a</b>	Plan name FENNEWALD ACRES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FENNEWALD ACRES LLC	<b>c</b> EIN-PN 46-5304384-501
<b>a</b>	Plan name FENSTERMAKER FARMS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FENSTERMAKER FARMS INC	<b>c</b> EIN-PN 34-1714780-501
<b>a</b>	Plan name FEOLA AG SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FEOLA AG SERVICES LLC	<b>c</b> EIN-PN 87-4303671-501
<b>a</b>	Plan name FERIS GENERAL TRADING CO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FERIS GENERAL TRADING CO	<b>c</b> EIN-PN 81-4121528-501
<b>a</b>	Plan name FIAT TRUCKING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FIAT TRUCKING LLC	<b>c</b> EIN-PN 88-3988765-501
<b>a</b>	Plan name FIELDS CORNERS CONSTRUCTION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FIELDS CORNERS CONSTRUCTION LLC	<b>c</b> EIN-PN 87-3431541-501
<b>a</b>	Plan name FLAT RUN FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FLAT RUN FARM	<b>c</b> EIN-PN 47-2123157-501
<b>a</b>	Plan name FOOD FOR THOUGHT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FOOD FOR THOUGHT	<b>c</b> EIN-PN 34-1711156-501
<b>a</b>	Plan name FOUNDATION ELECTRIC LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FOUNDATION ELECTRIC LLC	<b>c</b> EIN-PN 84-3268850-501
<b>a</b>	Plan name FOUR STAR TOOL RENTAL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FOUR STAR TOOL RENTAL	<b>c</b> EIN-PN 31-0785077-502
<b>a</b>	Plan name FOX COVE FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor FOX COVE FARMS LLC	<b>c</b> EIN-PN 85-3836666-501

<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	FOX HOLLOW CONSULTING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FOX HOLLOW CONSULTING LLC	<b>c</b> EIN-PN 26-0247873-501
<b>a</b>	Plan name	FRAKER CPA, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FRAKER CPA, LLC	<b>c</b> EIN-PN 87-1909633-501
<b>a</b>	Plan name	FRANGIAS FAMILY RESTAURANT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FRANGIAS FAMILY RESTAURANT	<b>c</b> EIN-PN 34-1550105-501
<b>a</b>	Plan name	FRANK LONARDOS GREENHOUSE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FRANK LONARDOS GREENHOUSE	<b>c</b> EIN-PN 34-1726575-501
<b>a</b>	Plan name	FRATELLOS ITALIAN RSTRNT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	FRATELLOS ITALIAN RSTRNT	<b>c</b> EIN-PN 34-1724029-501
<b>a</b>	Plan name	G & G GRAIN & LIVESTOCK, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	G & G GRAIN & LIVESTOCK, LLC	<b>c</b> EIN-PN 46-4400570-501
<b>a</b>	Plan name	GAINER GENETICS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GAINER GENETICS, LLC	<b>c</b> EIN-PN 83-3450207-501
<b>a</b>	Plan name	GALION PACKAGING CO. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GALION PACKAGING CO.	<b>c</b> EIN-PN 34-4442125-501
<b>a</b>	Plan name	GARRABRANT FARM SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GARRABRANT FARM SERVICES LLC	<b>c</b> EIN-PN 83-3132782-501
<b>a</b>	Plan name	GAUDING FAMILY FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GAUDING FAMILY FARM LLC	<b>c</b> EIN-PN 46-4130506-501
<b>a</b>	Plan name	GERTEN BROTHERS PARTNERSHIP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GERTEN BROTHERS PARTNERSHIP	<b>c</b> EIN-PN 34-1669002-501
<b>a</b>	Plan name	GILBOA ELEVATOR, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GILBOA ELEVATOR, INC.	<b>c</b> EIN-PN 34-1707305-501

<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	GINA'S PIZZA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GINAS PIZZA	<b>c</b> EIN-PN 82-4734144-501
<b>a</b>	Plan name	GLEAVES HOME TEAM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GLEAVES HOME TEAM	<b>c</b> EIN-PN 93-4513475-501
<b>a</b>	Plan name	GLEN HILL ORCHARDS PT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GLEN HILL ORCHARDS PT	<b>c</b> EIN-PN 81-0889771-501
<b>a</b>	Plan name	GLENNDALE FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GLENNDALE FARMS	<b>c</b> EIN-PN 31-1433645-501
<b>a</b>	Plan name	GM1, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GM1, LLC	<b>c</b> EIN-PN 34-1798422-501
<b>a</b>	Plan name	GOODELL FAMILY FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GOODELL FAMILY FARM LLC	<b>c</b> EIN-PN 02-0763098-501
<b>a</b>	Plan name	GOODFELLOW HOMESTEAD FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GOODFELLOW HOMESTEAD FARMS	<b>c</b> EIN-PN 47-3762596-501
<b>a</b>	Plan name	GOWE FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GOWE FARM LLC	<b>c</b> EIN-PN 93-2083838-501
<b>a</b>	Plan name	GRANVILLE ORCHARD & FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GRANVILLE ORCHARD & FARMS	<b>c</b> EIN-PN 93-4780190-501
<b>a</b>	Plan name	GRAYMARR LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GRAYMARR LLC	<b>c</b> EIN-PN 85-3806138-501
<b>a</b>	Plan name	GREAT LAKES GYMNASTICS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES GYMNASTICS	<b>c</b> EIN-PN 47-5642576-501
<b>a</b>	Plan name	GREEN AND SONS FARM MACHINERY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GREEN AND SONS FARM MACHINERY	<b>c</b> EIN-PN 31-1695681-501

<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	GREENFIELD VET CLINIC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GREENFIELD VET CLINIC	<b>c</b> EIN-PN 31-0847473-501
<b>a</b>	Plan name	GREG MCNAULL FAMILY FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GREG MCNAULL FAMILY FARMS LLC	<b>c</b> EIN-PN 47-2796974-501
<b>a</b>	Plan name	GREGORY J OTTO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GREGORY J OTTO	<b>c</b> EIN-PN 27-9625258-501
<b>a</b>	Plan name	GREY PEAK INVESTMENTS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GREY PEAK INVESTMENTS	<b>c</b> EIN-PN 34-1929637-501
<b>a</b>	Plan name	GRINSTEAD HOLDING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GRINSTEAD HOLDING	<b>c</b> EIN-PN 84-2526258-501
<b>a</b>	Plan name	GRUBBS BROTHERS, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	GRUBBS BROTHERS, INC	<b>c</b> EIN-PN 34-1569396-501
<b>a</b>	Plan name	H&H EQUIPMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	H&H EQUIPMENT	<b>c</b> EIN-PN 34-1171934-501
<b>a</b>	Plan name	HAAK LAW LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAAK LAW LLC	<b>c</b> EIN-PN 81-5227063-501
<b>a</b>	Plan name	HABLE HOSPITALITY MGMT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HABLE HOSPITALITY MGMT LLC	<b>c</b> EIN-PN 83-4526063-501
<b>a</b>	Plan name	HAGEMEYER SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAGEMEYER SERVICES LLC	<b>c</b> EIN-PN 84-2043616-501
<b>a</b>	Plan name	HAINES ENTERPRISES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAINES ENTERPRISES LLC	<b>c</b> EIN-PN 81-5202112-501
<b>a</b>	Plan name	HAINES FAMILY FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAINES FAMILY FARMS	<b>c</b> EIN-PN 31-1027889-501

<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	HAINES LAW OFFICE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAINES LAW OFFICE LLC	<b>c</b> EIN-PN 26-4511873-501
<b>a</b>	Plan name	HAMILTON AGRI TRANSPORT & FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAMILTON AGRI TRANSPORT & FARM	<b>c</b> EIN-PN 84-2161335-501
<b>a</b>	Plan name	HAMMAN ELECTRIC LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAMMAN ELECTRIC LLC	<b>c</b> EIN-PN 47-4806380-501
<b>a</b>	Plan name	HAMMERSMITH & COMPANY LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAMMERSMITH & COMPANY LLC	<b>c</b> EIN-PN 45-5273195-501
<b>a</b>	Plan name	HANCOCK CTY AGRICULTURAL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HANCOCK CTY AGRICULTURAL	<b>c</b> EIN-PN 34-4445804-501
<b>a</b>	Plan name	HAPPY PAWS AND CLAWS VETERINARY CLINIC LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAPPY PAWS AND CLAWS VETERINARY CLINIC LLC	<b>c</b> EIN-PN 92-4022580-501
<b>a</b>	Plan name	HARBAGE BROS FARMING CO LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HARBAGE BROS FARMING CO LLC	<b>c</b> EIN-PN 82-2748067-501
<b>a</b>	Plan name	HARBOR HAVEN FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HARBOR HAVEN FARMS	<b>c</b> EIN-PN 27-9585185-501
<b>a</b>	Plan name	HARDSCRABBLE FARM INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HARDSCRABBLE FARM INC	<b>c</b> EIN-PN 34-1133969-501
<b>a</b>	Plan name	HARRISON FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HARRISON FARM LLC	<b>c</b> EIN-PN 81-3385812-501
<b>a</b>	Plan name	HARROP & FLEEMAN CONTRACTING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HARROP & FLEEMAN CONTRACTING	<b>c</b> EIN-PN 87-2328019-501
<b>a</b>	Plan name	HARTZELL VETERINARY SERVICE INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HARTZELL VETERINARY SERVICE INC.	<b>c</b> EIN-PN 31-1628395-501

<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	HATCHER FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HATCHER FARMS	<b>c</b> EIN-PN 30-0376941-501
<b>a</b>	Plan name	HAYZE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HAYZE	<b>c</b> EIN-PN 86-2946320-501
<b>a</b>	Plan name	HEADLEY'S CUSTOM PROCESS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HEADLEYS CUSTOM PROCESS	<b>c</b> EIN-PN 84-1733620-501
<b>a</b>	Plan name	HECKATHORN INSURANCE, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HECKATHORN INSURANCE, INC	<b>c</b> EIN-PN 82-2712343-501
<b>a</b>	Plan name	HECKMAN FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HECKMAN FARMS LLC	<b>c</b> EIN-PN 47-5070084-501
<b>a</b>	Plan name	HELMER LAW LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HELMER LAW LLC	<b>c</b> EIN-PN 85-1525046-501
<b>a</b>	Plan name	HENRY AG LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HENRY AG LLC	<b>c</b> EIN-PN 27-2960075-501
<b>a</b>	Plan name	HERITAGE FINANCIAL & INVESTMENT SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE FINANCIAL & INVESTMENT SERVICES LLC	<b>c</b> EIN-PN 27-5022035-502
<b>a</b>	Plan name	HERMANS HOLSTEIN, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HERMANS HOLSTEIN, LLC	<b>c</b> EIN-PN 34-1914767-501
<b>a</b>	Plan name	HERVAS REMODELING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HERVAS REMODELING	<b>c</b> EIN-PN 13-4274526-501
<b>a</b>	Plan name	HESSCO PLUMBING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HESSCO PLUMBING, LLC	<b>c</b> EIN-PN 27-2718197-501
<b>a</b>	Plan name	HEUKER EXCAVATING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HEUKER EXCAVATING, LLC	<b>c</b> EIN-PN 20-8778972-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">HICKS' PROFESSIONAL AUTOMOTIVE OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HICKS PROFESSIONAL AUTOMOTIVE</a>	<b>c</b> EIN-PN <a href="#">46-4964074-501</a>
<b>a</b>	Plan name <a href="#">HIGHLAND YOUTH GARDEN OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIGHLAND YOUTH GARDEN</a>	<b>c</b> EIN-PN <a href="#">83-4480130-501</a>
<b>a</b>	Plan name <a href="#">HI-JACD LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HI-JACD LLC</a>	<b>c</b> EIN-PN <a href="#">81-4117635-501</a>
<b>a</b>	Plan name <a href="#">HILLCREST AGRITAINMENT LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HILLCREST AGRITAINMENT LLC</a>	<b>c</b> EIN-PN <a href="#">85-0731887-501</a>
<b>a</b>	Plan name <a href="#">HIPPLEY EXCAVATING CO INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIPPLEY EXCAVATING CO INC</a>	<b>c</b> EIN-PN <a href="#">34-1544771-501</a>
<b>a</b>	Plan name <a href="#">HIRSCH FRUIT FARM, INC. OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIRSCH FRUIT FARM, INC.</a>	<b>c</b> EIN-PN <a href="#">31-0783267-501</a>
<b>a</b>	Plan name <a href="#">HIRTS LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIRTS LLC</a>	<b>c</b> EIN-PN <a href="#">20-2478194-501</a>
<b>a</b>	Plan name <a href="#">HMBL FARMING 1 LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HMBL FARMING 1 LLC</a>	<b>c</b> EIN-PN <a href="#">88-1874648-501</a>
<b>a</b>	Plan name <a href="#">HOAR BROS CONSTRUCTION COMPANY OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOAR BROS CONSTRUCTION COMPANY</a>	<b>c</b> EIN-PN <a href="#">82-4010582-501</a>
<b>a</b>	Plan name <a href="#">HOFFMAN TREE SERVICE OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOFFMAN TREE SERVICE</a>	<b>c</b> EIN-PN <a href="#">81-1252833-502</a>
<b>a</b>	Plan name <a href="#">HOLANOVA INC. OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOLANOVA INC.</a>	<b>c</b> EIN-PN <a href="#">34-1909991-501</a>
<b>a</b>	Plan name <a href="#">HOMESTEAD DOORS OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOMESTEAD DOORS</a>	<b>c</b> EIN-PN <a href="#">33-1166272-501</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HORIZON HOME & PROPERTIES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor HORIZON HOME & PROPERTIES LLC	<b>c</b> EIN-PN 83-3208939-501
<b>a</b>	Plan name HOUTS PARTNERSHIP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor HOUTS PARTNERSHIP	<b>c</b> EIN-PN 34-1594175-501
<b>a</b>	Plan name HOWARDS LAWN CARE, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor HOWARDS LAWN CARE, LLC	<b>c</b> EIN-PN 82-4688765-501
<b>a</b>	Plan name HR CONSTRUCTION SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor HR CONSTRUCTION SERVICES	<b>c</b> EIN-PN 80-0542797-502
<b>a</b>	Plan name HUEBNER MAINTENANCE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor HUEBNER MAINTENANCE	<b>c</b> EIN-PN 34-1852409-501
<b>a</b>	Plan name I.O.M. RESOURCES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor I.O.M. RESOURCES	<b>c</b> EIN-PN 02-0662361-501
<b>a</b>	Plan name IIOT WORLD LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor IIOT WORLD LLC	<b>c</b> EIN-PN 82-3453316-501
<b>a</b>	Plan name INDIAN STONE FARMS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor INDIAN STONE FARMS, LLC	<b>c</b> EIN-PN 45-2184153-501
<b>a</b>	Plan name INFINITE HOME AND SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor INFINITE HOME AND SERVICES LLC	<b>c</b> EIN-PN 81-0688233-501
<b>a</b>	Plan name INSTRIDE INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor INSTRIDE INC	<b>c</b> EIN-PN 34-1848490-501
<b>a</b>	Plan name INSURANCE SERVICE AGENCY INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor INSURANCE SERVICE AGENCY INC	<b>c</b> EIN-PN 34-0735648-501
<b>a</b>	Plan name INTEGRATED AG SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED AG SERVICES	<b>c</b> EIN-PN 31-1321626-501

**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	ITALIAN CRAVINGS INC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-1803267-501
<b>b</b>	Name of plan sponsor	ITALIAN CRAVINGS INC			
<b>a</b>	Plan name	I VO POST FARMS OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-1648132-501
<b>b</b>	Name of plan sponsor	I VO POST FARMS			
<b>a</b>	Plan name	J ADELMAN INC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	46-5626148-501
<b>b</b>	Name of plan sponsor	J ADELMAN INC			
<b>a</b>	Plan name	J KENNETH MILLER OFB BENEFIT PLAN	<b>c</b>	EIN-PN	31-6170121-501
<b>b</b>	Name of plan sponsor	J KENNETH MILLER			
<b>a</b>	Plan name	J WAGNER II LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	85-4129062-501
<b>b</b>	Name of plan sponsor	J WAGNER II LLC			
<b>a</b>	Plan name	J. B. STAMPING INC. OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-1118091-501
<b>b</b>	Name of plan sponsor	J. B. STAMPING INC.			
<b>a</b>	Plan name	J. MYERS & SONS FARMS, LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	81-4914042-501
<b>b</b>	Name of plan sponsor	J. MYERS & SONS FARMS, LLC			
<b>a</b>	Plan name	JACK COLLINS INSURANCE AGENCY OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-1501359-501
<b>b</b>	Name of plan sponsor	JACK COLLINS INSURANCE AGENCY			
<b>a</b>	Plan name	JACKSON STEEL ERECTORS OFB BENEFIT PLAN	<b>c</b>	EIN-PN	47-2962468-501
<b>b</b>	Name of plan sponsor	JACKSON STEEL ERECTORS			
<b>a</b>	Plan name	JANCO INDUSTRIES OFB BENEFIT PLAN	<b>c</b>	EIN-PN	30-0117107-501
<b>b</b>	Name of plan sponsor	JANCO INDUSTRIES			
<b>a</b>	Plan name	JANE S FLAHERTY ATTORNEY AT LAW LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	83-2680376-501
<b>b</b>	Name of plan sponsor	JANE S FLAHERTY ATTORNEY AT LAW LLC			
<b>a</b>	Plan name	JARRETT TREE SERVICE LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	20-1837789-501
<b>b</b>	Name of plan sponsor	JARRETT TREE SERVICE LLC			

<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	JASON B MURRAY LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JASON B MURRAY LLC	<b>c</b> EIN-PN 26-2729868-501
<b>a</b>	Plan name	JASON MICHAEL ENTERPRISE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JASON MICHAEL ENTERPRISE	<b>c</b> EIN-PN 26-4731414-502
<b>a</b>	Plan name	JASON POLING LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JASON POLING LTD	<b>c</b> EIN-PN 88-1092882-501
<b>a</b>	Plan name	JAVA WHIP LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JAVA WHIP LLC	<b>c</b> EIN-PN 47-4472145-501
<b>a</b>	Plan name	JC LAWNCARE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JC LAWNCARE LLC	<b>c</b> EIN-PN 05-0617485-501
<b>a</b>	Plan name	JCM INSURANCE SERVICES INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JCM INSURANCE SERVICES INC.	<b>c</b> EIN-PN 27-2554989-502
<b>a</b>	Plan name	JEFF WINKLER OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JEFF WINKLER	<b>c</b> EIN-PN 27-1787402-501
<b>a</b>	Plan name	JF PERFORMANCE ENTERPRISE, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JF PERFORMANCE ENTERPRISE, LLC	<b>c</b> EIN-PN 93-4514449-501
<b>a</b>	Plan name	JGR FINANCIAL SOLUTIONS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JGR FINANCIAL SOLUTIONS LLC	<b>c</b> EIN-PN 47-3801403-502
<b>a</b>	Plan name	JIMMY T'S TREES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JIMMY TS TREES	<b>c</b> EIN-PN 88-3531987-501
<b>a</b>	Plan name	JKNK, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JKNK, LLC	<b>c</b> EIN-PN 88-1017498-501
<b>a</b>	Plan name	JOHN GRIFFITH TRANSPORT, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JOHN GRIFFITH TRANSPORT, INC.	<b>c</b> EIN-PN 34-1972716-501

**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	JON AND SCOT HAAR FARMS OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	JON AND SCOT HAAR FARMS	<b>c</b> EIN-PN 34-1683920-501
<b>a</b> Plan name	JR & V INVESTMENTS OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	JR & V INVESTMENTS	<b>c</b> EIN-PN 26-2146774-501
<b>a</b> Plan name	JRC PAINTING OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	JRC PAINTING	<b>c</b> EIN-PN 87-1887237-501
<b>a</b> Plan name	JTS LANDSCAPING OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	JTS LANDSCAPING	<b>c</b> EIN-PN 31-1538856-501
<b>a</b> Plan name	JUSTICE BUSINESS SERVICES OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	JUSTICE BUSINESS SERVICES	<b>c</b> EIN-PN 45-0592874-501
<b>a</b> Plan name	K & S MILLWRIGHT OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	K & S MILLWRIGHT	<b>c</b> EIN-PN 31-1540652-502
<b>a</b> Plan name	K&B TRUCKING CO, INC OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	K&B TRUCKING CO, INC	<b>c</b> EIN-PN 74-3159483-501
<b>a</b> Plan name	K. FREDERICK ENTERPRISES, INC OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	K. FREDERICK ENTERPRISES, INC	<b>c</b> EIN-PN 82-0870889-501
<b>a</b> Plan name	KAISER FARMS OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	KAISER FARMS	<b>c</b> EIN-PN 85-4016066-501
<b>a</b> Plan name	KAMM LAND MAINTENANCE LLC OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	KAMM LAND MAINTENANCE LLC	<b>c</b> EIN-PN 86-3683052-501
<b>a</b> Plan name	KARGER LLC OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	KARGER LLC	<b>c</b> EIN-PN 90-0604567-501
<b>a</b> Plan name	KARI BALL INSURANCE AGENCY LLC OFB BENEFIT PLAN	
<b>b</b> Name of plan sponsor	KARI BALL INSURANCE AGENCY LLC	<b>c</b> EIN-PN 65-1180642-501

<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	KC FENCING UNLIMITED OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KC FENCING UNLIMITED	<b>c</b> EIN-PN 56-2543684-501
<b>a</b>	Plan name	KCS BUSINESS CONSULT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KCS BUSINESS CONSULT LLC	<b>c</b> EIN-PN 85-0836166-502
<b>a</b>	Plan name	KEENER ADVISORS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KEENER ADVISORS, LLC	<b>c</b> EIN-PN 87-2079867-501
<b>a</b>	Plan name	KELLY CONSTRUCTION MANAGEMENT ASSOCIATES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KELLY CONSTRUCTION MANAGEMENT ASSOCIATES	<b>c</b> EIN-PN 34-1400964-501
<b>a</b>	Plan name	KELLY FAMILY FARMS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KELLY FAMILY FARMS INC	<b>c</b> EIN-PN 31-1397946-501
<b>a</b>	Plan name	KENNY HOAR CONSTRUCTION CO. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KENNY HOAR CONSTRUCTION CO.	<b>c</b> EIN-PN 34-1639189-501
<b>a</b>	Plan name	KFX FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KFX FARMS	<b>c</b> EIN-PN 82-4169018-501
<b>a</b>	Plan name	KIDD VETERINARY SERVICES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KIDD VETERINARY SERVICES, LLC	<b>c</b> EIN-PN 47-5265179-501
<b>a</b>	Plan name	KINGS SANITARY SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KINGS SANITARY SERVICES LLC	<b>c</b> EIN-PN 45-4976208-502
<b>a</b>	Plan name	KJ SAYLOR PROPERTIES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KJ SAYLOR PROPERTIES LLC	<b>c</b> EIN-PN 88-3043684-501
<b>a</b>	Plan name	KLINGSHIRN ENTERPRISES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KLINGSHIRN ENTERPRISES, LLC	<b>c</b> EIN-PN 82-1521962-501
<b>a</b>	Plan name	KMLS FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KMLS FARMS LLC	<b>c</b> EIN-PN 34-1790666-502

**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	KNEE DEEP TRUCKING LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	93-1708735-501
<b>b</b>	Name of plan sponsor	KNEE DEEP TRUCKING LLC	<b>c</b>	EIN-PN	93-1708735-501
<b>a</b>	Plan name	KOSTICH & ASSOCIATES LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	81-2848304-501
<b>b</b>	Name of plan sponsor	KOSTICH & ASSOCIATES LLC	<b>c</b>	EIN-PN	81-2848304-501
<b>a</b>	Plan name	KPI CONSTRUCTION OFB BENEFIT PLAN	<b>c</b>	EIN-PN	47-2075925-501
<b>b</b>	Name of plan sponsor	KPI CONSTRUCTION	<b>c</b>	EIN-PN	47-2075925-501
<b>a</b>	Plan name	KREDO HARDWARE OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-1089297-502
<b>b</b>	Name of plan sponsor	KREDO HARDWARE	<b>c</b>	EIN-PN	34-1089297-502
<b>a</b>	Plan name	KRUSE FARM DRAINAGE OFB BENEFIT PLAN	<b>c</b>	EIN-PN	45-5184010-501
<b>b</b>	Name of plan sponsor	KRUSE FARM DRAINAGE	<b>c</b>	EIN-PN	45-5184010-501
<b>a</b>	Plan name	KURTZ CONCRETE COMPANY, INC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-1918218-502
<b>b</b>	Name of plan sponsor	KURTZ CONCRETE COMPANY, INC	<b>c</b>	EIN-PN	34-1918218-502
<b>a</b>	Plan name	L AND H LOGGING LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	94-3486917-501
<b>b</b>	Name of plan sponsor	L AND H LOGGING LLC	<b>c</b>	EIN-PN	94-3486917-501
<b>a</b>	Plan name	LABS-ENT, LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	88-2612612-501
<b>b</b>	Name of plan sponsor	LABS-ENT, LLC	<b>c</b>	EIN-PN	88-2612612-501
<b>a</b>	Plan name	LAD SIGNATURE HOMES OFB BENEFIT PLAN	<b>c</b>	EIN-PN	26-2623941-501
<b>b</b>	Name of plan sponsor	LAD SIGNATURE HOMES	<b>c</b>	EIN-PN	26-2623941-501
<b>a</b>	Plan name	LAHMERS CUSTOM FARMING LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	46-2011132-501
<b>b</b>	Name of plan sponsor	LAHMERS CUSTOM FARMING LLC	<b>c</b>	EIN-PN	46-2011132-501
<b>a</b>	Plan name	LAKESHORE TREE FARMS OFB BENEFIT PLAN	<b>c</b>	EIN-PN	82-5325677-501
<b>b</b>	Name of plan sponsor	LAKESHORE TREE FARMS	<b>c</b>	EIN-PN	82-5325677-501
<b>a</b>	Plan name	LAMP FAMILY FARMS OFB BENEFIT PLAN	<b>c</b>	EIN-PN	31-1012661-501
<b>b</b>	Name of plan sponsor	LAMP FAMILY FARMS	<b>c</b>	EIN-PN	31-1012661-501

<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 <a href="#">LAND DEVELOPMENT CONSULTING LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAND DEVELOPMENT CONSULTING LLC</a>	<b>c</b> EIN-PN <a href="#">27-1469040-501</a>
<b>a</b>	Plan name <a href="#">LANN FINANCIAL SERVICES, INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LANN FINANCIAL SERVICES, INC</a>	<b>c</b> EIN-PN <a href="#">30-0486284-501</a>
<b>a</b>	Plan name <a href="#">LANTZ SALES OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LANTZ SALES</a>	<b>c</b> EIN-PN <a href="#">34-1129226-502</a>
<b>a</b>	Plan name <a href="#">LARIBEE LAW, LLP OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LARIBEE LAW, LLP</a>	<b>c</b> EIN-PN <a href="#">34-0813657-501</a>
<b>a</b>	Plan name <a href="#">LARRY FULTON FARMS LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LARRY FULTON FARMS LLC</a>	<b>c</b> EIN-PN <a href="#">34-1891242-501</a>
<b>a</b>	Plan name <a href="#">LAWNMAN YARDCARE, INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAWNMAN YARDCARE, INC</a>	<b>c</b> EIN-PN <a href="#">34-1646679-501</a>
<b>a</b>	Plan name <a href="#">LE SAVORY TREE &amp; LAWN SERVICE OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LE SAVORY TREE &amp; LAWN SERVICE</a>	<b>c</b> EIN-PN <a href="#">34-1503740-502</a>
<b>a</b>	Plan name <a href="#">LEBER GRAIN LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEBER GRAIN LLC</a>	<b>c</b> EIN-PN <a href="#">47-3012390-501</a>
<b>a</b>	Plan name <a href="#">LETHAN CORPORATION OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LETHAN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">26-1489729-502</a>
<b>a</b>	Plan name <a href="#">LEVEL MB, LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEVEL MB, LLC</a>	<b>c</b> EIN-PN <a href="#">20-5231206-502</a>
<b>a</b>	Plan name <a href="#">LIFESTYLE LANDSCAPING INC. OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LIFESTYLE LANDSCAPING INC.</a>	<b>c</b> EIN-PN <a href="#">34-1372825-501</a>
<b>a</b>	Plan name <a href="#">LIFETIME MARKETPLACE SOLUTIONS LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LIFETIME MARKETPLACE SOLUTIONS LLC</a>	<b>c</b> EIN-PN <a href="#">82-3613851-501</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LIMINAL MEDIA LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LIMINAL MEDIA LLC	<b>c</b> EIN-PN 86-2670236-501
<b>a</b>	Plan name	LINDES LIVESTOCK PHOTOS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LINDES LIVESTOCK PHOTOS LLC	<b>c</b> EIN-PN 27-2895935-501
<b>a</b>	Plan name	LINDSEY TRUCKING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LINDSEY TRUCKING, LLC	<b>c</b> EIN-PN 85-1515273-501
<b>a</b>	Plan name	LIPINSKI LANDSCAPING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LIPINSKI LANDSCAPING LLC	<b>c</b> EIN-PN 27-4725281-501
<b>a</b>	Plan name	LITTLE SCHOLARS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LITTLE SCHOLARS INC	<b>c</b> EIN-PN 34-1736327-501
<b>a</b>	Plan name	LOGIX AUTOMATION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LOGIX AUTOMATION	<b>c</b> EIN-PN 20-2886795-502
<b>a</b>	Plan name	LORI A BASTIN INSURANCE AGENCY INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LORI A BASTIN INSURANCE AGENCY INC.	<b>c</b> EIN-PN 20-0319235-501
<b>a</b>	Plan name	LOU'S FAMOUS FISH OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LOUS FAMOUS FISH	<b>c</b> EIN-PN 83-3769718-501
<b>a</b>	Plan name	LOWRY FAMILY PROPERTIES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LOWRY FAMILY PROPERTIES LLC	<b>c</b> EIN-PN 27-4461215-501
<b>a</b>	Plan name	LRI PROPERTY SERVICES, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LRI PROPERTY SERVICES, INC.	<b>c</b> EIN-PN 45-3981520-501
<b>a</b>	Plan name	LUKE HATCH WICKLINE CONTRACTING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LUKE HATCH WICKLINE CONTRACTING LLC	<b>c</b> EIN-PN 32-0293860-501
<b>a</b>	Plan name	LUKENS SEAFOOD AND POULTRY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	LUKENS SEAFOOD AND POULTRY	<b>c</b> EIN-PN 87-2901397-501

**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	LUOMA OUTDOORS LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	92-2484943-501
<b>b</b>	Name of plan sponsor	LUOMA OUTDOORS LLC	<b>c</b>	EIN-PN	92-2484943-501
<b>a</b>	Plan name	LUST BROS. OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-6583888-501
<b>b</b>	Name of plan sponsor	LUST BROS.	<b>c</b>	EIN-PN	34-6583888-501
<b>a</b>	Plan name	LYJAAD, LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	83-2503365-501
<b>b</b>	Name of plan sponsor	LYJAAD, LLC	<b>c</b>	EIN-PN	83-2503365-501
<b>a</b>	Plan name	M & D FARM - LNW TRUCKING OFB BENEFIT PLAN	<b>c</b>	EIN-PN	47-2623990-501
<b>b</b>	Name of plan sponsor	M & D FARM - LNW TRUCKING	<b>c</b>	EIN-PN	47-2623990-501
<b>a</b>	Plan name	M & S LAWN & LANDSCAPE LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	82-2640182-501
<b>b</b>	Name of plan sponsor	M & S LAWN & LANDSCAPE LLC	<b>c</b>	EIN-PN	82-2640182-501
<b>a</b>	Plan name	M&T EXCAVATING LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	81-5168609-501
<b>b</b>	Name of plan sponsor	M&T EXCAVATING LLC	<b>c</b>	EIN-PN	81-5168609-501
<b>a</b>	Plan name	M. CONTRACTING OFB BENEFIT PLAN	<b>c</b>	EIN-PN	41-2224346-501
<b>b</b>	Name of plan sponsor	M. CONTRACTING	<b>c</b>	EIN-PN	41-2224346-501
<b>a</b>	Plan name	MAALOUF ENTERPRISES OFB BENEFIT PLAN	<b>c</b>	EIN-PN	82-4298739-501
<b>b</b>	Name of plan sponsor	MAALOUF ENTERPRISES	<b>c</b>	EIN-PN	82-4298739-501
<b>a</b>	Plan name	MADER CONTRACTING OFB BENEFIT PLAN	<b>c</b>	EIN-PN	47-1952288-501
<b>b</b>	Name of plan sponsor	MADER CONTRACTING	<b>c</b>	EIN-PN	47-1952288-501
<b>a</b>	Plan name	MADEX CONSTRUCTION CO OFB BENEFIT PLAN	<b>c</b>	EIN-PN	87-1683070-501
<b>b</b>	Name of plan sponsor	MADEX CONSTRUCTION CO	<b>c</b>	EIN-PN	87-1683070-501
<b>a</b>	Plan name	MAJESTIC MEADOWS ALPACAS LLC OFB BENEFIT PLAN	<b>c</b>	EIN-PN	34-1920042-501
<b>b</b>	Name of plan sponsor	MAJESTIC MEADOWS ALPACAS LLC	<b>c</b>	EIN-PN	34-1920042-501
<b>a</b>	Plan name	MAKERS SOCIAL OFB BENEFIT PLAN	<b>c</b>	EIN-PN	84-2796329-501
<b>b</b>	Name of plan sponsor	MAKERS SOCIAL	<b>c</b>	EIN-PN	84-2796329-501

<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	MAMA JULIANNES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAMA JULIANNES	<b>c</b> EIN-PN 84-2129623-501
<b>a</b>	Plan name	MAMMA DISAVLOS CORP. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAMMA DISAVLOS CORP.	<b>c</b> EIN-PN 31-1008888-501
<b>a</b>	Plan name	MANEVAL FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MANEVAL FARMS LLC	<b>c</b> EIN-PN 82-3507767-501
<b>a</b>	Plan name	MAPLE LAWN FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAPLE LAWN FARM	<b>c</b> EIN-PN 92-1840166-501
<b>a</b>	Plan name	MAPLE VIEW FARMS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAPLE VIEW FARMS, LLC	<b>c</b> EIN-PN 20-2938021-501
<b>a</b>	Plan name	MAPLECREST FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAPLECREST FARMS LLC	<b>c</b> EIN-PN 81-1920031-501
<b>a</b>	Plan name	MARATHON AUTO SERVICE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON AUTO SERVICE LLC	<b>c</b> EIN-PN 83-4593866-501
<b>a</b>	Plan name	MARGEVICIUS DOCUMENT PROCESSING, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MARGEVICIUS DOCUMENT PROCESSING, INC	<b>c</b> EIN-PN 87-3095209-501
<b>a</b>	Plan name	MARKER FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MARKER FARM	<b>c</b> EIN-PN 85-1297988-501
<b>a</b>	Plan name	MARKETING ARTIFICIAL INTELLIGENCE INSTITUTE, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MARKETING ARTIFICIAL INTELLIGENCE INSTITUTE, LLC	<b>c</b> EIN-PN 83-3096654-501
<b>a</b>	Plan name	MARTINS FERRY RIVER TERMINAL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MARTINS FERRY RIVER TERMINAL	<b>c</b> EIN-PN 83-2040201-501
<b>a</b>	Plan name	MARTYN & ASSOCIATES CO. LPA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MARTYN & ASSOCIATES CO. LPA	<b>c</b> EIN-PN 34-1789268-501

<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	MARZEC LAW LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MARZEC LAW LLC	<b>c</b> EIN-PN 92-2846730-501
<b>a</b>	Plan name	MASON SEED SALES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MASON SEED SALES	<b>c</b> EIN-PN 45-3621764-501
<b>a</b>	Plan name	MATTHEWS FARM, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MATTHEWS FARM, INC	<b>c</b> EIN-PN 82-0762480-501
<b>a</b>	Plan name	MAVROIDIS INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAVROIDIS INC.	<b>c</b> EIN-PN 31-1524403-501
<b>a</b>	Plan name	MAX CONSTRUCTION GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MAX CONSTRUCTION GROUP	<b>c</b> EIN-PN 27-5158998-501
<b>a</b>	Plan name	MB GRAPHICS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MB GRAPHICS INC	<b>c</b> EIN-PN 31-1510526-501
<b>a</b>	Plan name	MCDANIEL CPA LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MCDANIEL CPA LLC	<b>c</b> EIN-PN 47-5201568-501
<b>a</b>	Plan name	MCDONALD COMMUNITY FEDERAL CREDIT UNION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MCDONALD COMMUNITY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 34-0728212-501
<b>a</b>	Plan name	MCKEE ASSET MANAGEMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MCKEE ASSET MANAGEMENT	<b>c</b> EIN-PN 04-3768991-501
<b>a</b>	Plan name	MCMASTER FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MCMASTER FARMS LLC	<b>c</b> EIN-PN 26-2313158-501
<b>a</b>	Plan name	MDW LAND LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MDW LAND LLC	<b>c</b> EIN-PN 23-8350329-501
<b>a</b>	Plan name	MEAD PROPERTIES, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEAD PROPERTIES, INC.	<b>c</b> EIN-PN 34-0977715-501

<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	MEDICARE ONE STOP INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEDICARE ONE STOP INC	<b>c</b> EIN-PN 86-2611581-501
<b>a</b>	Plan name	MEDINA EXCAVATING INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEDINA EXCAVATING INC	<b>c</b> EIN-PN 34-0683686-501
<b>a</b>	Plan name	MEINKE EXTERIORS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEINKE EXTERIORS LLC	<b>c</b> EIN-PN 83-4702611-501
<b>a</b>	Plan name	MERCER GROUP INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MERCER GROUP INC	<b>c</b> EIN-PN 31-1666545-501
<b>a</b>	Plan name	MERCY NOW VET CARE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MERCY NOW VET CARE LLC	<b>c</b> EIN-PN 83-2500376-501
<b>a</b>	Plan name	METZGER AIR LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	METZGER AIR LLC	<b>c</b> EIN-PN 20-4122420-501
<b>a</b>	Plan name	MEYER AG SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEYER AG SERVICES LLC	<b>c</b> EIN-PN 47-1646558-502
<b>a</b>	Plan name	MEYER AUTO & EQUIPMENT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEYER AUTO & EQUIPMENT LLC	<b>c</b> EIN-PN 82-3861369-501
<b>a</b>	Plan name	MEYER WILSON CO LPA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEYER WILSON CO LPA	<b>c</b> EIN-PN 31-1485082-502
<b>a</b>	Plan name	MEYERS GARDEN CENTER OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MEYERS GARDEN CENTER	<b>c</b> EIN-PN 31-0962668-501
<b>a</b>	Plan name	MGZ LAWN & GROUNDS CARE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MGZ LAWN & GROUNDS CARE	<b>c</b> EIN-PN 47-2581632-501
<b>a</b>	Plan name	MIAMI VALLEY OUTDOOR SERVICES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MIAMI VALLEY OUTDOOR SERVICES, LLC	<b>c</b> EIN-PN 27-4905964-501

<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	MIAMI VALLEY TOPSOIL, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MIAMI VALLEY TOPSOIL, LLC	<b>c</b> EIN-PN 46-5271430-501
<b>a</b>	Plan name	MIAMITOWN PET HOSPITAL LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MIAMITOWN PET HOSPITAL LLC	<b>c</b> EIN-PN 84-2740604-501
<b>a</b>	Plan name	MICHAEL SHAPIRO INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL SHAPIRO INC	<b>c</b> EIN-PN 26-4565898-501
<b>a</b>	Plan name	MICHELLE HEINTZ OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MICHELLE HEINTZ	<b>c</b> EIN-PN 34-0970053-501
<b>a</b>	Plan name	MIKE THOMAS PLUMBING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MIKE THOMAS PLUMBING, LLC	<b>c</b> EIN-PN 85-3292374-501
<b>a</b>	Plan name	MILLENNIUM ELECTRICAL CONTRACTING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MILLENNIUM ELECTRICAL CONTRACTING	<b>c</b> EIN-PN 47-1891281-501
<b>a</b>	Plan name	MISTER CAR PARTS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MISTER CAR PARTS INC	<b>c</b> EIN-PN 34-1204503-501
<b>a</b>	Plan name	MJM SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MJM SERVICES LLC	<b>c</b> EIN-PN 34-1846041-501
<b>a</b>	Plan name	MK ADVISORS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MK ADVISORS LLC	<b>c</b> EIN-PN 88-3786040-501
<b>a</b>	Plan name	MKB FARMS LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MKB FARMS LTD	<b>c</b> EIN-PN 34-1827288-501
<b>a</b>	Plan name	MLS CONSTRUCTION SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MLS CONSTRUCTION SERVICES	<b>c</b> EIN-PN 46-1956505-501
<b>a</b>	Plan name	MOHICAN FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MOHICAN FARMS	<b>c</b> EIN-PN 34-1113733-501

<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	MONARK LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MONARK LLC	<b>c</b> EIN-PN 47-2315987-501
<b>a</b>	Plan name	MOORE INSURANCE SERVICE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MOORE INSURANCE SERVICE	<b>c</b> EIN-PN 26-3194050-501
<b>a</b>	Plan name	MOREAU ENTERPRISES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MOREAU ENTERPRISES, LLC	<b>c</b> EIN-PN 82-1735952-501
<b>a</b>	Plan name	MORLOCK GRAIN FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MORLOCK GRAIN FARMS LLC	<b>c</b> EIN-PN 45-4322503-501
<b>a</b>	Plan name	MOSAIC EMPLOYEE BENEFITS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MOSAIC EMPLOYEE BENEFITS	<b>c</b> EIN-PN 20-1938337-502
<b>a</b>	Plan name	MOSER FARMS PARTNERSHIP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MOSER FARMS PARTNERSHIP	<b>c</b> EIN-PN 81-3554925-501
<b>a</b>	Plan name	MUDLICK TAP HOUSE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MUDLICK TAP HOUSE	<b>c</b> EIN-PN 35-2517120-502
<b>a</b>	Plan name	MUDRAK FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MUDRAK FARMS	<b>c</b> EIN-PN 47-5591941-501
<b>a</b>	Plan name	MY HOME PARK OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MY HOME PARK	<b>c</b> EIN-PN 87-2856169-501
<b>a</b>	Plan name	MYERS BUTCHER SHOP, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MYERS BUTCHER SHOP, LLC	<b>c</b> EIN-PN 87-3066735-501
<b>a</b>	Plan name	MYERS TRANSPORT, LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	MYERS TRANSPORT, LTD	<b>c</b> EIN-PN 20-4822520-501
<b>a</b>	Plan name	NAGEL MASONRY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NAGEL MASONRY	<b>c</b> EIN-PN 34-1615807-501

<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	NAMCO MACHINE AND GEAR WORKS USA LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NAMCO MACHINE AND GEAR WORKS USA LLC	<b>c</b> EIN-PN 85-1206921-501
<b>a</b>	Plan name	NANCY HARPER INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NANCY HARPER INC	<b>c</b> EIN-PN 34-1887706-501
<b>a</b>	Plan name	NARTKER, GRUNEWALD, ESCHLEMAN & COOPER LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NARTKER, GRUNEWALD, ESCHLEMAN & COOPER LLC	<b>c</b> EIN-PN 31-0872466-501
<b>a</b>	Plan name	NEIDER FAMILY FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NEIDER FAMILY FARMS LLC	<b>c</b> EIN-PN 46-4624076-501
<b>a</b>	Plan name	NEIL FARMS, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NEIL FARMS, INC	<b>c</b> EIN-PN 34-1363987-501
<b>a</b>	Plan name	NELSON CONTRACTING, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NELSON CONTRACTING, INC.	<b>c</b> EIN-PN 34-1887057-501
<b>a</b>	Plan name	NEUZIL THREE INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NEUZIL THREE INC	<b>c</b> EIN-PN 34-1605445-501
<b>a</b>	Plan name	NEW VISION FEEDS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NEW VISION FEEDS	<b>c</b> EIN-PN 03-0567281-501
<b>a</b>	Plan name	NIKOLIC LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NIKOLIC LLC	<b>c</b> EIN-PN 27-5082514-501
<b>a</b>	Plan name	NOAHS BASEMENT WATERPROOFING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NOAHS BASEMENT WATERPROOFING	<b>c</b> EIN-PN 83-1088031-501
<b>a</b>	Plan name	NOFER FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NOFER FARMS LLC	<b>c</b> EIN-PN 88-1658898-501
<b>a</b>	Plan name	NORMAN WEALTH MANAGEMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORMAN WEALTH MANAGEMENT	<b>c</b> EIN-PN 47-4759024-501

<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	NORTH COURT ANIMAL CLINIC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTH COURT ANIMAL CLINIC	<b>c</b> EIN-PN 31-1171823-501
<b>a</b>	Plan name	NORTH OHIO SEWER & DRAIN LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTH OHIO SEWER & DRAIN LLC	<b>c</b> EIN-PN 85-4352155-501
<b>a</b>	Plan name	NORTHEAST EQUINE VETERINARY SERVICE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST EQUINE VETERINARY SERVICE LLC	<b>c</b> EIN-PN 93-4703712-501
<b>a</b>	Plan name	NORTHEAST OHIO PRECAST OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST OHIO PRECAST	<b>c</b> EIN-PN 82-3421092-501
<b>a</b>	Plan name	NORTHERN OHIO INVESTMENTS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN OHIO INVESTMENTS	<b>c</b> EIN-PN 34-1756936-501
<b>a</b>	Plan name	NORTHLAKE PLUMBING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTHLAKE PLUMBING, LLC	<b>c</b> EIN-PN 32-2843603-501
<b>a</b>	Plan name	NORTHSHORE MOLD INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTHSHORE MOLD INC	<b>c</b> EIN-PN 34-1460745-501
<b>a</b>	Plan name	NORTHSTAR CONTRACTING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTHSTAR CONTRACTING	<b>c</b> EIN-PN 27-0145620-502
<b>a</b>	Plan name	NURO AGENCY, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NURO AGENCY, LLC	<b>c</b> EIN-PN 87-4547787-501
<b>a</b>	Plan name	OAK GROVE FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	OAK GROVE FARM	<b>c</b> EIN-PN 23-6528763-501
<b>a</b>	Plan name	OAK HAVEN BELGIANS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	OAK HAVEN BELGIANS, LLC	<b>c</b> EIN-PN 38-3826196-501
<b>a</b>	Plan name	OH NATL EXPRESS TRANS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	OH NATL EXPRESS TRANS INC	<b>c</b> EIN-PN 20-0890263-502

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 OHIO AGRIBUSINESS ASSOCIATION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OHIO AGRIBUSINESS ASSOCIATION	<b>c</b> EIN-PN 31-4443573-501
<b>a</b>	Plan name OHIO FARM BUREAU FEDERATION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OHIO FARM BUREAU FEDERATION	<b>c</b> EIN-PN 31-4369470-502
<b>a</b>	Plan name OHIO LIGHTING MANAGEMENT, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OHIO LIGHTING MANAGEMENT, LLC	<b>c</b> EIN-PN 84-5105462-501
<b>a</b>	Plan name OHM ELECTRIC INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OHM ELECTRIC INC.	<b>c</b> EIN-PN 20-0485111-501
<b>a</b>	Plan name OMEGA RETIREMENT AND WEALTH MANAGEMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OMEGA RETIREMENT AND WEALTH MANAGEMENT	<b>c</b> EIN-PN 99-0442423-501
<b>a</b>	Plan name ORBAN'S FLOWERS & GREENHOUSES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ORBANS FLOWERS & GREENHOUSES INC	<b>c</b> EIN-PN 34-0665684-501
<b>a</b>	Plan name ORRSON CUSTOM FARMING, LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ORRSON CUSTOM FARMING, LTD	<b>c</b> EIN-PN 34-1842601-501
<b>a</b>	Plan name ORWELL VALLEY FEED MILL LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ORWELL VALLEY FEED MILL LLC	<b>c</b> EIN-PN 93-4611612-501
<b>a</b>	Plan name OSAVE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OSAVE LLC	<b>c</b> EIN-PN 38-3876663-501
<b>a</b>	Plan name OTTO BY PRODUCTS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OTTO BY PRODUCTS	<b>c</b> EIN-PN 26-2297487-501
<b>a</b>	Plan name OVERMYER BROS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor OVERMYER BROS LLC	<b>c</b> EIN-PN 20-8356281-501
<b>a</b>	Plan name PANZERA'S PIZZA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PANZERAS PIZZA	<b>c</b> EIN-PN 31-1620716-501

<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	PARILYA LLC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PARILYA LLC
<b>c</b>	EIN-PN	83-2162103-501
<b>a</b>	Plan name	PARK AVENUE SECURITIES OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PARK AVENUE SECURITIES
<b>c</b>	EIN-PN	30-0887617-501
<b>a</b>	Plan name	PAT FLOWERS INC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PAT FLOWERS INC
<b>c</b>	EIN-PN	34-1793200-501
<b>a</b>	Plan name	PAUL BROWN REMODEL AND RESTORATION LLC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PAUL BROWN REMODEL AND RESTORATION LLC
<b>c</b>	EIN-PN	87-3917518-501
<b>a</b>	Plan name	PAULER COMMUNICATIONS INC. OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PAULER COMMUNICATIONS INC.
<b>c</b>	EIN-PN	34-1633821-501
<b>a</b>	Plan name	PAWS FOR THE CAUSE, LLC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PAWS FOR THE CAUSE, LLC
<b>c</b>	EIN-PN	46-5180856-501
<b>a</b>	Plan name	PETERSON FARM OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PETERSON FARM
<b>c</b>	EIN-PN	31-1500617-501
<b>a</b>	Plan name	PETTISVILLE GRAIN CO INC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PETTISVILLE GRAIN CO INC
<b>c</b>	EIN-PN	16-1681070-502
<b>a</b>	Plan name	PILGRIM ENTERPRISES, LLC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PILGRIM ENTERPRISES, LLC
<b>c</b>	EIN-PN	86-3728494-501
<b>a</b>	Plan name	PLATINUM PATH LLC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PLATINUM PATH LLC
<b>c</b>	EIN-PN	27-8869386-501
<b>a</b>	Plan name	PLATT INSURANCE GROUP OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	PLATT INSURANCE GROUP
<b>c</b>	EIN-PN	45-3740808-501
<b>a</b>	Plan name	POINT OF PERFECTION SALON, INC OFB BENEFIT PLAN
<b>b</b>	Name of plan sponsor	POINT OF PERFECTION SALON, INC
<b>c</b>	EIN-PN	34-1835923-501

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 POORMAN FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor POORMAN FARMS	<b>c</b> EIN-PN 46-1765480-501
<b>a</b>	Plan name POT LUCK GREENHOUSE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor POT LUCK GREENHOUSE	<b>c</b> EIN-PN 45-4773299-501
<b>a</b>	Plan name PRACTICAL MEDICAL MANAGEMENT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PRACTICAL MEDICAL MANAGEMENT LLC	<b>c</b> EIN-PN 82-1078722-501
<b>a</b>	Plan name PREMIER ASPHALT PAVING CO. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PREMIER ASPHALT PAVING CO.	<b>c</b> EIN-PN 34-1424232-501
<b>a</b>	Plan name PRIDE REMODELING & CONTRACTING LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PRIDE REMODELING & CONTRACTING LLC	<b>c</b> EIN-PN 92-2824514-501
<b>a</b>	Plan name PRIMETIME ENTERPRISES, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PRIMETIME ENTERPRISES, INC.	<b>c</b> EIN-PN 34-1657409-501
<b>a</b>	Plan name PRINTING CONNECTION, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PRINTING CONNECTION, INC	<b>c</b> EIN-PN 34-1816779-501
<b>a</b>	Plan name PROFESSIONAL COIL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL COIL	<b>c</b> EIN-PN 31-1489458-501
<b>a</b>	Plan name PROFIT AND SONS FARMS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PROFIT AND SONS FARMS INC	<b>c</b> EIN-PN 27-4343346-501
<b>a</b>	Plan name PROGRADE EXCAVATION & DEMOLITION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PROGRADE EXCAVATION & DEMOLITION LLC	<b>c</b> EIN-PN 14-1962063-501
<b>a</b>	Plan name PROGRESSIVE DAIRY SYSTEMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PROGRESSIVE DAIRY SYSTEMS	<b>c</b> EIN-PN 34-1915348-501
<b>a</b>	Plan name PROLINE XPRESS INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor PROLINE XPRESS INC.	<b>c</b> EIN-PN 26-0038861-501

<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	PROTOCOL 6, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	PROTOCOL 6, LLC	<b>c</b> EIN-PN 84-2091690-501
<b>a</b>	Plan name	PROVIDENT ADVISORY GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENT ADVISORY GROUP	<b>c</b> EIN-PN 47-1707006-501
<b>a</b>	Plan name	PUEHLER AG CO INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	PUEHLER AG CO INC	<b>c</b> EIN-PN 86-2144485-501
<b>a</b>	Plan name	QUALITY LAWN AND LANDSCAPE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	QUALITY LAWN AND LANDSCAPE	<b>c</b> EIN-PN 31-1496963-501
<b>a</b>	Plan name	QUICKER LOGISTICS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	QUICKER LOGISTICS	<b>c</b> EIN-PN 26-3653575-501
<b>a</b>	Plan name	R & B ENTERPRISES, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R & B ENTERPRISES, INC	<b>c</b> EIN-PN 34-1763279-501
<b>a</b>	Plan name	R & D DALE MD, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R & D DALE MD, INC.	<b>c</b> EIN-PN 34-1939526-501
<b>a</b>	Plan name	R & J POTHAST FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R & J POTHAST FARM LLC	<b>c</b> EIN-PN 45-5289233-501
<b>a</b>	Plan name	R AND J FARMS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R AND J FARMS INC	<b>c</b> EIN-PN 34-1816534-501
<b>a</b>	Plan name	R E SKILLINGS SUPPLIES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R E SKILLINGS SUPPLIES INC	<b>c</b> EIN-PN 31-1126789-501
<b>a</b>	Plan name	R J WIESMAN BUILDERS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R J WIESMAN BUILDERS INC	<b>c</b> EIN-PN 31-0985872-501
<b>a</b>	Plan name	R.E.L.E. FARMS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R.E.L.E. FARMS, LLC	<b>c</b> EIN-PN 37-1500370-501

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 RALPH TAYLOR HEATING & COOLING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RALPH TAYLOR HEATING & COOLING	<b>c</b> EIN-PN 27-4382251-501
<b>a</b>	Plan name RAM COMMUNICATIONS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RAM COMMUNICATIONS LLC	<b>c</b> EIN-PN 46-3285711-501
<b>a</b>	Plan name RATHBURN FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RATHBURN FARMS	<b>c</b> EIN-PN 46-1566296-501
<b>a</b>	Plan name RATHWEG INSURANCE ASSOCIATES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RATHWEG INSURANCE ASSOCIATES INC	<b>c</b> EIN-PN 31-0792879-502
<b>a</b>	Plan name RAUB FINANCIAL GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RAUB FINANCIAL GROUP	<b>c</b> EIN-PN 34-1819113-501
<b>a</b>	Plan name RAYFINN, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RAYFINN, LLC	<b>c</b> EIN-PN 85-1556919-501
<b>a</b>	Plan name RAYMOND BROWN & ASSOCIATES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RAYMOND BROWN & ASSOCIATES LLC	<b>c</b> EIN-PN 81-3788566-501
<b>a</b>	Plan name RECEPTIONS EVENT CENTERS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RECEPTIONS EVENT CENTERS	<b>c</b> EIN-PN 85-4248488-501
<b>a</b>	Plan name RECH ANGUS FARMS, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RECH ANGUS FARMS, INC.	<b>c</b> EIN-PN 31-1242361-501
<b>a</b>	Plan name REDS SUMMERHOUSE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor REDS SUMMERHOUSE	<b>c</b> EIN-PN 87-3472902-501
<b>a</b>	Plan name RELIABLE ROOFING, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RELIABLE ROOFING, INC.	<b>c</b> EIN-PN 27-0888685-501
<b>a</b>	Plan name RENAISSANCE BEHAV HEALTH OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RENAISSANCE BEHAV HEALTH	<b>c</b> EIN-PN 85-0943026-501

<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	RE-PETE FARMS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	RE-PETE FARMS INC	<b>c</b> EIN-PN 46-3762354-501
<b>a</b>	Plan name	REYNOLDSBURG ANIMAL HOSPITAL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	REYNOLDSBURG ANIMAL HOSPITAL	<b>c</b> EIN-PN 31-1470344-501
<b>a</b>	Plan name	RIDGE BRIDGE FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	RIDGE BRIDGE FARM	<b>c</b> EIN-PN 27-0666629-501
<b>a</b>	Plan name	RIDGE-DELL HOLSTEINS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	RIDGE-DELL HOLSTEINS LLC	<b>c</b> EIN-PN 46-1593741-501
<b>a</b>	Plan name	RIVER VALLEY TRAILER CO. LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	RIVER VALLEY TRAILER CO. LLC	<b>c</b> EIN-PN 47-3975948-501
<b>a</b>	Plan name	ROBERT J DODD JR CO LPA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROBERT J DODD JR CO LPA	<b>c</b> EIN-PN 31-1037114-501
<b>a</b>	Plan name	ROBERT KISER OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROBERT KISER	<b>c</b> EIN-PN 34-1672160-501
<b>a</b>	Plan name	ROBERT LYNN TRUCKING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROBERT LYNN TRUCKING	<b>c</b> EIN-PN 27-6662767-501
<b>a</b>	Plan name	ROCKSIDE WINERY & VINEYARDS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROCKSIDE WINERY & VINEYARDS	<b>c</b> EIN-PN 47-1801757-501
<b>a</b>	Plan name	ROGISH FARM MANAGEMENT LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROGISH FARM MANAGEMENT LTD	<b>c</b> EIN-PN 27-3864747-501
<b>a</b>	Plan name	ROLLING J EXPRESS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROLLING J EXPRESS INC	<b>c</b> EIN-PN 82-4541190-501
<b>a</b>	Plan name	ROPPEL'S SERVICE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ROPPELS SERVICE	<b>c</b> EIN-PN 34-1655136-501

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 ROYALTON MUSIC CENTER INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ROYALTON MUSIC CENTER INC	<b>c</b> EIN-PN 31-1498237-503
<b>a</b>	Plan name ROYER FAMILY INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ROYER FAMILY INC.	<b>c</b> EIN-PN 55-0876798-501
<b>a</b>	Plan name RUFFING BROTHERS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RUFFING BROTHERS LLC	<b>c</b> EIN-PN 26-3400965-501
<b>a</b>	Plan name RYAN'S LANDSCAPE MAINTENANCE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RYANS LANDSCAPE MAINTENANCE	<b>c</b> EIN-PN 20-8946092-501
<b>a</b>	Plan name RYNOKA FARMS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor RYNOKA FARMS, LLC	<b>c</b> EIN-PN 27-3718863-501
<b>a</b>	Plan name SAA SERVICES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SAA SERVICES LLC	<b>c</b> EIN-PN 86-2210582-501
<b>a</b>	Plan name SABINA FARMERS EXCHANGE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SABINA FARMERS EXCHANGE	<b>c</b> EIN-PN 31-0588275-501
<b>a</b>	Plan name SANDUSKY BAY REMODELING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SANDUSKY BAY REMODELING	<b>c</b> EIN-PN 92-0639138-501
<b>a</b>	Plan name SAVOY DEVELOPMENT CO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SAVOY DEVELOPMENT CO	<b>c</b> EIN-PN 34-1919145-503
<b>a</b>	Plan name SCHLABACH EQUIPMENT INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SCHLABACH EQUIPMENT INC.	<b>c</b> EIN-PN 34-1657751-501
<b>a</b>	Plan name SCHMUCK FAMILY ENTERPRISES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SCHMUCK FAMILY ENTERPRISES LLC	<b>c</b> EIN-PN 26-0688329-501
<b>a</b>	Plan name SCHWAB FAMILY FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SCHWAB FAMILY FARM	<b>c</b> EIN-PN 31-1531308-501

<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	SCORPACCIATA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SCORPACCIATA	<b>c</b> EIN-PN 82-4999673-501
<b>a</b>	Plan name	SCOT MEIER FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SCOT MEIER FARM LLC	<b>c</b> EIN-PN 83-1178531-501
<b>a</b>	Plan name	SCOULOUKAS FINANCIAL INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SCOULOUKAS FINANCIAL INC	<b>c</b> EIN-PN 27-2203033-501
<b>a</b>	Plan name	SD NOLD, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SD NOLD, INC.	<b>c</b> EIN-PN 34-1294600-501
<b>a</b>	Plan name	SELDOM SEEN FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SELDOM SEEN FARM	<b>c</b> EIN-PN 85-0957328-501
<b>a</b>	Plan name	SENIOR INSURANCE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SENIOR INSURANCE	<b>c</b> EIN-PN 83-2866821-502
<b>a</b>	Plan name	SHANE BOYSEL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SHANE BOYSEL	<b>c</b> EIN-PN 30-0849017-501
<b>a</b>	Plan name	SHAPAKA LAWN CARE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SHAPAKA LAWN CARE LLC	<b>c</b> EIN-PN 82-1060780-501
<b>a</b>	Plan name	SHERMAN FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SHERMAN FARMS	<b>c</b> EIN-PN 26-8367571-501
<b>a</b>	Plan name	SHINES BAIT & TACKLE, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SHINES BAIT & TACKLE, LLC	<b>c</b> EIN-PN 83-3258905-501
<b>a</b>	Plan name	SHINN LAW FIRM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SHINN LAW FIRM LLC	<b>c</b> EIN-PN 81-5355695-501
<b>a</b>	Plan name	SHOEMAKER FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SHOEMAKER FARM	<b>c</b> EIN-PN 34-1612704-501

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 SHREDPRO, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SHREDPRO, LLC	<b>c</b> EIN-PN 85-0577463-501
<b>a</b>	Plan name SHRINER PLUMBING, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SHRINER PLUMBING, LLC	<b>c</b> EIN-PN 40-0021698-501
<b>a</b>	Plan name SICE SHAFFER FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SICE SHAFFER FARM LLC	<b>c</b> EIN-PN 46-2038006-501
<b>a</b>	Plan name SIEFKER SAWMILL OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SIEFKER SAWMILL	<b>c</b> EIN-PN 34-1247792-502
<b>a</b>	Plan name SINGLETON FARMS LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SINGLETON FARMS LTD	<b>c</b> EIN-PN 31-1638699-502
<b>a</b>	Plan name SKYBOX FINANCIAL GROUP LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SKYBOX FINANCIAL GROUP LLC	<b>c</b> EIN-PN 47-1890231-501
<b>a</b>	Plan name SLATER BROTHERS FARM, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SLATER BROTHERS FARM, LLC	<b>c</b> EIN-PN 31-1486933-501
<b>a</b>	Plan name SLES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SLES LLC	<b>c</b> EIN-PN 87-1935699-501
<b>a</b>	Plan name SLICKER FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SLICKER FARMS	<b>c</b> EIN-PN 34-6688675-501
<b>a</b>	Plan name SMALTZ INSURANCE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SMALTZ INSURANCE LLC	<b>c</b> EIN-PN 92-1463209-503
<b>a</b>	Plan name SMETANA ENTERPRISES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SMETANA ENTERPRISES, LLC	<b>c</b> EIN-PN 27-2919611-501
<b>a</b>	Plan name SMITH AG LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SMITH AG LLC	<b>c</b> EIN-PN 27-3203482-501

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 SMOKE AND STEEL TRUCK AND EQUIPMENT REPAIR, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SMOKE AND STEEL TRUCK AND EQUIPMENT REPAIR, LLC	<b>c</b> EIN-PN 86-3404408-501
<b>a</b>	Plan name SOJOURNERS CARE NETWORK OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SOJOURNERS CARE NETWORK	<b>c</b> EIN-PN 34-1880636-501
<b>a</b>	Plan name SOLLARS PROPERTY 3, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SOLLARS PROPERTY 3, LLC	<b>c</b> EIN-PN 83-2768310-501
<b>a</b>	Plan name SOUTH CENTRAL FLEET SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SOUTH CENTRAL FLEET SERVICES	<b>c</b> EIN-PN 82-1858225-501
<b>a</b>	Plan name SOUTHERN OHIO BOTANICALS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN OHIO BOTANICALS LLC	<b>c</b> EIN-PN 87-1161984-501
<b>a</b>	Plan name SPARKYS WELDING AND FABRICATION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPARKYS WELDING AND FABRICATION LLC	<b>c</b> EIN-PN 46-1577141-501
<b>a</b>	Plan name SPEAR CHARDON TRACTOR SALES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPEAR CHARDON TRACTOR SALES	<b>c</b> EIN-PN 34-0940290-501
<b>a</b>	Plan name SPECIALIZED INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPECIALIZED INC	<b>c</b> EIN-PN 34-1734174-502
<b>a</b>	Plan name SPECK & COMPANY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPECK & COMPANY	<b>c</b> EIN-PN 85-3711677-501
<b>a</b>	Plan name SPECTRUM BUILDERS INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPECTRUM BUILDERS INC	<b>c</b> EIN-PN 31-1137938-501
<b>a</b>	Plan name SPH WEALTH GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPH WEALTH GROUP	<b>c</b> EIN-PN 82-3302189-501
<b>a</b>	Plan name SPRANG FARM LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor SPRANG FARM LLC	<b>c</b> EIN-PN 82-4436930-501

<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	SQUANTO AG OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SQUANTO AG	<b>c</b> EIN-PN 88-0878761-501
<b>a</b>	Plan name	SQUARED AUTO, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SQUARED AUTO, INC.	<b>c</b> EIN-PN 46-4486214-501
<b>a</b>	Plan name	SQUIRE RIDGE COMPANY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SQUIRE RIDGE COMPANY	<b>c</b> EIN-PN 46-2961125-501
<b>a</b>	Plan name	STABLE HEALTH INSURANCE GROUP LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STABLE HEALTH INSURANCE GROUP LLC	<b>c</b> EIN-PN 87-2654619-501
<b>a</b>	Plan name	STANDING OAKS ENTERPRISES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STANDING OAKS ENTERPRISES	<b>c</b> EIN-PN 31-1487091-501
<b>a</b>	Plan name	STANEK CONSTRUCTION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STANEK CONSTRUCTION LLC	<b>c</b> EIN-PN 84-2418820-501
<b>a</b>	Plan name	STAR NORTHWEST AUTO CARE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STAR NORTHWEST AUTO CARE	<b>c</b> EIN-PN 27-3855556-501
<b>a</b>	Plan name	STEVENS GARDENS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STEVENS GARDENS, LLC	<b>c</b> EIN-PN 46-2977878-501
<b>a</b>	Plan name	STILLWATERS MUMS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STILLWATERS MUMS, LLC	<b>c</b> EIN-PN 86-2379152-501
<b>a</b>	Plan name	STOLLER BROS & SONS LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STOLLER BROS & SONS LTD	<b>c</b> EIN-PN 34-1913089-501
<b>a</b>	Plan name	STONE CREST VINEYARD LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STONE CREST VINEYARD LLC	<b>c</b> EIN-PN 55-0913403-501
<b>a</b>	Plan name	STONEHOUSE VETERINARY SERVICE, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STONEHOUSE VETERINARY SERVICE, LLC	<b>c</b> EIN-PN 47-2740985-501

<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	STORMONT FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STORMONT FARM	<b>c</b> EIN-PN 31-1401433-501
<b>a</b>	Plan name	STRATOVATION GROUP LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	STRATOVATION GROUP LLC	<b>c</b> EIN-PN 84-2797086-501
<b>a</b>	Plan name	SUDHOFF FARMS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SUDHOFF FARMS, LLC	<b>c</b> EIN-PN 27-4327382-501
<b>a</b>	Plan name	SUMMIT VALUE STREAMS, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT VALUE STREAMS, LLC	<b>c</b> EIN-PN 93-2265109-501
<b>a</b>	Plan name	SUNRISE SEED SERVICE, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SUNRISE SEED SERVICE, LLC	<b>c</b> EIN-PN 47-1163419-501
<b>a</b>	Plan name	SUPERIOR BENEFIT SPECIALISTS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR BENEFIT SPECIALISTS	<b>c</b> EIN-PN 56-2598594-501
<b>a</b>	Plan name	SUSTAINABLE ENERGY SERVICES OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SUSTAINABLE ENERGY SERVICES	<b>c</b> EIN-PN 46-1895521-503
<b>a</b>	Plan name	SWEET DESIGNS CHOCOLATIERS, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SWEET DESIGNS CHOCOLATIERS, INC.	<b>c</b> EIN-PN 34-1815680-502
<b>a</b>	Plan name	SWISS HERITAGE FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SWISS HERITAGE FARM	<b>c</b> EIN-PN 47-1664939-501
<b>a</b>	Plan name	SWISS HERITAGE FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	SWISS HERITAGE FARMS	<b>c</b> EIN-PN 88-3589495-501
<b>a</b>	Plan name	T.J. MARTIN LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	T.J. MARTIN LLC	<b>c</b> EIN-PN 26-4235565-501
<b>a</b>	Plan name	TAP STUDIOS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TAP STUDIOS	<b>c</b> EIN-PN 45-4771866-501

<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	TATE FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TATE FARMS	<b>c</b> EIN-PN 34-1423138-501
<b>a</b>	Plan name	TEC-REP INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TEC-REP INC	<b>c</b> EIN-PN 31-1540253-503
<b>a</b>	Plan name	TH CUSTOM HARDWOOD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TH CUSTOM HARDWOOD	<b>c</b> EIN-PN 20-3830360-501
<b>a</b>	Plan name	THE CROOKED KETTLE POPCORN OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE CROOKED KETTLE POPCORN	<b>c</b> EIN-PN 46-4652840-501
<b>a</b>	Plan name	THE EARNINGS SCOUT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE EARNINGS SCOUT	<b>c</b> EIN-PN 46-2463857-502
<b>a</b>	Plan name	THE GAS HOUSE-PROPANE, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE GAS HOUSE-PROPANE, INC.	<b>c</b> EIN-PN 34-0676706-501
<b>a</b>	Plan name	THE HASKINS FAMILY TRUST OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE HASKINS FAMILY TRUST	<b>c</b> EIN-PN 34-1096669-501
<b>a</b>	Plan name	THE KEENAN AGENCY, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE KEENAN AGENCY, INC	<b>c</b> EIN-PN 31-1016723-501
<b>a</b>	Plan name	THE LEARNING FARM OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE LEARNING FARM	<b>c</b> EIN-PN 46-5626275-501
<b>a</b>	Plan name	THE OHIO SOUP COMPANY LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO SOUP COMPANY LLC	<b>c</b> EIN-PN 82-4136527-501
<b>a</b>	Plan name	THE SCHELLER BRADFORD GROUP OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE SCHELLER BRADFORD GROUP	<b>c</b> EIN-PN 31-1582334-501
<b>a</b>	Plan name	THE WOODEN CLOSET LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THE WOODEN CLOSET LLC	<b>c</b> EIN-PN 27-3524632-501

<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	THETHIRDMURPH OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THETHIRDMURPH	<b>c</b> EIN-PN 27-0423302-501
<b>a</b>	Plan name	THIS LITTLE PIG INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THIS LITTLE PIG INC.	<b>c</b> EIN-PN 20-1321435-501
<b>a</b>	Plan name	THOMAS A MAFFETT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THOMAS A MAFFETT	<b>c</b> EIN-PN 24-0729579-501
<b>a</b>	Plan name	THOSE GUYS LAWN AND LAND OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	THOSE GUYS LAWN AND LAND	<b>c</b> EIN-PN 82-1109240-501
<b>a</b>	Plan name	TIRE WORLD DISCOUNT, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TIRE WORLD DISCOUNT, INC	<b>c</b> EIN-PN 46-1517899-501
<b>a</b>	Plan name	TITGEMEIER'S INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TITGEMEIERS INC.	<b>c</b> EIN-PN 34-1028686-501
<b>a</b>	Plan name	TJ FARINACCI LANDSCAPING, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TJ FARINACCI LANDSCAPING, INC	<b>c</b> EIN-PN 34-1819570-501
<b>a</b>	Plan name	TK PLUMBING & SEWER REPAIR, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TK PLUMBING & SEWER REPAIR, LLC	<b>c</b> EIN-PN 82-4934506-501
<b>a</b>	Plan name	TNS INSURANCE AGENCY INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TNS INSURANCE AGENCY INC	<b>c</b> EIN-PN 34-1147068-501
<b>a</b>	Plan name	TOTAL OUTDOOR SERVICES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TOTAL OUTDOOR SERVICES, LLC	<b>c</b> EIN-PN 46-2353569-501
<b>a</b>	Plan name	TRAMPEVSKI & ASSOCIATES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TRAMPEVSKI & ASSOCIATES LLC	<b>c</b> EIN-PN 88-2104538-501
<b>a</b>	Plan name	TRANSPONDER ISLAND OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	TRANSPONDER ISLAND	<b>c</b> EIN-PN 75-3234744-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">TRANSPORTATION OUTLET, INC. OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRANSPORTATION OUTLET, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1717636-501</a>
<b>a</b>	Plan name <a href="#">TRI COUNTY INSURANCE LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI COUNTY INSURANCE LLC</a>	<b>c</b> EIN-PN <a href="#">34-1656583-501</a>
<b>a</b>	Plan name <a href="#">TRI COUNTY POWER TOOL, INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI COUNTY POWER TOOL, INC</a>	<b>c</b> EIN-PN <a href="#">34-1814206-501</a>
<b>a</b>	Plan name <a href="#">TRIECARE RESIDENTIAL SERVICES OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIECARE RESIDENTIAL SERVICES</a>	<b>c</b> EIN-PN <a href="#">83-0618493-501</a>
<b>a</b>	Plan name <a href="#">TRIPLE L FARMS LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRIPLE L FARMS LLC</a>	<b>c</b> EIN-PN <a href="#">34-1447097-501</a>
<b>a</b>	Plan name <a href="#">TRUE CUT LEADERSHIP LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRUE CUT LEADERSHIP LLC</a>	<b>c</b> EIN-PN <a href="#">84-4572506-501</a>
<b>a</b>	Plan name <a href="#">TURNBULL RESOURCE GROUP INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TURNBULL RESOURCE GROUP INC</a>	<b>c</b> EIN-PN <a href="#">83-3144275-501</a>
<b>a</b>	Plan name <a href="#">TURNER FARM OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TURNER FARM</a>	<b>c</b> EIN-PN <a href="#">20-4055573-501</a>
<b>a</b>	Plan name <a href="#">TWIN ACRE INC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TWIN ACRE INC</a>	<b>c</b> EIN-PN <a href="#">31-0873572-501</a>
<b>a</b>	Plan name <a href="#">TWIN DOORS PROPERTIES LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TWIN DOORS PROPERTIES LLC</a>	<b>c</b> EIN-PN <a href="#">55-0910602-501</a>
<b>a</b>	Plan name <a href="#">TWIN LAKE FARMS, INC. OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TWIN LAKE FARMS, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1311178-501</a>
<b>a</b>	Plan name <a href="#">TYLER LAQUATRA SALES, LLC OFB BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TYLER LAQUATRA SALES, LLC</a>	<b>c</b> EIN-PN <a href="#">92-1328291-501</a>

<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	ULTIMATE FENCE AND LANDSCAPE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ULTIMATE FENCE AND LANDSCAPE LLC	<b>c</b> EIN-PN 26-4173813-501
<b>a</b>	Plan name	ULTRA MACHINES, INC.. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ULTRA MACHINES, INC..	<b>c</b> EIN-PN 34-1647784-501
<b>a</b>	Plan name	VALLO TREE SERVICES, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VALLO TREE SERVICES, LLC	<b>c</b> EIN-PN 34-1616687-501
<b>a</b>	Plan name	VANCE FAMILY FARMS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VANCE FAMILY FARMS LLC	<b>c</b> EIN-PN 81-1524303-501
<b>a</b>	Plan name	VANESSA L BLEVINS CPA & CO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VANESSA L BLEVINS CPA & CO	<b>c</b> EIN-PN 81-4754840-501
<b>a</b>	Plan name	VILLAGE HARDWARE INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE HARDWARE INC.	<b>c</b> EIN-PN 56-2435109-501
<b>a</b>	Plan name	VINCENT VALENTINO, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VINCENT VALENTINO, INC	<b>c</b> EIN-PN 34-1452937-502
<b>a</b>	Plan name	WACHTMAN TREE SERVICE LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WACHTMAN TREE SERVICE LLC	<b>c</b> EIN-PN 83-4291232-501
<b>a</b>	Plan name	WAGNER HOME IMPROVEMENT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WAGNER HOME IMPROVEMENT	<b>c</b> EIN-PN 92-2489915-501
<b>a</b>	Plan name	WALKER FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WALKER FARMS	<b>c</b> EIN-PN 26-1241596-501
<b>a</b>	Plan name	WALKER INSURANCE WORKS, INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WALKER INSURANCE WORKS, INC	<b>c</b> EIN-PN 93-4365954-501
<b>a</b>	Plan name	WALTERS LANDSCAPE SOLUTIONS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WALTERS LANDSCAPE SOLUTIONS	<b>c</b> EIN-PN 81-4134108-501

<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	WALTERS SUPERMARKET INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WALTERS SUPERMARKET INC	<b>c</b> EIN-PN 31-0941251-501
<b>a</b>	Plan name	WARNICK CPA OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WARNICK CPA	<b>c</b> EIN-PN 84-4587273-502
<b>a</b>	Plan name	WARWICK PRODUCTS CO OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WARWICK PRODUCTS CO	<b>c</b> EIN-PN 34-1000347-501
<b>a</b>	Plan name	WATER BEAR MARKETING LTD OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WATER BEAR MARKETING LTD	<b>c</b> EIN-PN 83-2438574-501
<b>a</b>	Plan name	WATERBROOK, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WATERBROOK, LLC	<b>c</b> EIN-PN 35-2341119-501
<b>a</b>	Plan name	WE BILBREY OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WE BILBREY	<b>c</b> EIN-PN 61-1612488-502
<b>a</b>	Plan name	WEHRLAND FARMS, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WEHRLAND FARMS, INC.	<b>c</b> EIN-PN 34-1722733-501
<b>a</b>	Plan name	WEIDNER PROPERTY MANAGEMENT LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WEIDNER PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 84-4549371-501
<b>a</b>	Plan name	WERNER G SMITH OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WERNER G SMITH	<b>c</b> EIN-PN 34-0706339-501
<b>a</b>	Plan name	WERNERT LAWCARE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WERNERT LAWCARE	<b>c</b> EIN-PN 26-2165816-502
<b>a</b>	Plan name	WEST SHORE PROPERTIES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WEST SHORE PROPERTIES LLC	<b>c</b> EIN-PN 46-2944218-501
<b>a</b>	Plan name	WESTERVILLE AREA CHAMBER OF COMMERCE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WESTERVILLE AREA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 31-0737083-502

<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	WHISPERING WINDS MANOR OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WHISPERING WINDS MANOR	<b>c</b> EIN-PN 27-0952028-501
<b>a</b>	Plan name	WILHELM FARMS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WILHELM FARMS	<b>c</b> EIN-PN 27-1660252-501
<b>a</b>	Plan name	WILLIAM H CHILDS JR ASSOCIATES INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM H CHILDS JR ASSOCIATES INC	<b>c</b> EIN-PN 34-1935174-501
<b>a</b>	Plan name	WILLIAMS & SONS EXCAVATING OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMS & SONS EXCAVATING	<b>c</b> EIN-PN 83-2840707-501
<b>a</b>	Plan name	WILSON GARDEN CENTER INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WILSON GARDEN CENTER INC.	<b>c</b> EIN-PN 31-0975425-501
<b>a</b>	Plan name	WINDOW TREATMENTS OF THE WESTERN RESERVE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WINDOW TREATMENTS OF THE WESTERN RESERVE	<b>c</b> EIN-PN 27-5545053-501
<b>a</b>	Plan name	WITUCKI, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WITUCKI, LLC	<b>c</b> EIN-PN 20-3675878-501
<b>a</b>	Plan name	WM CANNA LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WM CANNA LLC	<b>c</b> EIN-PN 54-2104988-502
<b>a</b>	Plan name	WOLFE TRANSPORT OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	WOLFE TRANSPORT	<b>c</b> EIN-PN 31-1773032-502
<b>a</b>	Plan name	XPERT RESTORATION OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	XPERT RESTORATION	<b>c</b> EIN-PN 47-4488963-501
<b>a</b>	Plan name	X-TREME LANDSCAPE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	X-TREME LANDSCAPE	<b>c</b> EIN-PN 47-3426790-501
<b>a</b>	Plan name	YABOS TACOS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	YABOS TACOS	<b>c</b> EIN-PN 45-1064898-501

<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	YANOS AUTOMOTIVE OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	YANOS AUTOMOTIVE	<b>c</b> EIN-PN 34-1194759-501
<b>a</b>	Plan name	YANT CONSTRUCTION LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	YANT CONSTRUCTION LLC	<b>c</b> EIN-PN 88-2745284-501
<b>a</b>	Plan name	YARNELL BROTHERS OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	YARNELL BROTHERS	<b>c</b> EIN-PN 34-4416832-501
<b>a</b>	Plan name	ZAK-THACKER & MONBARREN FUNERAL HOME OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ZAK-THACKER & MONBARREN FUNERAL HOME	<b>c</b> EIN-PN 27-2234742-501
<b>a</b>	Plan name	ZAPPITELLI ANIMAL CARE INC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ZAPPITELLI ANIMAL CARE INC	<b>c</b> EIN-PN 87-3757160-501
<b>a</b>	Plan name	ZC PROPERTIES LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ZC PROPERTIES LLC	<b>c</b> EIN-PN 81-0800273-501
<b>a</b>	Plan name	ZERO ZEST, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ZERO ZEST, LLC	<b>c</b> EIN-PN 99-0415676-501
<b>a</b>	Plan name	ZIPPITY PRINT, LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ZIPPITY PRINT, LLC	<b>c</b> EIN-PN 46-2481735-501
<b>a</b>	Plan name	ZRTEEST NAILS LLC OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ZRTEEST NAILS LLC	<b>c</b> EIN-PN 87-2823249-501
<b>a</b>	Plan name	ZUCKER GRAIN FARM, INC. OFB BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ZUCKER GRAIN FARM, INC.	<b>c</b> EIN-PN 34-1910562-501
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>81-1268907</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	25000	220596
<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>	9963	7056
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2941532	1930231
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	40191

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	2976495	2198074
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	66327	42060
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	2018630	1242733
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2084957	1284793
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	891538	913281

**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>		<b>(a)</b> Amount	<b>(b)</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>	111637	
<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>		111637
<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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		111637

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	1487790	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	40550	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	4600	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	3008	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	80882	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1616830
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1616830

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1505193
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		22312940
(2) From this plan .....	<b>2l(2)</b>		20786004

**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: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

**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.)		X	
<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.)		X	
<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.)		X	
<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.)	X		
<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 \_\_\_\_\_.

**OHIO FARM BUREAU HEALTH  
BENEFITS PLAN TRUST**

**FINANCIAL REPORT**

**DECEMBER 31, 2024 and 2023**



OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

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## Independent Auditors' Report

To the Board of Trustees of  
Ohio Farm Bureau Health Benefits Plan Trust  
Columbus, Ohio

### **Opinion**

We have audited the financial statements of the Ohio Farm Bureau Health Benefits Plan Trust (the "Trust"), which comprise the statements of net assets as of December 31, 2024 and 2023, and the related statement of changes in net assets for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets of the Trust as of December 31, 2024 and 2023, and the changes in its net assets for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Other Matter**

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and benefit obligations or the changes in net assets available for benefits or changes in benefit obligations of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") relating to the financial statements of employee benefit plans.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditors' Responsibilities for the Audits of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

### **Supplemental Schedule Required by ERISA and Other Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of operating expenses for the year ended December 31, 2024 and the supplemental schedule of assets (held at end of year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Meloney + Novotny LLC*

Cleveland, Ohio  
October 10, 2025

## OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

## STATEMENTS OF NET ASSETS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 220,596	\$ 562,861
Investments, at fair value:		
Interest-bearing cash	-	2,403,671
Money market fund	<u>1,930,231</u>	<u>-</u>
Total investments, at fair value	1,930,231	2,403,671
Investment income receivable	7,056	9,963
Prepaid expenses	<u>40,191</u>	<u>-</u>
Total assets	2,198,074	2,976,495
<u>LIABILITIES</u>		
Accounts payable	42,060	66,327
Net reinsurance payable	<u>1,242,733</u>	<u>2,018,630</u>
Total liabilities	1,284,793	2,084,957
NET ASSETS	<u>\$ 913,281</u>	<u>\$ 891,538</u>

The accompanying notes are an integral part of these financial statements.

OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

STATEMENT OF CHANGES IN NET ASSETS

Year Ended December 31, 2024

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ADDITIONS

Interest income	\$ 111,637
Contributions from participating plans	<u>22,312,940</u>
Total additions	22,424,577

DEDUCTIONS

Distributions to participating plans for benefit claims paid, net of reinsurance recoveries	1,795,386
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	<u>18,990,618</u>
Total distributions to participating plans	20,786,004
Operating expenses	<u>1,616,830</u>
Total deductions	<u>22,402,834</u>

INCREASE IN NET ASSETS	21,743
------------------------	--------

NET ASSETS

BEGINNING OF YEAR	<u>891,538</u>
END OF YEAR	<u><u>\$ 913,281</u></u>

The accompanying notes are an integral part of these financial statements.

# OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

## NOTES TO FINANCIAL STATEMENTS

### **Note 1. Description of the Trust**

The following description of the Ohio Farm Bureau Health Benefits Plan Trust (the "Trust") provides only general information. Participating plans should refer to the Trust agreement for a more complete description of the Trust's provisions.

#### General:

The purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Section 1739 of the Ohio Revised Code and to pay benefits and expenses on behalf of the plans participating in the MEWA (the "Plans"). The Plans represent employers in good standing with the Ohio Farm Bureau Federation, Inc.

#### Contributions:

The Trust receives contributions for health and welfare coverage from participating Plans. Such funds were utilized for the payment of premiums to Community Insurance Company dba Anthem Blue Cross and Blue Shield ("Anthem") for the provision of benefits on behalf of the Plans.

#### Distributions:

In addition to distributions for the premium payments to Anthem described above, distributions are made for the payment of benefit claims. These benefit claims are paid out of the Trust, on behalf of the participating Plans, to Anthem. Anthem administers payment of hospital charges, medical/surgical claims and prescription coverage.

#### Operating Expenses:

All administrative fees are paid by the Trust or the participating Plans at the option of the trustees of the Trust.

### **Note 2. Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Trust:

#### Basis of Presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

#### Net Reinsurance Payable:

Net reinsurance payable represents the net of amounts recoverable for claims paid (including stop loss recoveries) and amounts recoverable for administrative expenses under the quota share reinsurance agreement offset by the amounts payable for premium ceded under the quota share and stop loss agreements.

OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 2. Summary of Significant Accounting Policies (Continued)**

Recognition of Contribution Revenue:

Contribution revenue is recognized in the month for which coverage is being paid. Contributions received after the coverage months are recorded as receivables. Management has determined no allowance is necessary for contributions receivable from participating plans as of December 31, 2024 and 2023.

Investment Valuation and Income Recognition:

The Trust's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Reference Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the trust administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Distributions for the Payment of Benefits:

Distributions for the payment of benefit claims and premiums are recorded when processed and approved for payment to Anthem.

Subsequent Events:

The Trust has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued.

**Note 3. Cash and Investments**

The Trust holds its temporary cash as cash or money market funds with a national financial institution which at times may exceed federally insured amounts. The actual balance may exceed reported balances due to outstanding checks.

The Trust's investments are held by Huntington Bank in a non-insured trust fund.

## OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

#### **Note 4. Fair Value Measurements**

The Trust estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for Trust assets measured at fair value:

- Interest-bearing cash is classified as a Level 1 instrument.
- Money market funds consist of a short-term investment fund that maintains daily liquidity and has a constant unit value of \$1.00, and are classified as Level 1 instruments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2023 to 2024. Furthermore, while the Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

#### **Note 5. Reinsurance**

The participating Plans were subject to a quota share reinsurance agreement with Anthem to cede 90% of the Plans' health business for the year ended December 31, 2024.

During 2024, the participating Plans were subject to a stop loss reinsurance agreement with Anthem for medical and prescription drug coverage. The specific stop loss threshold per covered person was \$250,000 under Anthem for the year ended December 31, 2024. The total amount of reinsurance recovered due to stop loss was \$1,325,592 for the year ended December 31, 2024.

#### **Note 6. Related Party/Party-in-Interest Transactions**

The Trust entered into an administrative services contract with Anthem, whereby Anthem collects premiums on behalf of participating plans, provides quoting, servicing and renewing employers of participating plans and administers payment of hospital charges, medical/surgical claims and prescription coverage on behalf of participating Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to Anthem for these services amounted to \$194,353 for 2024.

OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 6. Related Party/Party-in-Interest Transactions (Continued)**

The Trust has appointed Consoliplex Agriculture LLC to act as plan manager of the participating Plans and Trust. Fees paid to Consoliplex Agriculture LLC for 2024 were \$167,127.

**Note 7. Tax Status**

The Trust is a taxable trust. Investment income, less attributable deductions, is subject to federal income tax. For the year ended December 31, 2024, the Trust incurred \$1,487 in federal income tax that is included in operating expenses on the statement of changes in net assets. The Trust's management has analyzed the tax positions taken by the Trust and has concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 8. Plan and Trust Termination**

Although it has not expressed any intention to do so, the Trust may only be terminated by the Ohio Farm Bureau Federation, Inc. with at least 30 days' written notice to the Trustees. Any Trust assets at the time of termination will be distributed or will be transferred to another trust that complies with the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Participating Plans' sponsors have the right under the Plans to discontinue their contributions at any time and to terminate the Plans, subject to provisions set forth in ERISA.

**SUPPLEMENTAL SCHEDULES**

OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended December 31, 2024

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Commission agent	\$1,126,310
Outsourced services	361,480
Regulatory fees	49,680
Professional services	43,558
Marketing	17,500
Insurance expense	12,215
Investment fees	4,600
Income taxes	<u>1,487</u>
Total operating expenses	<u>\$1,616,830</u>

OHIO FARM BUREAU HEALTH BENEFITS PLAN TRUST

EMPLOYER NO. 81-1268907  
PLAN NO. 501

SCHEDULE H, LINE 4(i)  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

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(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Money market fund</u>		
	Fidelity	Fidelity Institutional Government Money Market Fund - Class I	<u>\$1,930,231</u>	<u>\$1,930,231</u>

\* Indicates related party or party-in-interest to the Plan