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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                          |                                                                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                          |                                                                                                                                                                                                                                          |  |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                          |                                                                                                                                                                                                                                          |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                                                                               | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |  |
|                                                                                                          | <input type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input type="checkbox"/> an amended return/report | <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months)                                                     |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                                                                                   |                                                                                                                                                                                                                                          |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>                                                               |                                                                                                                                                                                                                                          |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                                                                               | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                                     |  |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                                                                           |                                                                                                                                                                                                                                          |  |

|                |                                                                                                                                                                                                                                                                                                                                                         |           |                                                           |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                          |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED</u>                                                                                                                                                                                                                                                                        | <b>1b</b> | Three-digit plan number (PN) ▶ <u>333</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                         | <b>1c</b> | Effective date of plan<br><u>10/01/1973</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>QUEST DIAGNOSTICS INCORPORATED</u><br><br><u>500 PLAZA DRIVE</u><br><u>SECAUCUS, NJ 07094</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>16-1387862</u> |
|                |                                                                                                                                                                                                                                                                                                                                                         | <b>2c</b> | Plan Sponsor's telephone number<br><u>201-729-8534</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                         | <b>2d</b> | Business code (see instructions)<br><u>621510</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/03/2019 | CECILIA MCKENNEY                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 55978                                                                                                                                                                                                                                                                                                            |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><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><br><b>6a(1)</b> 45877<br><b>6a(2)</b> 45600<br><b>6b</b> 377<br><b>6c</b> 9766<br><b>6d</b> 55743<br><b>6e</b> 145<br><b>6f</b> 55888<br><b>6g</b> 40488<br><b>6h</b> 0                                                                         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2I 2J 2K 2O 3H<br><br><b>b</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)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |

**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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED                | B Three-digit plan number (PN) ▶                     | 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>QUEST DIAGNOSTICS INCORPORATED   | D Employer Identification Number (EIN)<br>16-1387862 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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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| (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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**(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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**(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65               | NONE                                                                                              | 926637                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MERCER INVESTMENT CONSULTING INC

61-0736136

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 27 49 50            | NONE                                                                                              | 113466                                                                 | 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)

SEYFARTH SHAW LLP

36-2152202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 29 50               | NONE                                                                                              | 18975                                                                  | 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)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| INV GLB REAL EST R5 INVSCO CANADA 5140 YONGE ST, SUITE 900<br>TORONTO, ONTARIO M2N6X7 CA | .35%                                                                                                                                                               |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MFS GLOBAL EQUITY R4-MFS SERV CTR<br><br>04-2865649                                      | .15%                                                                                                                                                               |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                               |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED</u>                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>333</u> |
|                                                                                                               |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>QUEST DIAGNOSTICS INCORPORATED</u> | <b>D</b> Employer Identification Number (EIN)<br><u>16-1387862</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><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                            |                               |                                                                                                                      |
|--------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL CORE PLUS BOND FUND</u>       |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>          |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>23-6994310-165</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10565000</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY MANAGED INC PORTFOLIO II C</u>  |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>04-3022712-025</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>216007000</u> |
| <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)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>333</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>QUEST DIAGNOSTICS INCORPORATED</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>16-1387862</b>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 0                     | 638000          |
| <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>    | 0                     | 966000          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 52438000              | 1885000         |
| <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> | 0                     | 1803000         |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 173657000       |
| <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>    | 88458000              | 88565000        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 224986000             | 226572000       |
| <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>   | 3536607000            | 3117584000      |
| <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>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 328637000             | 262047000       |
| (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>    | 4231126000            | 3873717000      |

**Liabilities**

|                                                                           |           |   |        |
|---------------------------------------------------------------------------|-----------|---|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 774000 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 774000 |

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4231126000 | 3872943000 |
|-----------------------------------------------------------|-----------|------------|------------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 81581000   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 147951000  |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 14192000   |           |
| (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>    |            | 243724000 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 22284      |           |
| <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> | 4322000    |           |
| <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> |            | 4344284   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 8208000    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 225875716  |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 234083716 |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 62221000   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 62205000   |           |
| <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> |            | 16000     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -71436000  |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -71436000 |

|                                                                                                |        | (a) Amount | (b) Total  |
|------------------------------------------------------------------------------------------------|--------|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 4370000    |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |            |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |            |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |            |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -407598000 |
| c Other income.....                                                                            | 2c     |            | 4533000    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 12037000   |

**Expenses**

|                                                                                      |       |           |           |
|--------------------------------------------------------------------------------------|-------|-----------|-----------|
| e Benefit payment and payments to provide benefits:                                  |       |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 381888000 |           |
| (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) |           | 381888000 |
| f Corrective distributions (see instructions) .....                                  | 2f    |           | 32000     |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |           | 206000    |
| h Interest expense .....                                                             | 2h    |           |           |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 22897     |           |
| (2) Contract administrator fees.....                                                 | 2i(2) |           |           |
| (3) Investment advisory and management fees.....                                     | 2i(3) |           |           |
| (4) Other .....                                                                      | 2i(4) | 1040103   |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |           | 1063000   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |           | 383189000 |

**Net Income and Reconciliation**

|                                                          |       |  |            |
|----------------------------------------------------------|-------|--|------------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -371152000 |
| l Transfers of assets:                                   |       |  |            |
| (1) To this plan.....                                    | 2l(1) |  | 12969000   |
| (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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <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>4c</b>                                                                                                                                                                                                                     |     | 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>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 25000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 25000000 |
| <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? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <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?.....                                                     |     | X  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <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?.....                                           |     | X  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <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>4i</b>                                                                                                                                                                                                                     | 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.) ..... |     | X  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |          |
| <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? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |          |
| <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. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>333</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>QUEST DIAGNOSTICS INCORPORATED</u> | <b>D</b> Employer Identification Number (EIN)<br><u>16-1387862</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-2647786</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year .....

**b** The corresponding number for the second preceding plan year .....

**15a****15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year .....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....

**16a****16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 0.0 % Investment-Grade Debt: \_\_\_\_\_ % High-Yield Debt: \_\_\_\_\_ % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED**

**Financial Statements and Supplemental Schedule**

**December 31, 2018 and 2017**

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**As of December 31, 2018 and 2017**  
**Index to Financial Statements and Supplemental Schedule**

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| <b>Financial Statements</b>                                                                                           |                               |
| <a href="#"><u>Report of Independent Certified Public Accountants</u></a>                                             | <a href="#"><u>1</u></a>      |
| <a href="#"><u>Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017</u></a>               | <a href="#"><u>3</u></a>      |
| <a href="#"><u>Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2018</u></a> | <a href="#"><u>4</u></a>      |
| <a href="#"><u>Notes to Financial Statements</u></a>                                                                  | <a href="#"><u>5</u></a>      |
| <br><b>Supplemental Schedule*</b>                                                                                     |                               |
| <br><a href="#"><u>Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018</u></a>   | <br><a href="#"><u>10</u></a> |

\* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are no longer applicable.

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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

### Plan Administrator and Plan Participants

#### **The Profit Sharing Plan of Quest Diagnostics Incorporated**

We have audited the accompanying financial statements of The Profit Sharing Plan of Quest Diagnostics Incorporated (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

#### Management’s responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

#### Auditor’s responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan’s preparation and fair presentation of the financial statements 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 Plan’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Profit Sharing Plan of Quest Diagnostics Incorporated as of December 31, 2018 and 2017, and the changes in net assets available for benefits for the year ended December 31, 2018 in accordance with accounting principles generally accepted in the United States of America.

#### Supplementary information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such supplementary information is the responsibility of the Plan's 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. These additional procedures included comparing and reconciling the 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 auditing standards generally accepted in the United States of America. In our opinion, the supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole.



Hartford, Connecticut  
June 27, 2019

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2018 and 2017**  
**(in thousands)**

|                                    | <u>2018</u>                | <u>2017</u>                |
|------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                      |                            |                            |
| Cash                               | \$ 638                     | \$ —                       |
| Investments, at fair value         | 3,783,548                  | 4,142,532                  |
| Notes receivable from participants | 88,565                     | 88,458                     |
| Investment related receivables     | 966                        | 214                        |
| Plan assets                        | <u>3,873,717</u>           | <u>4,231,204</u>           |
| <b>Liabilities</b>                 |                            |                            |
| Investment related payables        | 774                        | 78                         |
| Net assets available for benefits  | <u><u>\$ 3,872,943</u></u> | <u><u>\$ 4,231,126</u></u> |

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

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2018**  
**(in thousands)**

**Additions:**

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Investment Income / (Loss)                            |                  |
| Net depreciation in fair values of investments        | \$ (472,360)     |
| Dividends and interest                                | 236,351          |
| Total investment loss                                 | <u>(236,009)</u> |
| Interest income on notes receivable from participants | 4,322            |
| Contributions                                         |                  |
| Employer                                              | 81,581           |
| Participants                                          | 162,143          |
| Total contributions                                   | <u>243,724</u>   |
| Total additions                                       | <u>12,037</u>    |

**Deductions:**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 382,126        |
| Administrative expenses       | 1,063          |
| Total deductions              | <u>383,189</u> |

|              |           |
|--------------|-----------|
| Net decrease | (371,152) |
|--------------|-----------|

|                               |        |
|-------------------------------|--------|
| Net transfer from other plans | 12,969 |
|-------------------------------|--------|

**Net assets available for benefits:**

|                   |                            |
|-------------------|----------------------------|
| Beginning of year | <u>4,231,126</u>           |
| End of year       | <u><u>\$ 3,872,943</u></u> |

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

# The Profit Sharing Plan of Quest Diagnostics Incorporated

December 31, 2018 and 2017

Notes to Financial Statements (dollars in thousands)

---

## 1. Description of the Plan

**Background** - The Profit Sharing Plan of Quest Diagnostics Incorporated (the “Plan”) is a defined contribution plan established by Quest Diagnostics Incorporated (the “Company” or the “Plan Sponsor”) to provide its eligible employees with retirement benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

On January 10, 2018 the Medfusion 401(k) Plan merged into the Plan. As a result, plan assets of \$12,969 were transferred to the Plan.

**Eligibility and Participant Contributions** - All eligible employees who have completed one month of service, as defined, may participate in the Plan. Participants may contribute an amount between 1% and 35% of their eligible compensation, as defined, for the contribution period. Catch-up contributions, as defined in the Internal Revenue Code, are permissible for eligible participants. Participants may modify their contribution percentage at any time.

**Employer Matching Contributions** - The Company matches 100% of a participant's contribution, up to 5% of eligible compensation, in cash after the participant completes 12 months of service, as defined, with the Company. Company contributions are remitted to the Plan at the same time that the corresponding participants' contributions are remitted.

**Participant Accounts** - A separate individual account is established for each participant in the Plan. Each participant's account is credited with the participant's contributions and the Company's matching contributions, plus actual earnings thereon. Earnings are allocated by fund based on the ratio of the participant's account invested in a particular fund to all participants' investments in that fund.

**Vesting** - Participants immediately vest in their voluntary contributions and Company contributions plus actual earnings thereon. Certain participants who were active in plans sponsored by previous employers have vesting requirements applied to their previous employer contribution accounts consistent with the vesting requirements in effect before the assets were merged into the Plan.

**Investment Options** - Participants may elect to have their voluntary contributions and Company matching contributions invested in any or all of the available investment options, most of which are managed by Fidelity Management & Research Company (“FMRC”). Participants may also elect to have their voluntary contributions and Company matching contributions invested in shares of the Company's common stock. Participants have the ability to modify their investment elections daily, subject to certain short-term trading restrictions imposed by FMRC and the Company's securities trading policy, which prohibits trading in the Company's common stock on a short-term basis and while in possession of material non-public information about the Company.

Participants cannot contribute greater than 25% per pay period of pre-tax contributions into Quest Diagnostics common stock. In addition, participants can transfer monies into Quest Diagnostics stock only to the extent the percentage of holdings in Quest Diagnostics stock after the transfer remains below 25% of the participant's entire account balance.

Participants may elect to receive their dividends on investments in Quest Diagnostics stock as a taxable cash payment or to have those dividends automatically reinvested.

**Distribution Options** - Participants can elect to have their benefit distributions, equal to the value of the vested portion of their account balance, paid in the form of a lump sum distribution, a direct rollover into another eligible retirement plan or traditional individual retirement account, installment payments, or for appropriate assets, an annuity.

**Withdrawals** - Withdrawals may be made for qualified emergencies, as defined in the Internal Revenue Code. Depending upon the type of withdrawal and the status of the contribution, penalties upon withdrawal may apply. Participants may also begin to make withdrawals without penalty at age 59 ½, subject to certain limitations as defined by the Plan.

# **The Profit Sharing Plan of Quest Diagnostics Incorporated**

**December 31, 2018 and 2017**

**Notes to Financial Statements (dollars in thousands) - continued**

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Forfeitures - Employer contributions in forfeited nonvested accounts may be used to reduce future employer contributions or pay the Plan's expenses. The forfeiture activity and account balance was not material as of December 31, 2018 and 2017.

Parties-in-Interest - Certain investments of the Plan, as of December 31, 2018 and 2017, are shares of mutual funds, a money market fund, and a collective fund managed by FMRC. These transactions qualify as party-in-interest transactions. As of December 31, 2018 and 2017, investments with a fair value of \$3,094,673 and \$3,331,875, respectively, were managed by FMRC.

The Company also is a party-in-interest to the Plan under the definition provided in Section 3(14) of ERISA. Therefore, Quest Diagnostics stock transactions qualify as party-in-interest transactions. As of December 31, 2018 and 2017, the total fair value of the Plan's investment in Quest Diagnostics stock was \$262,047 and \$328,501, respectively. During 2018, there were no purchases of Quest Diagnostics stock by the Plan and sales of Quest Diagnostics stock were \$19,943.

In addition, the Plan receives revenue sharing credits, as described below, which is considered a party-in-interest transaction.

Revenue Sharing Credits - A portion of the operating expenses and management fees are paid by the Plan using revenue sharing credits which are included in net depreciation in fair values of investments. Any amount in excess of the fees is allocated to participant accounts. For the year ended December 31, 2018, \$619 of the revenue sharing credits were used for permissible management and recordkeeping fees and \$4,957 was allocated to participant accounts.

Notes Receivable from Participants - Participants are permitted to obtain loans in amounts not less than one thousand dollars and up to the lesser of (1) fifty thousand dollars, subject to certain limitations as defined by the Plan, or (2) 50% of the participant's vested portion of their account value. Except with respect to pre-existing loans transferred or merged into the Plan, a participant may have only one outstanding loan at a time and loans are repayable over a period of up to five years, unless the proceeds are used to purchase a primary residence, in which case a period of up to ten years is permitted. Loans are secured by one-half of a participant's vested account balance and bear interest at prime plus 1%. Rates range from 3.75% to 10.25%; maturities vary by participant. Principal and interest are repaid to the Plan through payroll deductions for active employees. Participants can elect to pay the entire outstanding balance of a loan directly to Fidelity Management Trust Company ("FMTC"). Actively employed participants can also submit a partial loan repayment directly to FMTC outside the normal payroll deductions, accelerating the payoff date. Participants who are no longer active employees may continue to repay outstanding loan balances directly to FMTC.

In addition, notes receivable from participants qualify as party-in-interest transactions. As of December 31, 2018 and 2017, the carrying value of the Plan's notes receivable from participants was \$88,565 and \$88,458, respectively.

Plan Administration - The Plan Administrator is the Benefits Administration Committee, which is appointed by the Company's Board of Directors. The Plan's trustee and recordkeeper for the Plan investments are FMTC and Fidelity Investments Institutional Operations Company, Inc., respectively.

Tax Status - The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated September 22, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan Sponsor believes that the Plan, which has been amended since the IRS determination, continues to be designed and operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and related trust is tax-exempt.

Accounting principles generally accepted in the United States ("US GAAP") requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

# The Profit Sharing Plan of Quest Diagnostics Incorporated

December 31, 2018 and 2017

Notes to Financial Statements (dollars in thousands) - continued

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Administrative Expenses - Accounting fees and certain administrative expenses of the Plan may be paid by the Plan or the Company. Loan origination and certain distribution fees are charged against participant accounts.

Management Fees - Management fees and operating expenses charged to the Plan for investments in the Plan are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Plan Termination - The Company intends to continue the Plan indefinitely, but reserves the right to change or discontinue the Plan at its discretion. Participants will become fully vested in their rights under the Plan if it is terminated or if Company contributions are completely discontinued.

## 2. Summary of Significant Accounting Policies

Basis of Presentation - The Plan maintains its financial records on the accrual basis of accounting.

Reclassifications - Certain reclassifications have been made to the prior period financial statements to conform to the current period presentation.

Use of Estimates - The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities, if any, at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for participant-directed investment of their voluntary contributions and Company matching contributions in a number of investment funds. Certain underlying investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, changes in these risks could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Benefits paid to participants - Benefits payments to participants are recorded when paid.

Valuation of Investments - Investments are stated at fair value at year end. Refer to Note 3 for additional information related to the valuation of Plan investments.

Security Transactions and Income - Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income from investments is recorded as earned on an accrual basis.

Net depreciation in fair values of investments represents the Plan's net realized and unrealized gains (losses) on investments held by the Plan.

Notes Receivable from Participants - Notes receivable from participants are valued at their unpaid principal balance, plus any accrued but unpaid interest. Interest income from notes receivable from participants is recorded on an accrual basis.

New Accounting Standard To Be Adopted - In August 2018, the Financial Accounting Standards Board issued an Accounting Standards Update ("ASU") to amend the disclosure requirements for fair value measurements to remove disclosures that are no longer considered cost beneficial, clarify the specific requirements of disclosure and add disclosure requirements identified as relevant. This ASU is effective for the Plan for annual and interim periods beginning after December 15, 2019 and early adoption is permitted. The impact of adoption is currently being evaluated.

# The Profit Sharing Plan of Quest Diagnostics Incorporated

December 31, 2018 and 2017

Notes to Financial Statements (dollars in thousands) - continued

## 3. Fair Value Measurements

Fair value measurements are based upon the exit price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants, and are determined by either the principal market or the most advantageous market.

Inputs used in the valuation techniques to derive fair values are classified based on a three-level hierarchy to prioritize the inputs used in the valuation techniques to derive fair values. The basis for fair value measurements for each level within the hierarchy is described below with Level 1 having the highest priority and Level 3 having the lowest. During the year ended December 31, 2018 there was no transfer between levels.

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs are observable in active markets.

Level 3: Valuations derived from valuation techniques in which one or more significant inputs are unobservable.

The following table provides a summary of the assets in the Plan that are measured at fair value on a recurring basis:

| December 31, 2018                                         | Total               | Basis of Fair Value Measurements |         |         |
|-----------------------------------------------------------|---------------------|----------------------------------|---------|---------|
|                                                           |                     | Level 1                          | Level 2 | Level 3 |
| Mutual funds                                              | \$ 3,051,441        | \$ 3,051,441                     | \$ —    | \$ —    |
| Quest Diagnostics stock                                   | 262,047             | 262,047                          | —       | —       |
| Other common stock                                        | 173,657             | 173,657                          | —       | —       |
| Preferred stock                                           | 1,803               | 1,803                            | —       | —       |
| Money market fund                                         | 66,143              | 66,143                           | —       | —       |
| Subtotal                                                  | \$ 3,555,091        | \$ 3,555,091                     | \$ —    | \$ —    |
| Investments measured at NAV as a practical expedient: (A) | 228,457             |                                  |         |         |
| Total investments, at fair value                          | <u>\$ 3,783,548</u> |                                  |         |         |

| December 31, 2017                                         | Total               | Level 1      | Level 2 | Level 3 |
|-----------------------------------------------------------|---------------------|--------------|---------|---------|
|                                                           |                     |              |         |         |
| Mutual funds                                              | \$ 3,536,607        | \$ 3,536,607 | \$ —    | \$ —    |
| Quest Diagnostics stock                                   | 328,501             | 328,501      | —       | —       |
| Money market fund                                         | 52,438              | 52,438       | —       | —       |
| Subtotal                                                  | \$ 3,917,546        | \$ 3,917,546 | \$ —    | \$ —    |
| Investments measured at NAV as a practical expedient: (A) | 224,986             |              |         |         |
| Total investments, at fair value                          | <u>\$ 4,142,532</u> |              |         |         |

# The Profit Sharing Plan of Quest Diagnostics Incorporated

December 31, 2018 and 2017

Notes to Financial Statements (dollars in thousands) - continued

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(A) Certain investments, including the Collective Funds, that were measured at fair value using the net asset value ("NAV") per share (or its equivalent) practical expedient were not classified in the fair value hierarchy. There are no unfunded commitments or redemption restrictions related to these investments.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no significant changes in the methodologies used as of December 31, 2018 and 2017.

*Mutual Funds:* Valued at the NAV of shares held by the Plan at year end reported on an active market.

*Quest Diagnostics Stock, Other Common Stock and Preferred Stock:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Collective Funds:* Valued at NAV per unit as determined by the trustee at year end. The NAV is used as a practical expedient to estimate fair value.

*Money Market Fund:* Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

## 4. Subsequent Events

Following the acquisition of Mobile Medical Examination Service, Inc. by the Plan Sponsor, the MEDXM 401(k) Plan was merged into the Plan effective March 2019 with participant account balances totaling \$1,228. Also, following the acquisition of Cleveland Heart Lab, Inc. by the Plan Sponsor, the Cleveland Heart Lab 401(k) Plan was merged into the Plan effective May 2019 with participant account balances of \$5,439 and notes receivable from participants of \$468. The Plan has evaluated its December 31, 2018 financial statements for subsequent events through June 27, 2019, the date the final statements were available to be issued.

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party           | (c)<br>Description      | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------------|-------------------------|-------------|----------------------|
|     | Vanguard Total International Stock Index Fund Institutional Shares     | Mutual Funds            | ***         | \$ 23,639            |
|     | Invesco Global Real Estate Fund - R5 class                             | Mutual Funds            | ***         | 9,388                |
|     | DFA U.S. Small Cap Value Portfolio Institutional Class                 | Mutual Funds            | ***         | 62,262               |
|     | Vanguard Extended Market Index Fund Institutional Shares               | Mutual Funds            | ***         | 23,589               |
|     | Vanguard Total Bond Market Index Fund - Institutional Plus Share Class | Mutual Funds            | ***         | 103,171              |
|     | MFS Global Equity Fund Class R4                                        | Mutual Funds            | ***         | 15,460               |
| *   | Fidelity Contrafund Class K                                            | Mutual Funds            | ***         | 244,205              |
| *   | Fidelity Diversified International Fund Class K                        | Mutual Funds            | ***         | 80,839               |
| *   | Fidelity Low-Priced Stock Fund Class K                                 | Mutual Funds            | ***         | 84,368               |
| *   | Fidelity OTC Portfolio Class K                                         | Mutual Funds            | ***         | 138,540              |
| *   | Fidelity Freedom K 2005 Fund                                           | Mutual Funds            | ***         | 4,770                |
| *   | Fidelity Freedom K 2010 Fund                                           | Mutual Funds            | ***         | 22,472               |
| *   | Fidelity Freedom K 2015 Fund                                           | Mutual Funds            | ***         | 74,546               |
| *   | Fidelity Freedom K 2020 Fund                                           | Mutual Funds            | ***         | 228,317              |
| *   | Fidelity Freedom K 2025 Fund                                           | Mutual Funds            | ***         | 301,885              |
| *   | Fidelity Freedom K 2030 Fund                                           | Mutual Funds            | ***         | 292,625              |
| *   | Fidelity Freedom K 2035 Fund                                           | Mutual Funds            | ***         | 227,738              |
| *   | Fidelity Freedom K 2040 Fund                                           | Mutual Funds            | ***         | 171,289              |
| *   | Fidelity Freedom K 2045 Fund                                           | Mutual Funds            | ***         | 123,583              |
| *   | Fidelity Freedom K 2050 Fund                                           | Mutual Funds            | ***         | 71,070               |
| *   | Fidelity Freedom K 2055 Fund                                           | Mutual Funds            | ***         | 27,222               |
| *   | Fidelity Freedom K 2060 Fund                                           | Mutual Funds            | ***         | 6,455                |
| *   | Fidelity Freedom K Income Fund                                         | Mutual Funds            | ***         | 16,274               |
| *   | Fidelity Puritan Fund Class K                                          | Mutual Funds            | ***         | 334,482              |
| *   | Fidelity 500 Index Fund - Institutional Premium Class                  | Mutual Funds            | ***         | 361,843              |
|     | T Rowe Price Reserve Investment Fund                                   | Mutual Funds            | ***         | 1,409                |
|     | Total Interest in Mutual Funds                                         |                         |             | <u>\$ 3,051,441</u>  |
| *   | Fidelity Managed Income Portfolio II - Class 3                         | Collective Funds        | ***         | \$ 216,007           |
|     | Prudential Core Plus Bond Fund Class 5                                 | Collective Funds        | ***         | 10,565               |
|     | State Street Short Term Investment Fund                                | Collective Funds        | ***         | 1,885                |
|     | Total Interest in Collective Funds                                     |                         |             | <u>\$ 228,457</u>    |
| *   | Quest Diagnostics Inc.                                                 | Quest Diagnostics Stock | ***         | \$ 262,047           |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party | (c)<br>Description | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------|--------------------|-------------|----------------------|
|     | Activision Blizzard Inc                                      | Other Common Stock | ***         | \$ 408               |
|     | Alexion Pharmaceuticals Inc                                  | Other Common Stock | ***         | 534                  |
|     | Alibaba Group Holding Ltd Spon ADR                           | Other Common Stock | ***         | 1,531                |
|     | Alphabet Inc CL A                                            | Other Common Stock | ***         | 4,498                |
|     | Alphabet Inc CL C                                            | Other Common Stock | ***         | 2,189                |
|     | Amazon.Com Inc                                               | Other Common Stock | ***         | 7,669                |
|     | American International Group                                 | Other Common Stock | ***         | 1,072                |
|     | American Water Wrks Company                                  | Other Common Stock | ***         | 445                  |
|     | Anthem Inc                                                   | Other Common Stock | ***         | 1,248                |
|     | Apple Inc                                                    | Other Common Stock | ***         | 1,445                |
|     | Applied Materials Inc                                        | Other Common Stock | ***         | 701                  |
|     | Aptiv Plc                                                    | Other Common Stock | ***         | 1,039                |
|     | ASML Hldg NV (NY Reg Shs) New York Registered Shar           | Other Common Stock | ***         | 345                  |
|     | AT&T Inc                                                     | Other Common Stock | ***         | 288                  |
|     | Bank Of New York Mellon Corp                                 | Other Common Stock | ***         | 1,205                |
|     | Becton Dickinson & Co                                        | Other Common Stock | ***         | 2,511                |
|     | Boeing Co                                                    | Other Common Stock | ***         | 6,152                |
|     | Brighthouse Financial Inc                                    | Other Common Stock | ***         | 347                  |
|     | Bunge Limited                                                | Other Common Stock | ***         | 815                  |
|     | Canadian Natl Resources Ltd                                  | Other Common Stock | ***         | 594                  |
|     | Canadian Pac Railway Ltd                                     | Other Common Stock | ***         | 314                  |
|     | Carnival Corp                                                | Other Common Stock | ***         | 607                  |
|     | Centene Corp                                                 | Other Common Stock | ***         | 586                  |
|     | CF Industries Holdings Inc                                   | Other Common Stock | ***         | 727                  |
|     | Chubb Ltd                                                    | Other Common Stock | ***         | 1,735                |
|     | Cigna Corp                                                   | Other Common Stock | ***         | 2,660                |
|     | Cisco Systems Inc                                            | Other Common Stock | ***         | 2,035                |
|     | Citigroup Inc                                                | Other Common Stock | ***         | 726                  |
|     | Comcast Corp CL A                                            | Other Common Stock | ***         | 1,023                |
|     | CVS Health Corp                                              | Other Common Stock | ***         | 1,494                |
|     | Dollar General Corp                                          | Other Common Stock | ***         | 1,163                |
|     | DowDupont Inc                                                | Other Common Stock | ***         | 1,321                |
|     | Duke Energy Corp New                                         | Other Common Stock | ***         | 716                  |
|     | EQT Corporation                                              | Other Common Stock | ***         | 298                  |
|     | Equitrans Midstream Corp                                     | Other Common Stock | ***         | 293                  |
|     | Evergy Inc                                                   | Other Common Stock | ***         | 1,005                |
|     | Exxon Mobil Corp                                             | Other Common Stock | ***         | 1,913                |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party | (c)<br>Description | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------|--------------------|-------------|----------------------|
|     | Facebook Inc CL A                                            | Other Common Stock | ***         | \$ 3,472             |
|     | Fidelity Natl Inform Svcs Inc                                | Other Common Stock | ***         | 296                  |
|     | Fifth Third Bancorp                                          | Other Common Stock | ***         | 1,301                |
|     | Fortive Corp                                                 | Other Common Stock | ***         | 405                  |
|     | Fortune Brands Home & Sec Inc                                | Other Common Stock | ***         | 726                  |
|     | Franklin Resources Inc                                       | Other Common Stock | ***         | 724                  |
|     | General Electric Co                                          | Other Common Stock | ***         | 603                  |
|     | Gilead Sciences Inc                                          | Other Common Stock | ***         | 801                  |
|     | Global Payments Inc                                          | Other Common Stock | ***         | 1,015                |
|     | Hca Healthcare Inc                                           | Other Common Stock | ***         | 1,497                |
|     | Hess Corp                                                    | Other Common Stock | ***         | 567                  |
|     | Hilton Worldwide Holdings Inc                                | Other Common Stock | ***         | 935                  |
|     | Hologic Inc                                                  | Other Common Stock | ***         | 799                  |
|     | Honeywell Intl Inc                                           | Other Common Stock | ***         | 450                  |
|     | Humana Inc                                                   | Other Common Stock | ***         | 742                  |
|     | IAC/Interactivecorp                                          | Other Common Stock | ***         | 445                  |
|     | Illinois Tool Works Inc                                      | Other Common Stock | ***         | 764                  |
|     | Intercontinental Exchange Inc                                | Other Common Stock | ***         | 857                  |
|     | International Paper Co                                       | Other Common Stock | ***         | 1,136                |
|     | Intuit Inc                                                   | Other Common Stock | ***         | 1,602                |
|     | Intuitive Surgical Inc                                       | Other Common Stock | ***         | 2,123                |
|     | Johnson & Johnson                                            | Other Common Stock | ***         | 1,686                |
|     | Johnson Controls International Plc                           | Other Common Stock | ***         | 1,174                |
|     | JPMorgan Chase & Co                                          | Other Common Stock | ***         | 3,169                |
|     | Kansas City Southern                                         | Other Common Stock | ***         | 396                  |
|     | Kimberly Clark Corp                                          | Other Common Stock | ***         | 1,548                |
|     | Kohls Corp                                                   | Other Common Stock | ***         | 388                  |
|     | Las Vegas Sands Corp                                         | Other Common Stock | ***         | 1,047                |
|     | Lilly (Eli) & Co                                             | Other Common Stock | ***         | 959                  |
|     | Loews Corp                                                   | Other Common Stock | ***         | 950                  |
|     | Magna Intl Inc                                               | Other Common Stock | ***         | 818                  |
|     | Marsh & McLennan Cos Inc                                     | Other Common Stock | ***         | 1,093                |
|     | Mattel Inc                                                   | Other Common Stock | ***         | 172                  |
|     | Maxim Integrated Products Inc                                | Other Common Stock | ***         | 483                  |
|     | Mcdonalds Corp                                               | Other Common Stock | ***         | 598                  |
|     | Medtronic Plc                                                | Other Common Stock | ***         | 2,029                |
|     | Merck & Co Inc New                                           | Other Common Stock | ***         | 2,095                |
|     | Metlife Inc                                                  | Other Common Stock | ***         | 1,065                |
|     | Microsoft Corp                                               | Other Common Stock | ***         | 9,001                |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party | (c)<br>Description | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------|--------------------|-------------|----------------------|
|     | Morgan Stanley                                               | Other Common Stock | ***         | \$ 2,203             |
|     | Netflix Inc                                                  | Other Common Stock | ***         | 1,025                |
|     | News Corp New Cl A                                           | Other Common Stock | ***         | 426                  |
|     | Nextera Energy                                               | Other Common Stock | ***         | 82                   |
|     | Nielsen Holdings Plc                                         | Other Common Stock | ***         | 595                  |
|     | Nike Inc Cl B                                                | Other Common Stock | ***         | 838                  |
|     | Northrop Grumman Corp                                        | Other Common Stock | ***         | 934                  |
|     | Occidental Petroleum Corp                                    | Other Common Stock | ***         | 1,170                |
|     | Paypal Hldgs Inc                                             | Other Common Stock | ***         | 1,239                |
|     | Pepsico Inc                                                  | Other Common Stock | ***         | 966                  |
|     | Perrigo Co Plc                                               | Other Common Stock | ***         | 522                  |
|     | Pfizer Inc                                                   | Other Common Stock | ***         | 2,514                |
|     | PG&E Corp                                                    | Other Common Stock | ***         | 556                  |
|     | Philip Morris Intl Inc                                       | Other Common Stock | ***         | 1,992                |
|     | Qualcomm Inc                                                 | Other Common Stock | ***         | 1,514                |
|     | Raytheon Co                                                  | Other Common Stock | ***         | 612                  |
|     | Red Hat Inc                                                  | Other Common Stock | ***         | 2,002                |
|     | Restaurant Brands International Inc                          | Other Common Stock | ***         | 598                  |
|     | Ross Stores Inc                                              | Other Common Stock | ***         | 1,073                |
|     | Salesforce.Com Inc                                           | Other Common Stock | ***         | 1,288                |
|     | Schwab Charles Corp                                          | Other Common Stock | ***         | 1,583                |
|     | Sempra Energy                                                | Other Common Stock | ***         | 692                  |
|     | Servicenow Inc                                               | Other Common Stock | ***         | 732                  |
|     | Signature Bank                                               | Other Common Stock | ***         | 372                  |
|     | Sl Green Realty Corp Reit                                    | Other Common Stock | ***         | 558                  |
|     | Southern Co                                                  | Other Common Stock | ***         | 1,699                |
|     | Southwest Airlines Co                                        | Other Common Stock | ***         | 1,230                |
|     | Spirit Aerosystem Hld Inc CL A                               | Other Common Stock | ***         | 461                  |
|     | Splunk Inc                                                   | Other Common Stock | ***         | 769                  |
|     | Stericycle Inc                                               | Other Common Stock | ***         | 332                  |
|     | Stryker Corp                                                 | Other Common Stock | ***         | 1,978                |
|     | TD Ameritrade Holding Corp                                   | Other Common Stock | ***         | 656                  |
|     | TE Connectivity Ltd                                          | Other Common Stock | ***         | 640                  |
|     | Tencent Holdings Ltd Uns Adr                                 | Other Common Stock | ***         | 2,175                |
|     | Tesla Inc                                                    | Other Common Stock | ***         | 1,150                |
|     | Texas Instruments Inc                                        | Other Common Stock | ***         | 931                  |
|     | The Booking Holdings Inc                                     | Other Common Stock | ***         | 1,693                |
|     | Thermo Fisher Scientific Inc                                 | Other Common Stock | ***         | 427                  |
|     | Total Sa Spons Adr                                           | Other Common Stock | ***         | 2,290                |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | Identity of Issue, Borrower, Lessor, or Similar Party                           | Description        | Cost | Value                      |
|-----|---------------------------------------------------------------------------------|--------------------|------|----------------------------|
|     | Transcanada Corp                                                                | Other Common Stock | ***  | \$ 1,324                   |
|     | Twenty First Century Fox CL B                                                   | Other Common Stock | ***  | 2,030                      |
|     | Tyson Foods Inc CL A                                                            | Other Common Stock | ***  | 1,730                      |
|     | United Parcel Service Inc CL B                                                  | Other Common Stock | ***  | 898                        |
|     | United Technologies Corp                                                        | Other Common Stock | ***  | 434                        |
|     | Unitedhealth Group Inc                                                          | Other Common Stock | ***  | 2,854                      |
|     | US Bancorp Del                                                                  | Other Common Stock | ***  | 1,489                      |
|     | Verizon Communications Inc                                                      | Other Common Stock | ***  | 1,961                      |
|     | Vertex Pharmaceuticals Inc                                                      | Other Common Stock | ***  | 1,531                      |
|     | Visa Inc Cl A                                                                   | Other Common Stock | ***  | 4,349                      |
|     | Vmware Inc Cl A                                                                 | Other Common Stock | ***  | 1,444                      |
|     | Vulcan Materials Co                                                             | Other Common Stock | ***  | 188                        |
|     | Walmart Inc                                                                     | Other Common Stock | ***  | 1,298                      |
|     | Waste Connections Inc                                                           | Other Common Stock | ***  | 707                        |
|     | Wellcare Health Plans Inc                                                       | Other Common Stock | ***  | 522                        |
|     | Wells Fargo & Co                                                                | Other Common Stock | ***  | 2,890                      |
|     | Weyerhaeuser Co                                                                 | Other Common Stock | ***  | 739                        |
|     | Workday Inc Cl A                                                                | Other Common Stock | ***  | 827                        |
|     | Zimmer Biomet Hldgs Inc                                                         | Other Common Stock | ***  | 342                        |
|     | Total Interest in Other Common Stock                                            |                    |      | <u>\$ 173,657</u>          |
|     | Becton Dickinson & Co PC Ser A 6.125% 5/01/20                                   | Preferred Stock    | ***  | \$ 207                     |
|     | Nextera Energy Inc PC 6.123% 9/01/19                                            | Preferred Stock    | ***  | 877                        |
|     | Sempra Energy PC 6.75% 7/15/21                                                  | Preferred Stock    | ***  | 134                        |
|     | Sempra Energy Ser A PC 6% 01/15/21 Pfd                                          | Preferred Stock    | ***  | 585                        |
|     | Total Interest in Preferred Stock                                               |                    |      | <u>\$ 1,803</u>            |
| *   | Fidelity Investments Money Market Government Portfolio<br>- Institutional Class | Money Market Fund  | ***  | \$ 66,143                  |
|     | Investments at Fair Value                                                       |                    |      | <u>\$ 3,783,548</u>        |
| *   | Loans to participants**                                                         | Loans              |      | \$ 88,565                  |
|     | Total                                                                           |                    |      | <u><u>\$ 3,872,113</u></u> |

\* Party-in-interest to the Plan.

\*\* Rates range from 3.75% to 10.25%; maturities vary by participant.

\*\*\* The cost of participant-directed investments is not required to be disclosed.

Multiple Employer Plan Participating Employer Information

The Profit Sharing Plan of Quest Diagnostics Incorporated / EIN: 16-1387862 / PN 333

| (a) Name of participating employer          | (b) EIN    | (c) Percent of total contributions |
|---------------------------------------------|------------|------------------------------------|
|                                             |            |                                    |
|                                             |            |                                    |
| Quest Diagnostics Incorporated (DE)         | 16-1387862 | 97.24%                             |
| Desert Pathologists Medical Group, Inc.     | 20-4179571 | 0.07%                              |
| Associated Pathologists, Chartered (NV)     | 88-0103554 | 0.04%                              |
| Diagnostics Laboratory of Oklahoma LLC (OK) | 73-1560760 | 1.61%                              |
| Quest Diagnostics Venture LLC (PA)          | 23-2933949 | 1.04%                              |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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) \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>THE PROFIT SHARING PLAN OF QUEST DIAGNOSTICS INCORPORATED                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ <u>333</u><br><b>1c</b> Effective date of plan<br><u>10/01/1973</u>                                                                                           |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>QUEST DIAGNOSTICS INCORPORATED<br><br>500 PLAZA DRIVE<br><br>SECAUCUS NJ 07094 | <b>2b</b> Employer Identification Number (EIN)<br><u>16-1387862</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>201-729-8534</u><br><b>2d</b> Business code (see instructions)<br><u>621510</u> |

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

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

|                  |                                                                                     |                |                                                              |
|------------------|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <u>10/2/19</u> | Cecilia McKenney                                             |
|                  | Signature of plan administrator                                                     | Date           | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |                |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date           | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |                |                                                              |
|                  | Signature of DFE                                                                    | Date           | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                    |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 55,978                                                                                                                                                            |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 45,877<br><b>6a(2)</b> 45,600<br><b>6b</b> 377<br><b>6c</b> 9,766<br><b>6d</b> 55,743<br><b>6e</b> 145<br><b>6f</b> 55,888<br><b>6g</b> 40,488<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2I 2J 2K 2O 3H<br><br><b>b</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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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

**b General Schedules**

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

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party           | (c)<br>Description      | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------------|-------------------------|-------------|----------------------|
|     | Vanguard Total International Stock Index Fund Institutional Shares     | Mutual Funds            | ***         | \$ 23,639            |
|     | Invesco Global Real Estate Fund - R5 class                             | Mutual Funds            | ***         | 9,388                |
|     | DFA U.S. Small Cap Value Portfolio Institutional Class                 | Mutual Funds            | ***         | 62,262               |
|     | Vanguard Extended Market Index Fund Institutional Shares               | Mutual Funds            | ***         | 23,589               |
|     | Vanguard Total Bond Market Index Fund - Institutional Plus Share Class | Mutual Funds            | ***         | 103,171              |
|     | MFS Global Equity Fund Class R4                                        | Mutual Funds            | ***         | 15,460               |
| *   | Fidelity Contrafund Class K                                            | Mutual Funds            | ***         | 244,205              |
| *   | Fidelity Diversified International Fund Class K                        | Mutual Funds            | ***         | 80,839               |
| *   | Fidelity Low-Priced Stock Fund Class K                                 | Mutual Funds            | ***         | 84,368               |
| *   | Fidelity OTC Portfolio Class K                                         | Mutual Funds            | ***         | 138,540              |
| *   | Fidelity Freedom K 2005 Fund                                           | Mutual Funds            | ***         | 4,770                |
| *   | Fidelity Freedom K 2010 Fund                                           | Mutual Funds            | ***         | 22,472               |
| *   | Fidelity Freedom K 2015 Fund                                           | Mutual Funds            | ***         | 74,546               |
| *   | Fidelity Freedom K 2020 Fund                                           | Mutual Funds            | ***         | 228,317              |
| *   | Fidelity Freedom K 2025 Fund                                           | Mutual Funds            | ***         | 301,885              |
| *   | Fidelity Freedom K 2030 Fund                                           | Mutual Funds            | ***         | 292,625              |
| *   | Fidelity Freedom K 2035 Fund                                           | Mutual Funds            | ***         | 227,738              |
| *   | Fidelity Freedom K 2040 Fund                                           | Mutual Funds            | ***         | 171,289              |
| *   | Fidelity Freedom K 2045 Fund                                           | Mutual Funds            | ***         | 123,583              |
| *   | Fidelity Freedom K 2050 Fund                                           | Mutual Funds            | ***         | 71,070               |
| *   | Fidelity Freedom K 2055 Fund                                           | Mutual Funds            | ***         | 27,222               |
| *   | Fidelity Freedom K 2060 Fund                                           | Mutual Funds            | ***         | 6,455                |
| *   | Fidelity Freedom K Income Fund                                         | Mutual Funds            | ***         | 16,274               |
| *   | Fidelity Puritan Fund Class K                                          | Mutual Funds            | ***         | 334,482              |
| *   | Fidelity 500 Index Fund - Institutional Premium Class                  | Mutual Funds            | ***         | 361,843              |
|     | T Rowe Price Reserve Investment Fund                                   | Mutual Funds            | ***         | 1,409                |
|     | Total Interest in Mutual Funds                                         |                         |             | <u>\$ 3,051,441</u>  |
| *   | Fidelity Managed Income Portfolio II - Class 3                         | Collective Funds        | ***         | \$ 216,007           |
|     | Prudential Core Plus Bond Fund Class 5                                 | Collective Funds        | ***         | 10,565               |
|     | State Street Short Term Investment Fund                                | Collective Funds        | ***         | 1,885                |
|     | Total Interest in Collective Funds                                     |                         |             | <u>\$ 228,457</u>    |
| *   | Quest Diagnostics Inc.                                                 | Quest Diagnostics Stock | ***         | \$ 262,047           |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party | (c)<br>Description | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------|--------------------|-------------|----------------------|
|     | Activision Blizzard Inc                                      | Other Common Stock | ***         | \$ 408               |
|     | Alexion Pharmaceuticals Inc                                  | Other Common Stock | ***         | 534                  |
|     | Alibaba Group Holding Ltd Spon ADR                           | Other Common Stock | ***         | 1,531                |
|     | Alphabet Inc CL A                                            | Other Common Stock | ***         | 4,498                |
|     | Alphabet Inc CL C                                            | Other Common Stock | ***         | 2,189                |
|     | Amazon.Com Inc                                               | Other Common Stock | ***         | 7,669                |
|     | American International Group                                 | Other Common Stock | ***         | 1,072                |
|     | American Water Wrks Company                                  | Other Common Stock | ***         | 445                  |
|     | Anthem Inc                                                   | Other Common Stock | ***         | 1,248                |
|     | Apple Inc                                                    | Other Common Stock | ***         | 1,445                |
|     | Applied Materials Inc                                        | Other Common Stock | ***         | 701                  |
|     | Aptiv Plc                                                    | Other Common Stock | ***         | 1,039                |
|     | ASML Hldg NV (NY Reg Shs) New York Registered Shar           | Other Common Stock | ***         | 345                  |
|     | AT&T Inc                                                     | Other Common Stock | ***         | 288                  |
|     | Bank Of New York Mellon Corp                                 | Other Common Stock | ***         | 1,205                |
|     | Becton Dickinson & Co                                        | Other Common Stock | ***         | 2,511                |
|     | Boeing Co                                                    | Other Common Stock | ***         | 6,152                |
|     | Brighthouse Financial Inc                                    | Other Common Stock | ***         | 347                  |
|     | Bunge Limited                                                | Other Common Stock | ***         | 815                  |
|     | Canadian Natl Resources Ltd                                  | Other Common Stock | ***         | 594                  |
|     | Canadian Pac Railway Ltd                                     | Other Common Stock | ***         | 314                  |
|     | Carnival Corp                                                | Other Common Stock | ***         | 607                  |
|     | Centene Corp                                                 | Other Common Stock | ***         | 586                  |
|     | CF Industries Holdings Inc                                   | Other Common Stock | ***         | 727                  |
|     | Chubb Ltd                                                    | Other Common Stock | ***         | 1,735                |
|     | Cigna Corp                                                   | Other Common Stock | ***         | 2,660                |
|     | Cisco Systems Inc                                            | Other Common Stock | ***         | 2,035                |
|     | Citigroup Inc                                                | Other Common Stock | ***         | 726                  |
|     | Comcast Corp CL A                                            | Other Common Stock | ***         | 1,023                |
|     | CVS Health Corp                                              | Other Common Stock | ***         | 1,494                |
|     | Dollar General Corp                                          | Other Common Stock | ***         | 1,163                |
|     | DowDupont Inc                                                | Other Common Stock | ***         | 1,321                |
|     | Duke Energy Corp New                                         | Other Common Stock | ***         | 716                  |
|     | EQT Corporation                                              | Other Common Stock | ***         | 298                  |
|     | Equitrans Midstream Corp                                     | Other Common Stock | ***         | 293                  |
|     | Evergy Inc                                                   | Other Common Stock | ***         | 1,005                |
|     | Exxon Mobil Corp                                             | Other Common Stock | ***         | 1,913                |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party | (c)<br>Description | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------|--------------------|-------------|----------------------|
|     | Facebook Inc CL A                                            | Other Common Stock | ***         | \$ 3,472             |
|     | Fidelity Natl Inform Svcs Inc                                | Other Common Stock | ***         | 296                  |
|     | Fifth Third Bancorp                                          | Other Common Stock | ***         | 1,301                |
|     | Fortive Corp                                                 | Other Common Stock | ***         | 405                  |
|     | Fortune Brands Home & Sec Inc                                | Other Common Stock | ***         | 726                  |
|     | Franklin Resources Inc                                       | Other Common Stock | ***         | 724                  |
|     | General Electric Co                                          | Other Common Stock | ***         | 603                  |
|     | Gilead Sciences Inc                                          | Other Common Stock | ***         | 801                  |
|     | Global Payments Inc                                          | Other Common Stock | ***         | 1,015                |
|     | Hca Healthcare Inc                                           | Other Common Stock | ***         | 1,497                |
|     | Hess Corp                                                    | Other Common Stock | ***         | 567                  |
|     | Hilton Worldwide Holdings Inc                                | Other Common Stock | ***         | 935                  |
|     | Hologic Inc                                                  | Other Common Stock | ***         | 799                  |
|     | Honeywell Intl Inc                                           | Other Common Stock | ***         | 450                  |
|     | Humana Inc                                                   | Other Common Stock | ***         | 742                  |
|     | IAC/Interactivecorp                                          | Other Common Stock | ***         | 445                  |
|     | Illinois Tool Works Inc                                      | Other Common Stock | ***         | 764                  |
|     | Intercontinental Exchange Inc                                | Other Common Stock | ***         | 857                  |
|     | International Paper Co                                       | Other Common Stock | ***         | 1,136                |
|     | Intuit Inc                                                   | Other Common Stock | ***         | 1,602                |
|     | Intuitive Surgical Inc                                       | Other Common Stock | ***         | 2,123                |
|     | Johnson & Johnson                                            | Other Common Stock | ***         | 1,686                |
|     | Johnson Controls International Plc                           | Other Common Stock | ***         | 1,174                |
|     | JPMorgan Chase & Co                                          | Other Common Stock | ***         | 3,169                |
|     | Kansas City Southern                                         | Other Common Stock | ***         | 396                  |
|     | Kimberly Clark Corp                                          | Other Common Stock | ***         | 1,548                |
|     | Kohls Corp                                                   | Other Common Stock | ***         | 388                  |
|     | Las Vegas Sands Corp                                         | Other Common Stock | ***         | 1,047                |
|     | Lilly (Eli) & Co                                             | Other Common Stock | ***         | 959                  |
|     | Loews Corp                                                   | Other Common Stock | ***         | 950                  |
|     | Magna Intl Inc                                               | Other Common Stock | ***         | 818                  |
|     | Marsh & McLennan Cos Inc                                     | Other Common Stock | ***         | 1,093                |
|     | Mattel Inc                                                   | Other Common Stock | ***         | 172                  |
|     | Maxim Integrated Products Inc                                | Other Common Stock | ***         | 483                  |
|     | Mcdonalds Corp                                               | Other Common Stock | ***         | 598                  |
|     | Medtronic Plc                                                | Other Common Stock | ***         | 2,029                |
|     | Merck & Co Inc New                                           | Other Common Stock | ***         | 2,095                |
|     | Metlife Inc                                                  | Other Common Stock | ***         | 1,065                |
|     | Microsoft Corp                                               | Other Common Stock | ***         | 9,001                |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party | (c)<br>Description | (d)<br>Cost | (e)<br>Current Value |
|-----|--------------------------------------------------------------|--------------------|-------------|----------------------|
|     | Morgan Stanley                                               | Other Common Stock | ***         | \$ 2,203             |
|     | Netflix Inc                                                  | Other Common Stock | ***         | 1,025                |
|     | News Corp New Cl A                                           | Other Common Stock | ***         | 426                  |
|     | Nextera Energy                                               | Other Common Stock | ***         | 82                   |
|     | Nielsen Holdings Plc                                         | Other Common Stock | ***         | 595                  |
|     | Nike Inc Cl B                                                | Other Common Stock | ***         | 838                  |
|     | Northrop Grumman Corp                                        | Other Common Stock | ***         | 934                  |
|     | Occidental Petroleum Corp                                    | Other Common Stock | ***         | 1,170                |
|     | Paypal Hldgs Inc                                             | Other Common Stock | ***         | 1,239                |
|     | Pepsico Inc                                                  | Other Common Stock | ***         | 966                  |
|     | Perrigo Co Plc                                               | Other Common Stock | ***         | 522                  |
|     | Pfizer Inc                                                   | Other Common Stock | ***         | 2,514                |
|     | PG&E Corp                                                    | Other Common Stock | ***         | 556                  |
|     | Philip Morris Intl Inc                                       | Other Common Stock | ***         | 1,992                |
|     | Qualcomm Inc                                                 | Other Common Stock | ***         | 1,514                |
|     | Raytheon Co                                                  | Other Common Stock | ***         | 612                  |
|     | Red Hat Inc                                                  | Other Common Stock | ***         | 2,002                |
|     | Restaurant Brands International Inc                          | Other Common Stock | ***         | 598                  |
|     | Ross Stores Inc                                              | Other Common Stock | ***         | 1,073                |
|     | Salesforce.Com Inc                                           | Other Common Stock | ***         | 1,288                |
|     | Schwab Charles Corp                                          | Other Common Stock | ***         | 1,583                |
|     | Sempra Energy                                                | Other Common Stock | ***         | 692                  |
|     | Servicenow Inc                                               | Other Common Stock | ***         | 732                  |
|     | Signature Bank                                               | Other Common Stock | ***         | 372                  |
|     | Sl Green Realty Corp Reit                                    | Other Common Stock | ***         | 558                  |
|     | Southern Co                                                  | Other Common Stock | ***         | 1,699                |
|     | Southwest Airlines Co                                        | Other Common Stock | ***         | 1,230                |
|     | Spirit Aerosystem Hld Inc CL A                               | Other Common Stock | ***         | 461                  |
|     | Splunk Inc                                                   | Other Common Stock | ***         | 769                  |
|     | Stericycle Inc                                               | Other Common Stock | ***         | 332                  |
|     | Stryker Corp                                                 | Other Common Stock | ***         | 1,978                |
|     | TD Ameritrade Holding Corp                                   | Other Common Stock | ***         | 656                  |
|     | TE Connectivity Ltd                                          | Other Common Stock | ***         | 640                  |
|     | Tencent Holdings Ltd Uns Adr                                 | Other Common Stock | ***         | 2,175                |
|     | Tesla Inc                                                    | Other Common Stock | ***         | 1,150                |
|     | Texas Instruments Inc                                        | Other Common Stock | ***         | 931                  |
|     | The Booking Holdings Inc                                     | Other Common Stock | ***         | 1,693                |
|     | Thermo Fisher Scientific Inc                                 | Other Common Stock | ***         | 427                  |
|     | Total Sa Spons Adr                                           | Other Common Stock | ***         | 2,290                |

**The Profit Sharing Plan of Quest Diagnostics Incorporated**  
**EIN: #16-1387862 Plan: #333**

**Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)**  
**December 31, 2018 (dollars in thousands)**

| (a) | Identity of Issue, Borrower, Lessor, or Similar Party                           | Description        | Cost | Value                      |
|-----|---------------------------------------------------------------------------------|--------------------|------|----------------------------|
|     | Transcanada Corp                                                                | Other Common Stock | ***  | \$ 1,324                   |
|     | Twenty First Century Fox CL B                                                   | Other Common Stock | ***  | 2,030                      |
|     | Tyson Foods Inc CL A                                                            | Other Common Stock | ***  | 1,730                      |
|     | United Parcel Service Inc CL B                                                  | Other Common Stock | ***  | 898                        |
|     | United Technologies Corp                                                        | Other Common Stock | ***  | 434                        |
|     | Unitedhealth Group Inc                                                          | Other Common Stock | ***  | 2,854                      |
|     | US Bancorp Del                                                                  | Other Common Stock | ***  | 1,489                      |
|     | Verizon Communications Inc                                                      | Other Common Stock | ***  | 1,961                      |
|     | Vertex Pharmaceuticals Inc                                                      | Other Common Stock | ***  | 1,531                      |
|     | Visa Inc Cl A                                                                   | Other Common Stock | ***  | 4,349                      |
|     | Vmware Inc Cl A                                                                 | Other Common Stock | ***  | 1,444                      |
|     | Vulcan Materials Co                                                             | Other Common Stock | ***  | 188                        |
|     | Walmart Inc                                                                     | Other Common Stock | ***  | 1,298                      |
|     | Waste Connections Inc                                                           | Other Common Stock | ***  | 707                        |
|     | Wellcare Health Plans Inc                                                       | Other Common Stock | ***  | 522                        |
|     | Wells Fargo & Co                                                                | Other Common Stock | ***  | 2,890                      |
|     | Weyerhaeuser Co                                                                 | Other Common Stock | ***  | 739                        |
|     | Workday Inc Cl A                                                                | Other Common Stock | ***  | 827                        |
|     | Zimmer Biomet Hldgs Inc                                                         | Other Common Stock | ***  | 342                        |
|     | Total Interest in Other Common Stock                                            |                    |      | <u>\$ 173,657</u>          |
|     | Becton Dickinson & Co PC Ser A 6.125% 5/01/20                                   | Preferred Stock    | ***  | \$ 207                     |
|     | Nextera Energy Inc PC 6.123% 9/01/19                                            | Preferred Stock    | ***  | 877                        |
|     | Sempra Energy PC 6.75% 7/15/21                                                  | Preferred Stock    | ***  | 134                        |
|     | Sempra Energy Ser A PC 6% 01/15/21 Pfd                                          | Preferred Stock    | ***  | 585                        |
|     | Total Interest in Preferred Stock                                               |                    |      | <u>\$ 1,803</u>            |
| *   | Fidelity Investments Money Market Government Portfolio<br>- Institutional Class | Money Market Fund  | ***  | \$ 66,143                  |
|     | Investments at Fair Value                                                       |                    |      | <u>\$ 3,783,548</u>        |
| *   | Loans to participants**                                                         | Loans              |      | \$ 88,565                  |
|     | Total                                                                           |                    |      | <u><u>\$ 3,872,113</u></u> |

\* Party-in-interest to the Plan.

\*\* Rates range from 3.75% to 10.25%; maturities vary by participant.

\*\*\* The cost of participant-directed investments is not required to be disclosed.