

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EVEREST REINSURANCE COMPANY</u> <u>WARREN CORPORATE CENTER 100 EVEREST</u> <u>WARREN, NJ 07059</u>	1c Effective date of plan <u>10/07/1995</u>	2b Employer Identification Number (EIN) <u>22-2005057</u>
	2c Plan Sponsor's telephone number <u>908-604-3200</u>	2d Business code (see instructions) <u>524150</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.

SIGN HERE	Filed with authorized/valid electronic signature.	06/14/2023	ROBERT FREILING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1976
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 1531
a(2) Total number of active participants at the end of the plan year		6a(2) 1816
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 445
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2261
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 4
f Total. Add lines 6d and 6e		6f 2265
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 2263
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 119
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EVEREST REINSURANCE COMPANY	D Employer Identification Number (EIN) 22-2005057

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	131215	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	95369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK NY
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

QDRO CONSULTANTS COMPANY, LLC

3071 PEARL ROAD
MEDINA OH
MEDINA, OH 44256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EVEREST REINSURANCE COMPANY	D Employer Identification Number (EIN) 22-2005057	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE METLIFE SERIES 25053 CL 0		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 46-6625485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32991023
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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVEREST REINSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>22-2005057</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests.....	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	2261377	2159190
(9) Value of interest in common/collective trusts.....	1c(9)	38103806	32991023
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	321412478	278376791
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	361777661	313527004

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	361777661	313527004
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	19050360	
(B) Participants	2a(1)(B)	20752679	
(C) Others (including rollovers)	2a(1)(C)	9716331	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		49519370
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	128414	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	82730	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		211144
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	9143177	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9143177
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3755733
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-67350194
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-12232236
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35776335	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		35776335
f Corrective distributions (see instructions)	2f		5297
g Certain deemed distributions of participant loans (see instructions)	2g		134883
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	101906	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		101906
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36018421
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-48250657
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICE WATERHOUSE COOPERS LLC

(2) EIN: 13-4008324

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 EVEREST REINSURANCE COMPANY		D Employer Identification Number (EIN) 22-2005057
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 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): EIN(s): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (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.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 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. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c 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).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 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? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 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..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (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.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
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.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....		14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			14c
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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: _____% 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): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**EVEREST REINSURANCE
EMPLOYEE SAVINGS PLAN**

Financial Statements
for the years ended
December 31, 2022 and 2021

EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN
Financial Statements and Supplemental Schedule

	<u>Page</u>
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021	5
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2022 and 2021	6
Notes to Financial Statements	7
Supplemental Schedule: *	
Schedule H, line 4i – Schedule of Assets Held as of December 31, 2022	13

* All other schedules are omitted since they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974 and applicable regulation issued by the Department of Labor.



Report of Independent Auditors

To the Administrator of Everest Reinsurance Employee Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Everest Reinsurance Employee Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



In performing an audit in accordance with US GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter – Supplemental Schedule Required by ERISA

The Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 ("supplemental schedule"), 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that



agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

New York, NY
June 14, 2023

EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN
Statements of Net Assets Available for Benefits

	December 31,	
	2022	2021
ASSETS		
Investments:		
Collective Trust Fund, at fair value (Notes 3, 4 and 6)	\$ 32,991,023	\$ 36,774,147
Shares of registered investment companies, at fair value (Notes 3, 4 and 6)	278,376,791	321,412,478
Total investments	311,367,814	358,186,625
Notes receivable from participants	2,159,190	2,261,377
Net assets available for benefits	\$ 313,527,004	\$ 360,448,002

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

EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2022	2021
ADDITIONS:		
Changes in net assets attributed to:		
Investments:		
Net appreciation (depreciation) in the value of investments (Notes 3, 4 and 6)	\$ (69,776,268)	\$ 28,923,655
Dividend / Interest income (Notes 3, 4 and 6)	9,354,321	15,714,582
Investment increase (decrease)	(60,421,947)	44,638,237
Contributions:		
Participant	20,752,679	18,288,913
Employer	19,050,360	16,020,447
Rollover	9,716,331	6,704,930
Contribution increase	49,519,370	41,014,290
Total additions	(10,902,577)	85,652,527
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	35,916,515	26,745,731
Miscellaneous transactions	101,906	236,419
Total deductions	36,018,421	26,982,149
Net increase (decrease)	(46,920,998)	58,670,378
Net assets available for benefits:		
Beginning of year	360,448,002	301,777,624
End of year	\$ 313,527,004	\$ 360,448,002

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

EVEREST REINSURANCE SAVINGS PLAN
Notes to Financial Statements
Years Ended December 31, 2022 and 2021

1. Description of the Plan

The following description of the Everest Reinsurance Employee Savings Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description (“the Plan Document”) for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan established under the Internal Revenue Code (the “Code”) Section 401, covering substantially all U.S. employees of Everest Reinsurance Company and affiliated companies (the “Company”). The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (“ERISA”) as amended.

The Plan is administered by the Company. The Plan’s assets in the Collective Trust Fund and the assets held in Shares of Registered Investment Companies are managed by Empower Trust Company, LLC (“the Trustee”) through its Empower Retirement Services.

Contributions

Participants’ pre-tax and/or Roth contributions were not permitted to exceed \$20,500 and \$19,500 for 2022 and 2021, respectively. In addition, participants may contribute on an after-tax basis up to 12% of earnings. For all participants, the Company matched 100% of the participants’ contributions up to a maximum of 3% of salary, first with respect to after-tax contributions and then with respect to before-tax contributions. The Company’s non-elective contribution for participants with a hire date on or after April 1, 2010, were between 3% and 8% of the employee’s earnings for each payroll period based on the employee’s age.

Employees who are age 50 or older and will reach the pre-tax contribution limits noted above may elect to make “catch-up” contributions on a pre-tax and/or Roth basis. The “catch-up” contributions may not exceed \$6,500 for 2022 and 2021. “Catch-up” contributions are not subject to any Company match.

All funds in the Plan are participant-directed. Participants direct the investment of their contributions into various investment options. Contributions are subject to certain limitations. As of December 31, 2022, the Plan offered thirty-one mutual funds and a Collective Trust Fund as investment options for the participants. As of December 31, 2021, the Plan offered thirty-one mutual funds and a Collective Trust Fund as investment options for the participants. The Plan has the ability to add or remove investment options at its discretion. If investment options are to be removed, participants are notified so that they move their account balances and future contributions to other investment options. Otherwise, the Plan will transfer any account balances or contributions to a default investment option determined by the Plan. If an investment is being replaced with a like fund, any balance in the closed fund will be mapped to the replacement fund.

Participants Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) The Company’s contribution and (b) Plan earnings and charged with an allocation of investment expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

For participants enrolled prior to April 1, 2010, their own contributions and earnings thereon were fully vested upon enrollment, while the Company's contributions and earnings thereon are fully vested after five years, with the vested percentage increasing 20% annually. For participants enrolled on or after April 1, 2010, the Company's non-elective contributions and earnings thereon are fully vested after three years.

Forfeited Accounts

Participants' non-vested account balances are forfeited when their employment terminates and when they have five years of consecutive breaks in service. Forfeited amounts are primarily used to reduce the Company's matching and/or the non-elective contributions. During 2022 and 2021, gross forfeited non-vested accounts totaled \$954,642 and \$832,352, respectively. Employer matching contributions and/or employer non-elective contributions were reduced by \$877,018 and \$824,560 during 2022 and 2021 respectively, from these forfeited non-vested accounts.

Payment of Benefits

On termination of service due to death, disability or retirement (age 65), a participant/beneficiary may receive a lump sum amount equal to the value of the participant's interest in his or her account. For termination of service due to other reasons, a participant will receive the value of the vested interest in his or her account as a lump sum distribution. A participant is further entitled to withdraw their equity in the Plan during employment, with certain restrictions (including hardship withdrawal qualifications), as defined by the Code and by the provisions of the Plan. As a result of the enactment of the Coronavirus Aid, Relief and Economic Security ("CARES") Act on March 27, 2020, qualified individuals were permitted to take a distribution up to \$100,000 through December 31, 2020, without imposition of the 10% early distribution penalty and not subject to the 20% tax withholding rate. Additionally, individuals taking this type of distribution have the option to have the distribution taxed over three years with the ability to recontribute up to the full amount of the distribution within three years and not be subject to tax as a result. In addition, required minimum distributions for the 2020 plan year were waived for participants and beneficiaries.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all employer contributions would become 100% vested.

Administrative Expenses

The Company provides the use of its employees and business facilities for Plan administration without charge. Certain administrative expenses are allocated to participants. All other remaining corporate expenses, investment management fees and audit fees are paid by the Company.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$500 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's accounts and bear interest at rates that range from 3.25% to 7.00%. The rates are determined using the prime rate published in The Wall Street Journal for the first business day of the month in which the loan is made. Principal and interest are paid ratably through bi-weekly payroll deductions. Participants' notes are carried in the financial statements at the unpaid principal balances plus accrued but unpaid interest.

Deemed distributions to participants, resulting from participant defaults on notes receivable were \$108,837 and \$77,942 in 2022 and 2021 respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in conformity with generally accepted accounting principles using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements may make use of estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates.

Risk and Uncertainties

Investment securities are exposed to various risks, such as interest rate fluctuations, market volatility and credit quality. 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, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

The Collective Trust Fund is a collective fund of investment contracts issued by insurance companies that are designed for the stability of principal. The Collective Trust Fund is valued at the net asset value as a practical expedient to estimate fair value. Participant transactions (purchase and sales) may occur daily. There are no redemption restrictions and there are no unfunded commitments.

Shares of mutual funds are carried at fair value. Fair value is based on the quoted market price at year end, which are represented by the Net Asset Value (NAV) of shares held by the plan each year end. The Statements of Changes in Net Assets Available for Benefits includes the net appreciation (depreciation) in the market value of investments, which consists of the realized gains and losses on investments sold and the unrealized appreciation (depreciation) on investments held.

Purchases and sales of securities are recorded on a trade date basis. Realized gains and losses are determined on the basis of the average cost of investments sold. Unrealized appreciation (depreciation) are determined for the specific investments held as of the end of the reporting period. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. Fair Value

The Financial Accounting Standards Board provided guidance, which established a three level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 includes quoted prices (unadjusted) for identical assets in active markets.
- Level 2 includes quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets and inputs, other than quoted prices that are observable for the asset or that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 includes inputs to the valuation which are unobservable and significant to the fair value measurement.

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

- Mutual Funds held within shares of registered investment companies: Valued at quoted NAV of shares held at the reporting date.
- Common Collective Trust and Pooled Separate Accounts held within shares of registered investment companies as well as the Multi-Strategy Equity Fund: Valued at fair value, using net asset value as a practical expedient, which is determined and provided by external investment managers. The Common Collective Trust invests mainly in large cap equity securities for both domestic and international companies with a focus on growth achievement. The Pooled Separate Accounts invest mainly in small to mid-cap domestic equity securities with a focus on growth and/or value achievement.

The following tables present the fair value measurement levels for all assets, which the Company recorded at fair value for the years indicated:

		Fair Value Measurement Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	December 31, 2022			
Assets:				
Shares of registered investment companies - mutual funds, fair value				
Fixed income (a)	\$ 30,398,268	\$ 30,398,268	\$ -	\$ -
Equities (b)	247,978,523	247,978,523	-	-

(a) This category consists of funds which invest primarily in fixed income securities of corporations, governments and government agencies with approximately 100% in U.S. securities.

(b) This category consists of funds which invest primarily in small, mid and multi-cap equity securities with approximately 62% of total equities held in U.S. securities and 38% of total equities held in international securities.

		Fair Value Measurement Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	December 31, 2021			
Assets:				
Shares of registered investment companies - mutual funds, fair value				
Fixed income (a)	\$ 31,829,151	\$ 31,829,151	\$ -	\$ -
Equities (b)	289,583,327	289,583,327	-	-

(c) This category consists of funds which invest primarily in fixed income securities of corporations, governments and government agencies with approximately 100% in U.S. securities.

(d) This category consists of funds which invest primarily in small, mid and multi-cap equity securities with approximately 59% of total equities held in U.S. securities and 41% of total equities held in international securities.

In addition, investment of \$32,991,023 and \$36,774,147 representing the Collective Trust Fund recorded as part of the qualified plan assets at December 31, 2022 and 2021, respectively, are not included within the fair value hierarchy tables as the assets are valued using the NAV as practical expedient guidance as per Accounting Standards Codification ("ASC") 820.

4. Investments

The reported value of the Plan's invested assets held by the Trustee was \$311,367,814 and \$358,186,625 as of December 31, 2022 and 2021, respectively.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$69,776,268 and appreciated in value by \$28,923,655 for the years ended December 31, 2022 and 2021, respectively.

5. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the increase (decrease) in net assets available for benefits as shown in the financial statements compared to the amounts shown in the Plan's Form 5500:

	Year Ended December 31,
	2022
Increase (decrease) in net assets available for benefits per the financial statements	\$ (46,920,998)
Adjustment from contract value to fair value for fully benefit responsive investment contracts	(1,329,659)
Net income (loss) per Form 5500	\$ (48,250,657)

6. Certified Financial Data

As permitted by 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA, the information included in this footnote, as well as any information related to investments and investment activity, has not been subject to any audit procedures by our independent auditors, except for comparing such information with the related information provided by the Trustee for 2022 and 2021. All investments and investment activity of the Plan are held by the Trustees who, in accordance with Section 2520.103-5, have certified the completeness and accuracy of the investment information, including the assets, investment income and the net appreciation (depreciation) in the fair value of all investments held at December 31, 2022 and 2021, and for the years then ended.

The following is a summary of the Plan's financial information and data included in the Plan's financial statements and supplemental schedule for the periods indicated:

	December 31,	
	2022	2021
Investments, at or approximating fair value	\$ 311,367,814	321,412,478
Investments, at contract value	-	36,774,147
Notes receivable from participants	2,159,190	2,261,377
Total	\$ 313,527,004	\$ 360,448,002

	Years Ended December 31,	
	2022	2021
Investment increase (decrease):		
Interest and dividend income	\$ 9,354,321	\$ 15,714,582
Net appreciation (depreciation) in value of investments	(69,776,268)	28,923,655
Total	\$ (60,421,947)	\$ 44,638,237

In addition, the supplemental schedules, required by Section 2520.103-10 were certified by the Trustees.

7. Related Party Transactions

Putnam Growth Opportunities is managed by Empower Retirement Services. Therefore, the investment transaction related to this fund qualifies as a party-in-interest transaction. The party-in-interest investment

transaction of this investment option is recorded in the Statements of Changes in Net Assets Available for Benefits within the line item "Net appreciation (depreciation) in the fair value" and the line item "Dividend/Interest income."

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company, by letter dated April 11, 2014, that the Plan, with amendments through January 1, 2013, is qualified under Section 401 of the Internal Revenue Code ("IRC") and is, therefore, exempt from federal income taxes under provisions of Section 501(a) of the IRC.

Amendments have been instituted to the Plan subsequent to receiving the determination letter. The Plan administrator and tax counsel deem that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code; as such, the Plan is held to be qualified and the related trust is tax exempt.

There are no uncertain tax positions taken or expected to be taken that would require recognition of an asset or liability or require disclosure in the Plan's financial statements as of December 31, 2022.

Everest Reinsurance Holdings, Inc. is currently under audit by the IRS for the 2014 – 2018 tax years. To date, the IRS has not proposed any adjustments related to the Savings Plan. Tax years 2019 – 2022 are also still open for examination by the IRS.

9. Subsequent Events

The Company has evaluated subsequent events through June 14, 2023, the date the financial statements were available to be issued and has determined that there were no subsequent events requiring adjustment or disclosure to the financial statements.

EVEREST REINSURANCE EMPLOYEE SAVINGS PLAN
Schedule H, line 4i – Schedule of Assets
(Held at End of Year)
As of December 31, 2022

Identity of Issuer	Description of Investments**	Current Value
Reliance Trust Company Stable Value Fund Collective Investment Trust, Series 25053 (at fair value)	Collective Trust Fund	\$ 32,991,023
Shares of Registered Investment Companies		
Mutual Funds (at fair value):		
American Funds American Balanced R6	Mutual Fund	43,153,138
Fidelity 500 Index	Mutual Fund	33,146,054
PGIM Total Return Bond R6	Mutual Fund	21,294,728
* Putnam Growth Opportunities R6	Mutual Fund	17,280,690
Victory Sycamore Established Value R6	Mutual Fund	14,959,180
MFS Intl Diversification R6	Mutual Fund	13,479,460
BlackRock Sustainable Adv Lrg Cp Cor Ins	Mutual Fund	13,379,454
Fidelity(R) Select Health Care Portfolio	Mutual Fund	9,936,613
Vanguard Federal Money Market Inv	Mutual Fund	9,103,541
American Funds New Perspective R6	Mutual Fund	8,804,368
Fidelity Select Software & IT Services	Mutual Fund	7,601,441
Fidelity Mid Cap Index	Mutual Fund	7,429,927
Columbia Mid Cap Growth Inst3	Mutual Fund	7,171,968
Vanguard Instl Trgt Retire 2035 Instl	Mutual Fund	7,099,116
ClearBridge Small Cap Growth IS	Mutual Fund	6,491,208
Vanguard Instl Trgt Retire 2030 Instl	Mutual Fund	6,155,924
Vanguard Instl Trgt Retire 2045 Instl	Mutual Fund	6,106,228
DFA Real Estate Securities I	Mutual Fund	5,826,386
Vanguard Instl Trgt Retire 2050 Instl	Mutual Fund	5,493,930
Vanguard Instl Trgt Retire 2025 Instl	Mutual Fund	5,414,277
Fidelity International Index	Mutual Fund	5,409,281
American Century Small Cap Value R6	Mutual Fund	5,147,494
Fidelity Small Cap Index	Mutual Fund	4,591,987
Vanguard Instl Trgt Retire 2040 Instl	Mutual Fund	3,674,431
Vanguard Instl Trgt Retire 2055 Instl	Mutual Fund	3,105,791
American Century Emerging Markets R6	Mutual Fund	3,056,214
Vanguard Instl Trgt Retire 2060 Instl	Mutual Fund	2,160,730
Vanguard Instl Trgt Retire Inc Instl	Mutual Fund	929,963
Vanguard Instl Trgt Retire 2065 Instl	Mutual Fund	482,612
Vanguard Instl Trgt Retire 2020 Instl	Mutual Fund	462,066
*** Vanguard Instl Trgt Retire 2070 Instl	Mutual Fund	28,593
Total Mutual Funds		278,376,791
Notes Receivable from Participants ⁽¹⁾	Loans	2,159,190
Total Assets Held for Investments		\$ 313,527,004

(Some amounts may not reconcile due to rounding.)

* Empower Trust Company, LLC is the investment manager and Trustee as defined by the Plan and, therefore, this transaction qualifies as party-in-interest.

** All investments held are participant directed. Cost information is omitted as allowed by the IRS when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to the participant account.

*** Vanguard Inst Trgt Retire2070 Instl is a newly added fund in 2022.

⁽¹⁾ Interest rates for participant loans ranged from 3.25% to 7.00%. Maturity dates for participant loans range from January 2023 to December 2027.

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Everest Reinsurance Employee Savings Plan

01-JAN-22 to 31-DEC-22

21-JAN-23 22:36:06

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			984,088.38	929,962.75
1VTWNX			525,548.14	462,066.48
1VTTVX			6,200,576.55	5,414,276.61
1VTHRX			6,908,531.25	6,155,923.61
1VTTHX			8,077,358.93	7,099,116.35
1VFORX			4,096,024.50	3,674,430.95
1VTIVX			6,820,775.21	6,106,228.00
1VFIFX			6,149,880.60	5,493,929.61
1VFFVX			3,423,889.82	3,105,790.95
1VTTSX			2,378,581.28	2,160,730.44
1VLXVX			521,912.13	482,612.15
1VSVNX			29,387.44	28,592.97
1AEDMX			3,679,157.90	3,056,213.51
1RNPGX			9,119,110.13	8,804,367.76
1FSPSX			5,722,549.26	5,409,280.62
1MDIZX			15,143,912.75	13,479,460.04
1DFREX			6,362,774.99	5,826,385.68
1FSPHX			9,417,187.41	9,936,613.08
1FSCSX			8,519,075.75	7,601,441.11
1ASVDX			5,063,295.24	5,147,493.63
1LMOIX			7,276,917.91	6,491,207.92
1FSSNX			4,735,057.87	4,591,986.63
1CMGYX			12,027,231.13	7,171,967.81
1FSMDX			7,424,495.47	7,429,927.20
1VEVRX			16,897,454.93	14,959,179.70
1BIRIX			16,632,657.35	13,379,454.45
1FXAIX			29,614,016.96	33,146,054.48
1PGOEX			18,488,382.03	17,280,690.46
1RLBGX			43,397,058.89	43,153,137.82
1PTRQX			25,258,720.19	21,294,727.76
1METSV3			33,875,990.72	36,391,818.61
1VMFXX			9,028,737.58	9,029,140.09
			333,800,338.69	314,694,209.23
PARTICIPANT LOANS	VARIOUS	3.250-7.000	2,159,309.44	2,159,189.71
FORFEITURES			74,400.87	74,400.87

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Everest Reinsurance Employee Savings Plan

01-JAN-22 to 31-DEC-22

21-JAN-23 22:36:06

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1VTINX Vanguard Target Retirement Income Inv
 1VTTVX Vanguard Target Retirement 2025 Inv
 1VTTHX Vanguard Target Retirement 2035 Inv
 1VTIVX Vanguard Target Retirement 2045 Inv
 1VFFVX Vanguard Target Retirement 2055 Inv
 1VLXVX Vanguard Target Retirement 2065 Inv
 1AEDMX American Century Emerging Markets R6
 1FSPSX Fidelity International Index
 1DFREX DFA Real Estate Securities I
 1FSCSX Fidelity Select Software & IT Services
 1LMOIX ClearBridge Small Cap Growth IS
 1CMGYX Columbia Select Mid Cap Growth Inst3
 1VEVRX Victory Sycamore Established Value R6
 1FXAIX Fidelity 500 Index
 1RLBGX American Funds American Balanced R6
 1METSV3 Reliance MetLife Series 25053 CI 0

1VTWNX Vanguard Target Retirement 2020 Inv
 1VTHRX Vanguard Target Retirement 2030 Inv
 1VFORX Vanguard Target Retirement 2040 Inv
 1VFIFX Vanguard Target Retirement 2050 Inv
 1VTTSX Vanguard Target Retirement 2060 Inv
 1VSVNX Vanguard Target Retirement 2070 Inv
 1RNPGX American Funds New Perspective R6
 1MDIZX MFS Intl Diversification R6
 1FSPHX Fidelity(R) Select Health Care Portfolio
 1ASVDX American Century Small Cap Value R6
 1FSSNX Fidelity Small Cap Index
 1FSMDX Fidelity Mid Cap Index
 1BIRIX BlackRock Sustainable Adv Lrg Cp Cor Ins
 1PGOEX Putnam Growth Opportunities R6
 1PTRQX PGIM Total Return Bond R6
 1VMFXX Vanguard Federal Money Market Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year