

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☒ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan VPPPA 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2024
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VOLUNTARY PROTECTION PROGRAM PARTICIPANTS' ASSOCIATION 8116 ARLINGTON BLVD PMB 210 FALLS CHURCH, VA 22042-1002
2b	Employer Identification Number (EIN) 54-1598954
2c	Plan Sponsor's telephone number 703-761-8504
2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/18/2026	CHRIS WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/18/2026	CHRIS WILLIAMS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

2E 2G 2J

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

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan VPPPA 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTARY PROTECTION PROGRAM PARTICIPANTS' ASSOCIATION	D Employer Identification Number (EIN) 54-1598954

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE 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
42-0127290	61271	613953	12	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
0	0

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
NEWPORT GROUP INC 35 IRON POINT CIR STE 300
FOLSOM, CA 95630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	6	REFERRAL SERVICE FEE	3

(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

(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	

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.

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

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. Specify nature of costs ▶	6d	

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 ▶ **CUSTODIAL GUARANTEED INTEREST CONTRACT**

b Balance at the end of the previous year	7b	10979
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c Additions: (1) Contributions deposited during the year	7c(1)	607	
	7c(2)		
	7c(3)	176	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	783
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d Total of balance and additions (add lines 7b and 7c(6))	7d	11762
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
	7e(2)	108	
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	108
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	11654
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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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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. Specify nature of costs.	10b	

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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan VPPPA 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTARY PROTECTION PROGRAM PARTICIPANTS' ASSOCIATION	D Employer Identification Number (EIN) 54-1598954

Part I	Service Provider Information (see instructions)
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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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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)

PRINCIPAL LIFE INSURANCE COMPANY

711 HIGH ST
DES MOINES, IA 50392

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	3694	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan VPPPA 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VOLUNTARY PROTECTION PROGRAM PARTICIPANTS' ASSOCIATION		D Employer Identification Number (EIN) 54-1598954
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39270
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2055 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75763
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2045 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308976
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2040 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124064
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2025 CIT Z		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38043
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP GROWTH I SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34882
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31373
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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
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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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan VPPPA 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTARY PROTECTION PROGRAM PARTICIPANTS' ASSOCIATION	D Employer Identification Number (EIN) 54-1598954

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	489503	586115
(10) Value of interest in pooled separate accounts	1c(10)	54121	66255
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	173276	207275
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10979	11654
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	727879	871299
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	727879	871299

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13292	
(B) Participants	2a(1)(B)	38158	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		51450
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	176	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		176
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5771	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		5771
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		71251
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		10807
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11672
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		151127

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3695	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2006	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2006	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7707
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7707

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		143420
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

CONTRACTHOLDER STATEMENT
ENDING ACCOUNT BALANCES
AS OF 12/31/2024

CONTRACT ACCOUNTS

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
Prin Fixed Inc Guar Option	\$9,448.09	\$2,184.54	\$21.32	\$11,653.95
Total Balance	\$9,448.09	\$2,184.54	\$21.32	\$11,653.95

PRINCIPAL INVESTMENT ACCOUNTS

Multiple Sub-Advisors

Prin LifeTime Hybrid 2025 CIT	\$30,772.71	\$7,270.73	\$0.00	\$38,043.44
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Multiple Sub-Advisors

Prin LifeTime Hybrid 2040 CIT	\$37,771.08	\$8,333.72	\$77,958.92	\$124,063.72
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Multiple Sub-Advisors

Prin LifeTime Hybrid 2045 CIT	\$23,423.83	\$17,123.27	\$268,428.56	\$308,975.66
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Multiple Sub-Advisors

Prin LifeTime Hybrid 2055 CIT	\$47,614.85	\$28,148.05	\$0.00	\$75,762.90
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Multiple Sub-Advisors

Prin LifeTime Hybrid 2060 CIT	\$20,108.53	\$19,161.21	\$0.00	\$39,269.74
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T. Rowe Price/Brown Advisory

LargeCap Growth I Sep Acct+	\$28,575.34	\$6,210.46	\$95.73	\$34,881.53
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Principal Global Investors

MidCap S&P 400 Index Sep Acct +	\$25,531.26	\$5,763.91	\$78.23	\$31,373.40
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Total Balance	\$213,797.60	\$92,011.35	\$346,561.44	\$652,370.39
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**ELECTRONIC LINKAGE
INVESTMENT ACCOUNTS**

Lord Abbett & Co, LLC

Lord Abbett High Yield R6 Fund	\$33,085.46	\$9,054.02	\$0.00	\$42,139.48
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Vanguard Group

Vanguard Int-Tm Bd Idx Adm Fd	\$17,487.31	\$3,985.03	\$43.82	\$21,516.16
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VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

CONTRACTHOLDER STATEMENT
ENDING ACCOUNT BALANCES
AS OF 12/31/2024

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
Fidelity Management & Research				
Fidelity 500 Index Fund	\$26,960.30	\$5,971.43	\$86.80	\$33,018.53
Macquarie				
Macquarie Value R6 Fund	\$22,532.04	\$5,052.29	\$68.54	\$27,652.87
Vanguard Group				
Vanguard Sm Cap Val Idx Adm Fd	\$24,853.30	\$5,667.22	\$74.71	\$30,595.23
Vanguard Group				
Vanguard Intl Growth Adm Fd	\$20,943.46	\$4,698.03	\$59.39	\$25,700.88
Vanguard Group				
Vanguard Intl Value Inv Fund	\$21,724.42	\$4,863.77	\$63.64	\$26,651.83
TOTAL ELECTRONIC LINKAGE				
INVESTMENT ACCOUNTS	\$167,586.29	\$39,291.79	\$396.90	\$207,274.98
TOTAL BALANCE - 12/31/2024	\$390,831.98	\$133,487.68	\$346,979.66	\$871,299.32

+ For more information about this investment option, including its full name, please visit the Principal Retirement Service Center* at www.principal.com or call 1-800-547-7754 for assistance from a retirement specialist.

Insurance products and plan administrative services are provided through Principal Life Insurance Co. Principal Funds, Inc. is distributed by Principal Funds Distributor, Inc. Securities offered through Principal Securities, Inc., 800-547-7754 Member SIPC, www.sipc.org and/or independent broker/dealers. Principal Life, Principal Funds Distributor, Inc. and Principal Securities are members of the Principal Financial Group, Des Moines, IA 50392. Certain investment options may not be available in all states of the U.S. commonwealths.

Investors seeking detailed information regarding the Securities Investor Protection Corporation (SIPC), including the SIPC brochure, may call SIPC at 202-371-8300 or visit the SIPC website at www.sipc.org.



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

ACCOUNT ACTIVITY SUMMARY

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
BALANCE ON 01/01/2024	\$315,170.33	\$106,532.25	\$306,176.53	\$727,879.11
Contributions	38,158.34	13,291.86		51,450.20
Dividends	4,624.48	1,138.55	7.63	5,770.66
Capital Gains	8,052.66	1,805.39	24.02	9,882.07
Earnings	28,221.28	11,874.10	43,928.77	84,024.15
Administrative Expense	3,395.11-	1,154.47-	3,157.29-	7,706.87-
BALANCE ON 12/31/2024	\$390,831.98	\$133,487.68	\$346,979.66	\$871,299.32

During the reporting period, your plan's rate of return was 13.19%. This return takes into consideration your plan's beginning balance and the timing and amount of deposits, withdrawals and other transactions during the period.

ACCOUNT ACTIVITY BY INVESTMENT

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
PRIN FIXED INC GUAR OPTION				
BALANCE ON 01/01/2024	\$8,903.23	\$2,054.46	\$21.08	\$10,978.77
Contributions	490.00	117.30	0.00	607.30
Earnings	142.99	33.05	0.32	176.36
Administrative Expense	88.13-	20.27-	0.08-	108.48-
BALANCE ON 12/31/2024	\$9,448.09	\$2,184.54	\$21.32	\$11,653.95
	\$9,448.09	\$2,184.54	\$21.32	\$11,653.95

PRINCIPAL INVESTMENT ACCOUNTS

Multiple Sub-Advisors
PRIN LIFETIME HYBRID 2025 CIT

BALANCE ON 01/01/2024	\$18,239.52	\$4,636.58	\$22,876.10
Contributions	10,800.00	2,206.44	13,006.44
Earnings	1,960.69	483.09	2,443.78
Administrative Expense	227.50-	55.38-	282.88-
BALANCE ON 12/31/2024	\$30,772.71	\$7,270.73	\$38,043.44

Share Price 37.9300000

Number of Shares 811.3025 191.6882

During the reporting period, the Principal LifeTime Hybrid 2025 CIT earned 9.25%. Your plan's assets in the account earned 8.44%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

Multiple Sub-Advisors
PRIN LIFETIME HYBRID 2040 CIT

BALANCE ON 01/01/2024	\$33,616.53	\$7,417.00	\$69,386.84	\$110,420.37
Earnings	4,498.90	992.62	9,285.88	14,777.40
Administrative Expense	344.35 -	75.90 -	713.80 -	1,134.05 -
BALANCE ON 12/31/2024	\$37,771.08	\$8,333.72	\$77,958.92	\$124,063.72
Share Price	48.2200000			
Number of Shares	783.3072	172.8270	1,616.7341	

During the reporting period, the Principal LifeTime Hybrid 2040 CIT earned 13.43%. Your plan's assets in the account earned 13.38%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

Multiple Sub-Advisors
PRIN LIFETIME HYBRID 2045 CIT

BALANCE ON 01/01/2024	\$18,051.14	\$13,531.74	\$236,259.20	\$267,842.08
Contributions	2,749.92	1,649.92	0.00	4,399.84
Earnings	2,825.08	2,090.72	34,608.39	39,524.19
Administrative Expense	202.31 -	149.11 -	2,439.03 -	2,790.45 -
BALANCE ON 12/31/2024	\$23,423.83	\$17,123.27	\$268,428.56	\$308,975.66
Share Price	51.1800000			
Number of Shares	457.6755	334.5695	5,244.7940	

During the reporting period, the Principal LifeTime Hybrid 2045 CIT earned 14.70%. Your plan's assets in the account earned 14.61%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

Multiple Sub-Advisors
PRIN LIFETIME HYBRID 2055 CIT

BALANCE ON 01/01/2024	\$36,974.18	\$22,598.98		\$59,573.16
Contributions	5,032.80	2,156.88		7,189.68
Earnings	6,013.37	3,635.89		9,649.26
Administrative Expense	405.50 -	243.70 -		649.20 -
BALANCE ON 12/31/2024	\$47,614.85	\$28,148.05		\$75,762.90
Share Price	53.6200000			
Number of Shares	888.0054	524.9543		

During the reporting period, the Principal LifeTime Hybrid 2055 CIT earned 15.73%. Your plan's assets in the account earned 15.33%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

Multiple Sub-Advisors
PRIN LIFETIME HYBRID 2060 CIT

BALANCE ON 01/01/2024	\$14,809.09	\$13,982.48		\$28,791.57
Contributions	2,975.62	2,975.62		5,951.24
Earnings	2,492.84	2,363.29		4,856.13
Administrative Expense	169.02-	160.18-		329.20-
BALANCE ON 12/31/2024	\$20,108.53	\$19,161.21		\$39,269.74

Share Price 25.8200000

Number of Shares 778.7968 742.1072

During the reporting period, the Principal LifeTime Hybrid 2060 CIT earned 15.73%. Your plan's assets in the account earned 15.13%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

T. Rowe Price/Brown Advisory
LARGECAP GROWTH I SEP ACCT+

BALANCE ON 01/01/2024	\$22,364.09	\$4,846.29	\$76.98	\$27,287.36
Contributions	700.00	167.50	0.00	867.50
Earnings	5,757.37	1,250.04	19.47	7,026.88
Administrative Expense	246.12-	53.37-	0.72-	300.21-
BALANCE ON 12/31/2024	\$28,575.34	\$6,210.46	\$95.73	\$34,881.53

Unit Value 80.3233920

Number of Units 355.7536 77.3182 1.1917

During the reporting period, the LargeCap Growth I Separate Account earned 25.37%. Your plan's assets in the account earned 25.15%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

Principal Global Investors
MIDCAP S&P 400 INDEX SEP ACCT +

BALANCE ON 01/01/2024	\$21,843.74	\$4,920.51	\$69.26	\$26,833.51
Contributions	840.00	201.00	0.00	1,041.00
Earnings	3,076.38	693.96	9.54	3,779.88
Administrative Expense	228.86-	51.56-	0.57-	280.99-
BALANCE ON 12/31/2024	\$25,531.26	\$5,763.91	\$78.23	\$31,373.40

Unit Value 109.4266407

Number of Units 233.3185 52.6737 0.7148

During the reporting period, the MidCap S&P 400 Index Separate Account earned 13.82%. Your plan's assets in the account earned 13.69%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

TOTAL PRINCIPAL INVESTMENT ACCOUNTS	\$213,797.60	\$92,011.35	\$346,561.44	\$652,370.39
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ELECTRONIC LINKAGE
INVESTMENT ACCOUNTS

Lord Abbett & Co, LLC
LORD ABBETT HIGH YIELD R6 FUND

BALANCE ON 01/01/2024	\$21,457.27	\$5,870.98		\$27,328.25
Contributions	9,600.00	2,628.00		12,228.00
Dividends	1,996.93	546.43		2,543.36
Earnings	281.53	77.04		358.57
Administrative Expense	250.27 -	68.43 -		318.70 -
BALANCE ON 12/31/2024	\$33,085.46	\$9,054.02		\$42,139.48

Share Price 6.4200000

Number of Shares	5,153.4990	1,410.2832
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During the reporting period, the Lord Abbett High Yield R6 Fund earned 8.89%. Your plan's assets in the account earned 8.78%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

Vanguard Group
VANGUARD INT-TM BD IDX ADM FD

BALANCE ON 01/01/2024	\$16,467.84	\$3,742.16	\$43.45	\$20,253.45
Contributions	910.00	217.70	0.00	1,127.70
Dividends	644.88	146.86	1.63	793.37
Earnings	372.69 -	84.71 -	0.98 -	458.38 -
Administrative Expense	162.72 -	36.98 -	0.28 -	199.98 -
BALANCE ON 12/31/2024	\$17,487.31	\$3,985.03	\$43.82	\$21,516.16

Share Price 10.1300000

Number of Shares	1,726.2889	393.3885	4.3260
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During the reporting period, the Vanguard Intermediate-Term Bond Index Admiral Fund earned 1.51%. Your plan's assets in the account earned 1.59%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

Fidelity Management & Research
FIDELITY 500 INDEX FUND

BALANCE ON 01/01/2024	\$21,124.00	\$4,667.11	\$70.03	\$25,861.14
Contributions	700.00	167.50	0.00	867.50
Dividends	333.09	73.76	1.07	407.92
Earnings	5,035.83	1,114.47	16.37	6,166.67
Administrative Expense	232.62-	51.41-	0.67-	284.70-
BALANCE ON 12/31/2024	\$26,960.30	\$5,971.43	\$86.80	\$33,018.53

Share Price 204.1900000

Number of Shares 132.0353 29.2444 0.4250

During the reporting period, the Fidelity 500 Index Fund earned 25.00%. Your plan's assets in the account earned 24.80%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

Macquarie
MACQUARIE VALUE R6 FUND

BALANCE ON 01/01/2024	\$20,420.34	\$4,566.48	\$64.50	\$25,051.32
Contributions	840.00	201.00	0.00	1,041.00
Dividends	410.56	92.04	1.26	503.86
Capital Gains	5,225.78	1,171.76	15.89	6,413.43
Earnings	4,153.28-	931.72-	12.55-	5,097.55-
Administrative Expense	211.36-	47.27-	0.56-	259.19-
BALANCE ON 12/31/2024	\$22,532.04	\$5,052.29	\$68.54	\$27,652.87

Share Price 13.6300000

Number of Shares 1,653.1209 370.6740 5.0287

During the reporting period, the Macquarie Value R6 Fund earned 7.14%. Your plan's assets in the account earned 7.04%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

Vanguard Group

VANGUARD SM CAP VAL IDX ADM FD

BALANCE ON 01/01/2024	\$21,502.95	\$4,893.93	\$67.01	\$26,463.89
Contributions	840.00	201.00	0.00	1,041.00
Dividends	484.61	110.48	1.47	596.56
Earnings	2,247.17	512.21	6.80	2,766.18
Administrative Expense	221.43-	50.40-	0.57-	272.40-
BALANCE ON 12/31/2024	\$24,853.30	\$5,667.22	\$74.71	\$30,595.23

Share Price 85.1700000

Number of Shares 291.8081 66.5401 0.8771

During the reporting period, the Vanguard Small Cap Value Index Admiral Fund earned 12.39%. Your plan's assets in the account earned 12.34%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

Vanguard Group

VANGUARD INTL GROWTH ADM FD

BALANCE ON 01/01/2024	\$18,509.96	\$4,140.07	\$54.68	\$22,704.71
Contributions	840.00	201.00	0.00	1,041.00
Dividends	182.12	40.85	0.52	223.49
Capital Gains	1,691.47	379.43	4.80	2,075.70
Earnings	86.11-	19.92-	0.14-	106.17-
Administrative Expense	193.98-	43.40-	0.47-	237.85-
BALANCE ON 12/31/2024	\$20,943.46	\$4,698.03	\$59.39	\$25,700.88

Share Price 101.5700000

Number of Shares 206.1972 46.2540 0.5847

During the reporting period, the Vanguard International Growth Admiral Fund earned 9.48%. Your plan's assets in the account earned 9.34%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

Vanguard Group

VANGUARD INTL VALUE INV FUND

BALANCE ON 01/01/2024	\$20,886.45	\$4,663.48	\$63.50	\$25,613.43
Contributions	840.00	201.00	0.00	1,041.00
Dividends	572.29	128.13	1.68	702.10
Capital Gains	1,135.41	254.20	3.33	1,392.94
Earnings	1,498.79-	335.93-	4.33-	1,839.05-
Administrative Expense	210.94-	47.11-	0.54-	258.59-
BALANCE ON 12/31/2024	\$21,724.42	\$4,863.77	\$63.64	\$26,651.83

Share Price 37.5700000

Number of Shares	578.2383	129.4589	1.6939
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During the reporting period, the Vanguard International Value Inv Fund earned 1.04%. Your plan's assets in the account earned 0.97%. Any difference between the returns reflects your beginning balance and the timing and amounts of your deposits, withdrawals and other transactions during the period.

TOTAL ELECTRONIC LINKAGE
INVESTMENT ACCOUNTS

\$167,586.29	\$39,291.79	\$396.90	\$207,274.98
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These results are for the investment options selected by your plan, and may be different from the results for other plans.

+ For more information about this investment option, including its full name, please visit the Principal Retirement Service Center• at www.principal.com or call 1-800-547-7754 for assistance from a retirement specialist.

Insurance products and plan administrative services are provided through Principal Life Insurance Co. Principal Funds, Inc. is distributed by Principal Funds Distributor, Inc. Securities offered through Principal Securities, Inc., 800-547-7754, Member SIP www.sipc.org, and/or independent broker/dealers. Principal Life, Principal Funds Distributor, Inc. and Principal Securities are members of the Principal Financial Group, Des Moines, IA 50392. Certain investment options may not be available in all states or U.S. commonwealths.



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF EMPLOYER
HOLDING ACCOUNTS
01/01/2024 THROUGH 12/31/2024

ACCOUNT ACTIVITY SUMMARY

FORFEITURE, 2023

NO. 992300999

	EMPLOYER CONTRIBUTIONS	TOTAL
BALANCE ON 01/01/2024	\$0.16	\$0.16
Other Transfers	0.16-	0.16-
BALANCE ON 12/31/2024	\$0.00	\$0.00

ACCOUNT ACTIVITY BY INVESTMENT

	EMPLOYER CONTRIBUTIONS	TOTAL
Multiple Sub-Advisors		
PRIN LIFETIME HYBRID 2060 CIT		
BALANCE ON 01/01/2024	\$0.16	\$0.16
Other Transfers	0.16-	0.16-
BALANCE ON 12/31/2024	\$0.00	\$0.00

Unit Value 25.8200000

Number of Units

Insurance products and plan administrative services are provided by Principal Life Insurance Company. Securities are offered through Principal Securities, Inc., 800-547-7754, member SIPC and/or independent broker dealers. Securities sold by a Principal Securities Registered Representative are offered through Principal Securities. Principal Securities and Principal Life are members of the Principal Financial Group, Des Moines, IA 50392. Certain investment options may not be available in all states or U.S. commonwealths

VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DEVELOPMENT OF EMPLOYER
HOLDING ACCOUNTS
01/01/2024 THROUGH 12/31/2024

ACCOUNT ACTIVITY SUMMARY

FORFEITURE, 2024

NO. 992400999

	EMPLOYER CONTRIBUTIONS	TOTAL
BALANCE ON 01/01/2024	\$0.00	\$0.00
Other Transfers	0.16	0.16
Earnings	0.03	0.03
BALANCE ON 12/31/2024	\$0.19	\$0.19

ACCOUNT ACTIVITY BY INVESTMENT

	EMPLOYER CONTRIBUTIONS	TOTAL
PRINCIPAL INVESTMENT ACCOUNTS		
Multiple Sub-Advisors		
PRIN LIFETIME HYBRID 2060 CIT		
BALANCE ON 01/01/2024	\$0.00	\$0.00
Other Transfers	0.16	0.16
Earnings	0.03	0.03
BALANCE ON 12/31/2024	\$0.19	\$0.19
Unit Value 25.8200000		
Number of Units	0.0072	
TOTAL PRINCIPAL INVESTMENT ACCOUNTS	\$0.19	\$0.19

Insurance products and plan administrative services are provided by Principal Life Insurance Company. Securities are offered through Principal Securities, Inc., 800-547-7754, member SIPC and/or independent broker dealers. Securities sold by a Principal Securities Registered Representative are offered through Principal Securities. Principal Securities and Principal Life are members of the Principal Financial Group, Des Moines, IA 50392. Certain investment options may not be available in all states or U.S. commonwealths



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

**DISPLAY OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024**

TOTAL LIVES		NAME		11		IDENTIFICATION NUMBER		LOCATION NUMBER		STATUS		DATE OF BIRTH		DATE EMPLOYED		SEX		SOCIAL SECURITY NUMBER	
ENTRY DATE		ADJUSTED DATE OF EMPLOYMENT		NORMAL RETIREMENT AGE		DATE													

ACCOUNT ACTIVITY SUMMARY

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
BALANCE ON 01/01/2024	\$315,170.33	\$106,532.25	\$306,176.53	\$727,879.11
Contributions	38,158.34	13,291.86	0.00	51,450.20
Dividends	4,624.48	1,138.55	7.63	5,770.66
Capital Gains	8,052.66	1,805.39	24.02	9,882.07
Earnings	28,221.28	11,874.10	43,928.77	84,024.15
Administrative Expense	3,395.11 -	1,154.47 -	3,157.29 -	7,706.87 -
BALANCE ON 12/31/2024	\$390,831.98	\$133,487.68	\$346,979.66	\$871,299.32

ACCOUNT ACTIVITY BY INVESTMENT

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
PRIN FIXED INC GUAR OPTION				
BALANCE ON 01/01/2024	\$8,903.23	\$2,054.46	\$21.08	\$10,978.77
Contributions	490.00	117.30	0.00	607.30
Earnings	142.99	33.05	0.32	176.36
Administrative Expense	88.13 -	20.27 -	0.08 -	108.48 -
BALANCE ON 12/31/2024	\$9,448.09	\$2,184.54	\$21.32	\$11,653.95

BREAK-IN-SERVICE DATE	TERMINATION DATE	NUMBER OF HOURS		LIFE INSURANCE		DATE FIRST VESTED	DATE 100% VESTED	VESTED ACCOUNT VALUE
				FACE VALUE	CASH VALUE			
	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER					TOTAL
VALUE OF ACCOUNTS	\$390,831.98	\$133,487.68	\$346,979.66					\$871,299.32
GROSS CONTRIBUTIONS	\$282,169.97	\$100,396.43						\$382,566.40

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
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Multiple Sub-Advisors**PRIN LIFETIME HYBRID 2025 CIT**

BALANCE ON 01/01/2024	\$18,239.52	\$4,636.58		\$22,876.10
Contributions	10,800.00	2,206.44		13,006.44
Earnings	1,960.69	483.09		2,443.78
Administrative Expense	227.50-	55.38-		282.88-
BALANCE ON 12/31/2024	\$30,772.71	\$7,270.73		\$38,043.44
Share Price 37.9300000				
Number of Shares	811.3025	191.6882		

Multiple Sub-Advisors**PRIN LIFETIME HYBRID 2040 CIT**

BALANCE ON 01/01/2024	\$33,616.53	\$7,417.00	\$69,386.84	\$110,420.37
Earnings	4,498.90	992.62	9,285.88	14,777.40
Administrative Expense	344.35-	75.90-	713.80-	1,134.05-
BALANCE ON 12/31/2024	\$37,771.08	\$8,333.72	\$77,958.92	\$124,063.72
Share Price 48.2200000				
Number of Shares	783.3072	172.8270	1,616.7341	

Multiple Sub-Advisors**PRIN LIFETIME HYBRID 2045 CIT**

BALANCE ON 01/01/2024	\$18,051.14	\$13,531.74	\$236,259.20	\$267,842.08
Contributions	2,749.92	1,649.92	0.00	4,399.84
Earnings	2,825.08	2,090.72	34,608.39	39,524.19
Administrative Expense	202.31-	149.11-	2,439.03-	2,790.45-
BALANCE ON 12/31/2024	\$23,423.83	\$17,123.27	\$268,428.56	\$308,975.66
Share Price 51.1800000				
Number of Shares	457.6755	334.5695	5,244.7940	

Multiple Sub-Advisors**PRIN LIFETIME HYBRID 2055 CIT**

BALANCE ON 01/01/2024	\$36,974.18	\$22,598.98		\$59,573.16
Contributions	5,032.80	2,156.88		7,189.68
Earnings	6,013.37	3,635.89		9,649.26
Administrative Expense	405.50-	243.70-		649.20-
BALANCE ON 12/31/2024	\$47,614.85	\$28,148.05		\$75,762.90
Share Price 53.6200000				
Number of Shares	888.0054	524.9543		



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DISPLAY OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
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Multiple Sub-Advisors

PRIN LIFETIME HYBRID 2060 CIT

BALANCE ON 01/01/2024	\$14,809.09	\$13,982.48		\$28,791.57
Contributions	2,975.62	2,975.62		5,951.24
Earnings	2,492.84	2,363.29		4,856.13
Administrative Expense	169.02-	160.18-		329.20-
BALANCE ON 12/31/2024	\$20,108.53	\$19,161.21		\$39,269.74

Share Price 25.8200000

Number of Shares	778.7968	742.1072	
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T. Rowe Price/Brown Advisory

LARGECAP GROWTH I SEP ACCT+

BALANCE ON 01/01/2024	\$22,364.09	\$4,846.29	\$76.98	\$27,287.36
Contributions	700.00	167.50	0.00	867.50
Earnings	5,757.37	1,250.04	19.47	7,026.88
Administrative Expense	246.12-	53.37-	0.72-	300.21-
BALANCE ON 12/31/2024	\$28,575.34	\$6,210.46	\$95.73	\$34,881.53

Unit Value 80.3233920

Number of Units	355.7536	77.3182	1.1917
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Principal Global Investors

MIDCAP S&P 400 INDEX SEP ACCT +

BALANCE ON 01/01/2024	\$21,843.74	\$4,920.51	\$69.26	\$26,833.51
Contributions	840.00	201.00	0.00	1,041.00
Earnings	3,076.38	693.96	9.54	3,779.88
Administrative Expense	228.86-	51.56-	0.57-	280.99-
BALANCE ON 12/31/2024	\$25,531.26	\$5,763.91	\$78.23	\$31,373.40

Unit Value 109.4266407

Number of Units	233.3185	52.6737	0.7148
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INVESTMENT ACCOUNTS	\$223,245.69	\$94,195.89	\$346,582.76	\$664,024.34
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	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
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ELECTRONIC LINKAGE INVESTMENT ACCOUNTS

Lord Abbett & Co, LLC LORD ABBETT HIGH YIELD R6 FUND

BALANCE ON 01/01/2024	\$21,457.27	\$5,870.98		\$27,328.25
Contributions	9,600.00	2,628.00		12,228.00
Dividends	1,996.93	546.43		2,543.36
Earnings	281.53	77.04		358.57
Administrative Expense	250.27-	68.43-		318.70-
BALANCE ON 12/31/2024	\$33,085.46	\$9,054.02		\$42,139.48
Share Price	6.4200000			
Number of Shares	5,153.4990	1,410.2832		

Vanguard Group VANGUARD INT-TM BD IDX ADM FD

BALANCE ON 01/01/2024	\$16,467.84	\$3,742.16	\$43.45	\$20,253.45
Contributions	910.00	217.70	0.00	1,127.70
Dividends	644.88	146.86	1.63	793.37
Earnings	372.69-	84.71-	0.98-	458.38-
Administrative Expense	162.72-	36.98-	0.28-	199.98-
BALANCE ON 12/31/2024	\$17,487.31	\$3,985.03	\$43.82	\$21,516.16
Share Price	10.1300000			
Number of Shares	1,726.2889	393.3885	4.3260	

Fidelity Management & Research FIDELITY 500 INDEX FUND

BALANCE ON 01/01/2024	\$21,124.00	\$4,667.11	\$70.03	\$25,861.14
Contributions	700.00	167.50	0.00	867.50
Dividends	333.09	73.76	1.07	407.92
Earnings	5,035.83	1,114.47	16.37	6,166.67
Administrative Expense	232.62-	51.41-	0.67-	284.70-
BALANCE ON 12/31/2024	\$26,960.30	\$5,971.43	\$86.80	\$33,018.53
Share Price	204.1900000			
Number of Shares	132.0353	29.2444	0.4250	

Macquarie MACQUARIE VALUE R6 FUND

BALANCE ON 01/01/2024	\$20,420.34	\$4,566.48	\$64.50	\$25,051.32
Contributions	840.00	201.00	0.00	1,041.00
Dividends	410.56	92.04	1.26	503.86
Capital Gains	5,225.78	1,171.76	15.89	6,413.43
Earnings	4,153.28-	931.72-	12.55-	5,097.55-
Administrative Expense	211.36-	47.27-	0.56-	259.19-
BALANCE ON 12/31/2024	\$22,532.04	\$5,052.29	\$68.54	\$27,652.87
Share Price	13.6300000			
Number of Shares	1,653.1209	370.6740	5.0287	



VOLUNTARY PROTECTION PROGRAMS PARTICIPANTS'
ANNUITY CONTRACT NUMBER 4-59856

DISPLAY OF ACCOUNTS
FOR THE PERIOD
01/01/2024 THROUGH 12/31/2024

	EMPLOYEE CONTRIBUTIONS	EMPLOYER CONTRIBUTIONS	ROLLOVER	TOTAL
Vanguard Group				
VANGUARD SM CAP VAL IDX ADM FD				
BALANCE ON 01/01/2024	\$21,502.95	\$4,893.93	\$67.01	\$26,463.89
Contributions	840.00	201.00	0.00	1,041.00
Dividends	484.61	110.48	1.47	596.56
Earnings	2,247.17	512.21	6.80	2,766.18
Administrative Expense	221.43-	50.40-	0.57-	272.40-
BALANCE ON 12/31/2024	\$24,853.30	\$5,667.22	\$74.71	\$30,595.23
Share Price	85.1700000			
Number of Shares	291.8081	66.5401	0.8771	
Vanguard Group				
VANGUARD INTL GROWTH ADM FD				
BALANCE ON 01/01/2024	\$18,509.96	\$4,140.07	\$54.68	\$22,704.71
Contributions	840.00	201.00	0.00	1,041.00
Dividends	182.12	40.85	0.52	223.49
Capital Gains	1,691.47	379.43	4.80	2,075.70
Earnings	86.11-	19.92-	0.14-	106.17-
Administrative Expense	193.98-	43.40-	0.47-	237.85-
BALANCE ON 12/31/2024	\$20,943.46	\$4,698.03	\$59.39	\$25,700.88
Share Price	101.5700000			
Number of Shares	206.1972	46.2540	0.5847	
Vanguard Group				
VANGUARD INTL VALUE INV FUND				
BALANCE ON 01/01/2024	\$20,886.45	\$4,663.48	\$63.50	\$25,613.43
Contributions	840.00	201.00	0.00	1,041.00
Dividends	572.29	128.13	1.68	702.10
Capital Gains	1,135.41	254.20	3.33	1,392.94
Earnings	1,498.79-	335.93-	4.33-	1,839.05-
Administrative Expense	210.94-	47.11-	0.54-	258.59-
BALANCE ON 12/31/2024	\$21,724.42	\$4,863.77	\$63.64	\$26,651.83
Share Price	37.5700000			
Number of Shares	578.2383	129.4589	1.6939	
TOTAL ELECTRONIC LINKAGE				
INVESTMENT ACCOUNTS	\$167,586.29	\$39,291.79	\$396.90	\$207,274.98

These results are for the investment options selected by your plan, and may be different from the results for other plans.

+ For more information about this investment option, including its full name, please visit the Principal Retirement Service Center• at www.principal.com or call 1-800-547-7754 for assistance from a retirement specialist.

Insurance products and plan administrative services are provided through Principal Life Insurance Co. Principal Funds, Inc. is distributed by Principal Funds Distributor, Inc. Securities offered through Principal Securities, Inc., 800-547-7754, Member SIPC www.sipc.org, and/or independent broker/dealers. Principal Life, Principal Funds Distributor, Inc. and Principal Securities are members of the Principal Financial Group, Des Moines, IA 50392. Certain investment options may not be available in all states or U.S. commonwealths.