

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] 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: [X] 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: ORI 401(K) SAVINGS AND PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): OLD REPUBLIC INTERNATIONAL CORP.
2b Employer Identification Number (EIN): 36-2678171
2c Plan Sponsor's telephone number: 312-346-8100
2d Business code (see instructions): 524290

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator/employer/DFE, Date, and Name of individual signing. Includes entries for Stephanie Richard and John Didomenico.

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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>OLD REPUBLIC INTERNATIONAL CORP. STEPHANIE RICHARD 307 N. MICHIGAN AVE CHICAGO, IL 60601-5311</p>	<p>3b Administrator's EIN 36-2678171</p>																				
	<p>3c Administrator's telephone number 312-346-8100</p>																				
<p>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:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN 4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 14044</p>																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e..... g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1"> <tr><td>6a(1)</td><td>9738</td></tr> <tr><td>6a(2)</td><td>9784</td></tr> <tr><td>6b</td><td>219</td></tr> <tr><td>6c</td><td>4281</td></tr> <tr><td>6d</td><td>14284</td></tr> <tr><td>6e</td><td>59</td></tr> <tr><td>6f</td><td>14343</td></tr> <tr><td>6g(1)</td><td>13323</td></tr> <tr><td>6g(2)</td><td>13521</td></tr> <tr><td>6h</td><td>415</td></tr> </table>	6a(1)	9738	6a(2)	9784	6b	219	6c	4281	6d	14284	6e	59	6f	14343	6g(1)	13323	6g(2)	13521	6h	415
6a(1)	9738																				
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6d	14284																				
6e	59																				
6f	14343																				
6g(1)	13323																				
6g(2)	13521																				
6h	415																				
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p>7</p>																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2P 2E 2H 3H 2F 2J 2K 2S 2T

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ORI 401(K) SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 OLD REPUBLIC INTERNATIONAL CORP.	D Employer Identification Number (EIN) 36-2678171	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	47500	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
24 25	BOOKKPR/ INVEST	14764	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ORI 401(K) SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OLD REPUBLIC INTERNATIONAL CORP.</u>	D Employer Identification Number (EIN) <u>36-2678171</u>	

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: MFB NORTHERN INSTNL.DIVERS. ASSETS

b Name of sponsor of entity listed in (a): ETS PORTFOLIO THE NORTHERN TRUST CO

c EIN-PN <u>36-1561860-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2311466</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ORI 401(K) SAVINGS AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 OLD REPUBLIC INTERNATIONAL CORP.	D Employer Identification Number (EIN) 36-2678171

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	63444578	46147268
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	244990	74325
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2554722	2311466
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	57246	30294
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1291508617	1425526377
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	569501188	651236620
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1927311341	2125326350
Liabilities			
g Benefit claims payable.....	1g	304000	0
h Operating payables.....	1h	45000	48893
i Acquisition indebtedness.....	1i	75955000	64605000
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	76304000	64653893
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1851007341	2060672457

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)	44255254	
(B) Participants.....	2a(1)(B)	71026742	
(C) Others (including rollovers).....	2a(1)(C)	12396054	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		127678050
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	181553	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		181553
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	19737378	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	51845554	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		71582932
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	105279350	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	73138127	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		32141223
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	95289398	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		132003829
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		458876985

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	272362988	
(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)		272362988
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		2836524
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	47500	
(5) Investment advisory and investment management fees	2i(5)	17624	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		65124
j Total expenses. Add all expense amounts in column (b) and enter total	2j		275264636

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		183612349
l Transfers of assets:			
(1) To this plan	2l(1)		26052767
(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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ORI 401(K) SAVINGS AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OLD REPUBLIC INTERNATIONAL CORP.</u>	D Employer Identification Number (EIN) <u>36-2678171</u>	

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): 04-6568107

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

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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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	15a	
b The corresponding number for the second preceding plan year	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	16a	
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.....	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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Independent Auditors' Report

To the Participants and Plan Administrator of the
ORI 401(k) Savings and Profit Sharing Plan

Opinion

We have audited the financial statements of the ORI 401(k) Savings and Profit Sharing Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 within one year after the date that the financial statements are issued or 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

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 there is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

West Conshohocken, Pennsylvania
June 27, 2025

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN
FORM 5500-ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN: 36-2678171 PLAN NUMBER-002

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, SHARES, PAR OR MATURITY VALUE			(d) COST	(e) CURRENT VALUE
		MATURITY DATE	RATE OF INTEREST DIVIDENDS	COLLATERAL		
MUTUAL FUNDS:						
BALANCED FUNDS:						
	PIMCO REALPATH BLEND 2025 INSTITUTIONAL	N/A	VARIABLE	N/A	7,543,679 sh	\$ 90,146,969
	PIMCO REALPATH BLEND 2030 INSTITUTIONAL	N/A	VARIABLE	N/A	8,330,607 sh	108,714,419
	PIMCO REALPATH BLEND 2035 INSTITUTIONAL	N/A	VARIABLE	N/A	7,766,992 sh	110,446,632
	PIMCO REALPATH BLEND 2040 INSTITUTIONAL	N/A	VARIABLE	N/A	4,823,596 sh	73,222,189
	PIMCO REALPATH BLEND 2045 INSTITUTIONAL	N/A	VARIABLE	N/A	4,076,852 sh	64,006,571
	PIMCO REALPATH BLEND 2050 INSTITUTIONAL	N/A	VARIABLE	N/A	2,756,590 sh	44,243,268
	PIMCO REALPATH BLEND 2055 INSTITUTIONAL	N/A	VARIABLE	N/A	1,624,437 sh	26,689,504
	PIMCO REALPATH BLEND 2060 INSTITUTIONAL	N/A	VARIABLE	N/A	1,138,880 sh	14,771,278
	PIMCO REALPATH BLEND 2065 INSTITUTIONAL	N/A	VARIABLE	N/A	146,475 sh	1,905,646
	PIMCO REALPATH BLEND INCOME INSTITUTIONAL	N/A	VARIABLE	N/A	5,149,287 sh	58,341,425
	VANGUARD WELLINGTON FUND	N/A	VARIABLE	N/A	684,245 sh	50,599,927
EQUITY FUNDS:						
*	FIDELITY MID-CAP STOCK K	N/A	VARIABLE	N/A	1,003,813 sh	42,641,957
	INVESTCO SMALL CAP EQUITY R6	N/A	VARIABLE	N/A	177,693 sh	3,223,348
	BLACKROCK SUSTAINABLE ADG LG CP CR K	N/A	VARIABLE	N/A	156,672 sh	3,326,138
FIXED INCOME FUNDS:						
*	FIDELITY MONEY MARKET GOV'T PORTFOLIO	N/A	VARIABLE	N/A	70,906,865 sh	70,906,865
	VICTORY CORE PLUS INTERMEDIATE BOND R6	N/A	VARIABLE	N/A	3,665,020 sh	33,241,731
GROWTH FUND:						
	VANGUARD INTERNATIONAL GROWTH FUND	N/A	VARIABLE	N/A	412,319 sh	41,879,196
	VANGUARD GROWTH INDEX INSTITUTIONAL	N/A	VARIABLE	N/A	678,426 sh	143,303,993
INDEX FUNDS:						
*	FIDELITY 500 INDEX	N/A	VARIABLE	N/A	1,056,601 sh	215,747,363
	VANGUARD REAL EST INDEX ADM	N/A	VARIABLE	N/A	29,832 sh	3,768,139
	VANGUARD SHORT-TERM BOND INDEX IS	N/A	VARIABLE	N/A	2,561,941 sh	25,952,461
	VANGUARD TOTAL BOND MARKET INDEX INSTITUTIONAL	N/A	VARIABLE	N/A	1,858,801 sh	17,621,432
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX IS	N/A	VARIABLE	N/A	116,750 sh	14,794,530
*	FIDELITY MID CAP INDEX FUND	N/A	VARIABLE	N/A	1,708,800 sh	57,706,180
*	FIDELITY SMALL CAP GROWTH INDEX FUND	N/A	VARIABLE	N/A	1,344,438 sh	37,254,382
*	FIDELITY SMALL CAP VALUE INDEX FUND	N/A	VARIABLE	N/A	48,834 sh	1,250,152
	VANGUARD VALUE INDEX FUND INSTITUTIONAL SHARES	N/A	VARIABLE	N/A	1,037,329 sh	68,494,864
	BLACKROCK RUSSELL 2000 INDEX FUND CLASS R	N/A	VARIABLE	N/A	4,943 sh	1,325,814
TOTAL						\$ 1,425,526,377
EMPLOYER SECURITIES:						
*	OLD REPUBLIC INTERNATIONAL CORPORATION COMMON STOCK:					
	PARTICIPANT DIRECTED	N/A	N/A	N/A	1,067,271 sh	\$ 21,103,392
	NON-PARTICIPANT DIRECTED	N/A	N/A	N/A	13,575,612 sh	297,790,506
	UNALLOCATED	N/A	N/A	N/A	3,352,050 sh	52,435,655
TOTAL						\$ 371,329,553
SHORT-TERM INVESTMENTS						\$ 2,311,466
* PARTICIPANTS LOANS RECEIVABLE						\$ -
TOTAL INVESTMENTS HELD						\$ 2,079,104,757

Interest rates range from 3.25% to 7.75% maturing through 2037

Note:
* Parties in interest.
Participant directed funds.
A (Includes Non-Participant directed funds (5,770,129 shares with a cost and current value of \$5,770,129).

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024				2023			
	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account
ASSETS:								
Investments, at fair value:								
Old Republic International Corporation common stock	\$ 38,624,538	\$ 491,301,392	\$ 121,310,690	\$ 651,236,620	\$ 40,982,995	\$ 412,259,362	\$ 116,258,831	\$ 569,501,188
Mutual funds	1,419,756,248	5,770,129	--	1,425,526,377	1,288,186,646	3,321,971	--	1,291,508,617
Short-term investments	--	--	2,311,466	2,311,466	--	--	2,554,722	2,554,722
Total investments	<u>1,458,380,786</u>	<u>497,071,521</u>	<u>123,622,156</u>	<u>2,079,074,463</u>	<u>1,329,169,641</u>	<u>415,581,333</u>	<u>118,813,553</u>	<u>1,863,564,527</u>
Receivables:								
Contributions from employers	33,414,511	64,363	12,668,394	46,147,268	31,035,841	20,452,867	11,955,870	63,444,578
Notes receivable from participants	30,294	--	--	30,294	57,246	--	--	57,246
Funds in course of settlement	61,485	--	--	61,485	215,017	--	--	215,017
Accrued interest and dividends	--	--	12,840	12,840	--	--	29,973	29,973
Total receivables	<u>33,506,290</u>	<u>64,363</u>	<u>12,681,234</u>	<u>46,251,887</u>	<u>31,308,104</u>	<u>20,452,867</u>	<u>11,985,843</u>	<u>63,746,814</u>
TOTAL ASSETS	<u>1,491,887,076</u>	<u>497,135,884</u>	<u>136,303,390</u>	<u>2,125,326,350</u>	<u>1,360,477,745</u>	<u>436,034,200</u>	<u>130,799,396</u>	<u>1,927,311,341</u>
LIABILITIES:								
Notes payable	--	--	64,605,000	64,605,000	--	--	75,955,000	75,955,000
Unpaid nondiscrimination refunds	--	--	--	--	304,000	--	--	304,000
Unpaid administrative expenses	--	47,500	1,393	48,893	--	45,000	--	45,000
TOTAL LIABILITIES	<u>--</u>	<u>47,500</u>	<u>64,606,393</u>	<u>64,653,893</u>	<u>304,000</u>	<u>45,000</u>	<u>75,955,000</u>	<u>76,304,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,491,887,076</u>	<u>\$ 497,088,384</u>	<u>\$ 71,696,997</u>	<u>\$ 2,060,672,457</u>	<u>\$ 1,360,173,745</u>	<u>\$ 435,989,200</u>	<u>\$ 54,844,396</u>	<u>\$ 1,851,007,341</u>

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

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	2024				2023			
	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account
Additions (Reductions):								
Employer contributions	\$ 33,414,511	\$ 64,363	\$ 10,776,380	\$ 44,255,254	\$ 31,035,841	\$ 20,452,867	\$ 11,955,870	\$ 63,444,578
Common stock released to participants (601,912 shares at \$29.40 per share and 809,529 shares at \$24.15 per share, respectively)	--	17,696,213	--	17,696,213	--	19,550,125	--	19,550,125
Employee contributions	83,422,796	--	--	83,422,796	78,629,592	--	--	78,629,592
Interfund transfers	13,452,454	(13,452,454)	--	--	10,345,954	(10,345,954)	--	--
Interest income	--	30,630	150,923	181,553	17	45,040	319,765	364,822
Dividend income	53,133,669	14,736,472	3,712,791	71,582,932	33,149,428	13,358,523	4,271,964	50,779,915
Net appreciation in fair value of investments	137,342,015	99,344,331	22,748,104	259,434,450	167,250,422	72,613,354	20,760,506	260,624,282
Total additions	320,765,445	118,419,555	37,388,198	476,573,198	320,411,254	115,673,955	37,308,105	473,393,314
Deductions:								
Termination and withdrawal benefits	215,055,726	57,307,262	--	272,362,988	177,519,873	39,481,295	--	217,001,168
Common stock released to participants (601,912 shares at \$29.40 per share and 809,529 shares at \$24.15 per share, respectively)	--	--	17,696,213	17,696,213	--	--	19,550,125	19,550,125
Interest expense	--	--	2,836,524	2,836,524	--	--	3,321,103	3,321,103
Nondiscrimination refunds	--	--	--	--	304,000	--	--	304,000
Administrative expenses	49,155	13,109	2,860	65,124	53,755	4,671	2,932	61,358
Total deductions	215,104,881	57,320,371	20,535,597	292,960,849	177,877,628	39,485,966	22,874,160	240,237,754
Net additions	105,660,564	61,099,184	16,852,601	183,612,349	142,533,626	76,187,989	14,433,945	233,155,560
Transfer from merged-in plan	26,052,767	--	--	26,052,767	--	--	--	--
NET ASSETS AVAILABLE FOR BENEFITS:								
Beginning of year	1,360,173,745	435,989,200	54,844,396	1,851,007,341	1,217,640,119	359,801,211	40,410,451	1,617,851,781
End of year	\$ 1,491,887,076	\$ 497,088,384	\$ 71,696,997	\$ 2,060,672,457	\$ 1,360,173,745	\$ 435,989,200	\$ 54,844,396	\$ 1,851,007,341

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

ORI 401(k) Savings and Profit Sharing Plan

**Report on Audits of Financial Statements
and Supplemental Schedule**

For the Years Ended December 31, 2024 and 2023

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN
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Note:

Supplemental schedules required by the Employee Retirement Income Security Act of 1974, as amended that have not been included herein are not applicable.

Independent Auditors' Report

To the Participants and Plan Administrator of the
ORI 401(k) Savings and Profit Sharing Plan

Opinion

We have audited the financial statements of the ORI 401(k) Savings and Profit Sharing Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 within one year after the date that the financial statements are issued or 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

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 there is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CBIZ CPAs P.C.

West Conshohocken, Pennsylvania
June 27, 2025

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024				2023			
	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account
ASSETS:								
Investments, at fair value:								
Old Republic International Corporation common stock	\$ 38,624,538	\$ 491,301,392	\$ 121,310,690	\$ 651,236,620	\$ 40,982,995	\$ 412,259,362	\$ 116,258,831	\$ 569,501,188
Mutual funds	1,419,756,248	5,770,129	--	1,425,526,377	1,288,186,646	3,321,971	--	1,291,508,617
Short-term investments	--	--	2,311,466	2,311,466	--	--	2,554,722	2,554,722
Total investments	<u>1,458,380,786</u>	<u>497,071,521</u>	<u>123,622,156</u>	<u>2,079,074,463</u>	<u>1,329,169,641</u>	<u>415,581,333</u>	<u>118,813,553</u>	<u>1,863,564,527</u>
Receivables:								
Contributions from employers	33,414,511	64,363	12,668,394	46,147,268	31,035,841	20,452,867	11,955,870	63,444,578
Notes receivable from participants	30,294	--	--	30,294	57,246	--	--	57,246
Funds in course of settlement	61,485	--	--	61,485	215,017	--	--	215,017
Accrued interest and dividends	--	--	12,840	12,840	--	--	29,973	29,973
Total receivables	<u>33,506,290</u>	<u>64,363</u>	<u>12,681,234</u>	<u>46,251,887</u>	<u>31,308,104</u>	<u>20,452,867</u>	<u>11,985,843</u>	<u>63,746,814</u>
TOTAL ASSETS	<u>1,491,887,076</u>	<u>497,135,884</u>	<u>136,303,390</u>	<u>2,125,326,350</u>	<u>1,360,477,745</u>	<u>436,034,200</u>	<u>130,799,396</u>	<u>1,927,311,341</u>
LIABILITIES:								
Notes payable	--	--	64,605,000	64,605,000	--	--	75,955,000	75,955,000
Unpaid nondiscrimination refunds	--	--	--	--	304,000	--	--	304,000
Unpaid administrative expenses	--	47,500	1,393	48,893	--	45,000	--	45,000
TOTAL LIABILITIES	<u>--</u>	<u>47,500</u>	<u>64,606,393</u>	<u>64,653,893</u>	<u>304,000</u>	<u>45,000</u>	<u>75,955,000</u>	<u>76,304,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,491,887,076</u>	<u>\$ 497,088,384</u>	<u>\$ 71,696,997</u>	<u>\$ 2,060,672,457</u>	<u>\$ 1,360,173,745</u>	<u>\$ 435,989,200</u>	<u>\$ 54,844,396</u>	<u>\$ 1,851,007,341</u>

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

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	2024				2023			
	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account	Participant Directed Account	Non-Participant Directed Account	Unallocated Account	Combined Account
Additions (Reductions):								
Employer contributions	\$ 33,414,511	\$ 64,363	\$ 10,776,380	\$ 44,255,254	\$ 31,035,841	\$ 20,452,867	\$ 11,955,870	\$ 63,444,578
Common stock released to participants (601,912 shares at \$29.40 per share and 809,529 shares at \$24.15 per share, respectively)	--	17,696,213	--	17,696,213	--	19,550,125	--	19,550,125
Employee contributions	83,422,796	--	--	83,422,796	78,629,592	--	--	78,629,592
Interfund transfers	13,452,454	(13,452,454)	--	--	10,345,954	(10,345,954)	--	--
Interest income	--	30,630	150,923	181,553	17	45,040	319,765	364,822
Dividend income	53,133,669	14,736,472	3,712,791	71,582,932	33,149,428	13,358,523	4,271,964	50,779,915
Net appreciation in fair value of investments	137,342,015	99,344,331	22,748,104	259,434,450	167,250,422	72,613,354	20,760,506	260,624,282
Total additions	320,765,445	118,419,555	37,388,198	476,573,198	320,411,254	115,673,955	37,308,105	473,393,314
Deductions:								
Termination and withdrawal benefits	215,055,726	57,307,262	--	272,362,988	177,519,873	39,481,295	--	217,001,168
Common stock released to participants (601,912 shares at \$29.40 per share and 809,529 shares at \$24.15 per share, respectively)	--	--	17,696,213	17,696,213	--	--	19,550,125	19,550,125
Interest expense	--	--	2,836,524	2,836,524	--	--	3,321,103	3,321,103
Nondiscrimination refunds	--	--	--	--	304,000	--	--	304,000
Administrative expenses	49,155	13,109	2,860	65,124	53,755	4,671	2,932	61,358
Total deductions	215,104,881	57,320,371	20,535,597	292,960,849	177,877,628	39,485,966	22,874,160	240,237,754
Net additions	105,660,564	61,099,184	16,852,601	183,612,349	142,533,626	76,187,989	14,433,945	233,155,560
Transfer from merged-in plan	26,052,767	--	--	26,052,767	--	--	--	--
NET ASSETS AVAILABLE FOR BENEFITS:								
Beginning of year	1,360,173,745	435,989,200	54,844,396	1,851,007,341	1,217,640,119	359,801,211	40,410,451	1,617,851,781
End of year	\$ 1,491,887,076	\$ 497,088,384	\$ 71,696,997	\$ 2,060,672,457	\$ 1,360,173,745	\$ 435,989,200	\$ 54,844,396	\$ 1,851,007,341

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

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

A. Basis of Presentation

The accompanying financial statements of the ORI 401(k) Savings and Profit Sharing Plan (the Plan) include plan assets for employees of Old Republic International Corporation and participating subsidiaries (Old Republic, the Plan Sponsor, the Company(ies), or the Employer(s)). These financial statements and accompanying notes together provide only general information about the Plan. The Plan Document must be referred to for a complete description of the Plan's provisions.

B. General

Effective August 1, 2024, the Republic Mortgage Insurance Company and Affiliated Companies Profit Sharing Plan (RMIC PSP) was merged into the Plan resulting in the transfer of assets totaling \$26,052,767. Following the merger, the Plan continues to provide the same type of employer discretionary contributions as were available under the RMIC PSP.

The Plan covers a majority of Company employees and is subject to the provisions of the Internal Revenue Code (the Code) and the Employee Retirement Income Security Act of 1974, as amended (ERISA). Employees become participants in the Plan on their employment date.

In 2015, the Plan purchased Old Republic common stock using the proceeds from a loan obtained from the Company, which was repaid in March 2023. Additionally, in 2018 and 2020, the Plan purchased Old Republic common stock using the proceeds of loans obtained from the Company and participating subsidiary companies (see summary of all loans at Note 4). The shares are held in a trust established under the Plan. The borrowing and interest costs are repaid over the term of the loans through use of fully deductible Company matching contributions to the Plan, dividends from unallocated Old Republic common stock, and any earnings the net funds may earn.

On an annual basis, the Plan makes a calculation of the number of shares to be allocated (released) to the accounts of eligible participants. The calculation of allocated shares is made in accordance with the Code, applicable Treasury Regulations, and the Plan document. Shares allocated to participants vest in accordance with the stated vesting provisions in the Plan document (see Note 1G).

The accompanying financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to the stock not yet allocated to participants within the columns titled "Unallocated Account". Shares allocated to participants are included in the financial statements under the columns titled "Non-Participant Directed Account" and are entitled to diversification as afforded within the Plan document. Employee contributions made by participants and discretionary contributions made by an Employer are included in the financial statements under the columns titled "Participant Directed Account."

In accordance with the Setting Every Community Up for Retirement Enhancement (SECURE) Act, the Plan's provisions require participants to take minimum distributions starting at age 72.

C. Employee Contributions

Employee contributions could be made on a pretax basis up to an Internal Revenue Service (IRS) limit of \$23,000 for 2024. The Plan also provides for designated Roth contributions. Participants may elect to make additional contributions, on a post-tax basis, up to a maximum of 100% of eligible compensation, as defined in the Plan, not to exceed the limits set by the Section 415 of the Code. All contributions are recorded in the period in which the Companies make payroll deductions from Plan participants. The Plan provides for automatic enrollment contributions equal to 6% of the employee's eligible compensation. Employee contributions (pretax deferrals, after-tax, and Roth contributions) up to 6% are eligible for an amount of matching contributions based on a specified percentage increase in average operating earnings per share for the most recent five-year periods

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

as provided in the Plan document. However, the amount of eligible compensation taken into account when calculating these contributions cannot exceed \$150,000. Any employee who does not contribute to the Plan does not receive a Company matching contribution. Contributions are also subject to other Code limitations (including the limits imposed by Code Section 415). In addition, employees who are 50 years of age at any time during the Plan year may make additional pretax catch-up contributions up to \$7,500 for 2024. Participants direct the investment of their contributions into various investment options, such as mutual funds, offered by the Plan. In addition, participants may also direct their contributions to buy Old Republic common stock.

Rollover distributions from another qualified plan may be transferred into the Plan. Any amount so transferred is placed in a participant rollover account, which is fully vested. Full or partial withdrawals from rollover accounts, including earnings thereon, are allowed up to twice per year.

D. Employer Contributions

Participants are eligible to receive a matching contribution and a discretionary contribution under the Plan if the following criteria are met:

- the participant completes 1,000 or more hours of service during the year, and
- the participant is employed by one of the Companies on December 31 of that year, died, became fully disabled during the year, or retired during the year after attaining age 65.

Matching Contributions

The Company matching contributions, when aggregated with the dividends and other earnings on the unallocated Old Republic common stock, are used to fund the Plan's debt service. The debt service funding triggers the release of stock to be allocated to participants' accounts in accordance with regulations under ERISA, the Code, and the Plan Document.

The Company matching contribution is based on the following formula:

<u>Percentage of Recognized Compensation Contributed</u>	<u>If the percentage increase in the Corporation's average operating earnings per share for the most recent five-year period is</u>				
	<u>Less Than 6%</u>	<u>6.00% to 9%</u>	<u>9.01% to 15%</u>	<u>15.01% to 20%</u>	<u>Over 20%</u>
	<u>The Resulting Employer Matching Contribution on the First 6% of Employee Savings Will Be:</u>				
1.00%	30%	40%	65%	100%	140%
1.01 to 2.00%	28%	38%	63%	98%	138%
2.01 to 3.00%	26%	36%	61%	96%	136%
3.01 to 4.00%	24%	34%	59%	94%	134%
4.01 to 5.00%	22%	32%	57%	92%	132%
5.01 to 6.00%	20%	30%	55%	90%	130%
Greater than 6.00%	<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>	<u>None</u>

The percentage increase in the Company's average operating earnings per share is obtained by comparing the average diluted operating earnings per share for the Company for the five years ending with the calculation year to the same average for the five years ending the year prior to the calculation year. Operating earnings per share is equal to net income per share exclusive of realized and unrealized capital gains or losses, extraordinary items, and related income taxes.

Additional amounts from consolidated annual net profits after taxes or accumulated earnings as the Board of Directors of the Companies may determine from time to time may be added to the contributions resulting from the above formula. The amounts of the Companies' contributions are subject to certain limitations such that they are calculated on a maximum \$150,000 of a participant's recognized compensation and will not exceed:

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

- the maximum amount currently deductible by that Employer under section 404 of the Code, or
- the amount of its annual net profit before taxes and its accumulated earnings.

For plan years 2024 and 2023, the Company's Board of Directors declared matching contributions of \$10,840,743 and \$30,516,723 respectively.

Discretionary Contributions

Discretionary contributions credited to participant accounts are subject to approval by the Board of Directors of the Company and are calculated on a maximum \$150,000 of a participant's recognized compensation. Contributions are also subject to other Code limitations. For plan years 2024 and 2023, the Company's Board of Directors declared discretionary contributions of \$33,414,511 and \$30,838,141, respectively.

E. Participant Directed Account

Employee contributions are allocated to the various investment options, such as mutual funds, offered by the Plan or Old Republic common stock as designated by the participant. Earnings or losses accrue to each participant's account based upon the performance of the mutual funds and Old Republic common stock that the participant selected. Participants are fully vested in their own contributions and earnings/losses thereon.

Subject to certain limitations, the Plan permits in-service withdrawals prior to termination of employment on account of certain financial hardships. In addition, subject to certain conditions, participants may make withdrawals during employment from after-tax contributions and after age 59.5.

Participants are able to direct the investment of discretionary contributions into the various investment options, such as mutual funds, offered by the Plan; however, no investment election may be made for Old Republic common stock.

F. Non-Participant Directed Account

Each year, the matching contributions, inclusive of the released shares triggered by the debt service funding and the earnings/losses thereon, are allocated to the participant's Company account which, for financial statement purposes, is included under the column entitled "Non-Participant Directed Account."

Each participant's account is credited with a matching contribution determined based on the Plan formula, inclusive of an allocation of Old Republic common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' non-vested accounts. Only those participants who are eligible participants as described above receive an allocation in accordance with the Plan document.

Participants are able to divest Company stock acquired with employer matching contributions after completing three years of service. The investment options available for diversification are the same funds available for investment of employee contributions. Previously diversified funds may be re-diversified into Old Republic common stock. For financial statement purposes, diversified funds are transferred from the column "Non-Participant Directed Account" to the column "Participant Directed Account."

G. Vesting

With the exception of certain transferred accounts, participants are vested in the value of Company contributions on a six-year graded scale with 20% vesting after two years of credited service to 100% vesting after six years of credited service. Participants become immediately vested in the value of Company contributions in the event of death, retirement at or after age 65, or retirement due to disability.

On termination of service, retirement, or death, a participant or his/her beneficiary will be paid the vested portion of their account balances in cash and may elect to receive a lump sum payment, complete a qualified direct rollover, or receive equal installment payments over a reasonable period of time not to exceed the life

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

expectancy of the participant or his/her beneficiary. Distributions of Old Republic common stock are in the form of company stock unless the participant or beneficiary elects to receive the distribution in cash.

If a participant terminates employment with the Company prior to becoming fully vested, the non-vested portion of the Company's contributions and related earnings thereon are forfeited. Forfeitures are allocated among and credited to remaining participants who are employed by the Company on December 31 and completed 1,000 or more hours of service based upon the ratio of a participant's relative account balance (discretionary contributions) or eligible salary up to \$150,000 (matching contributions).

Forfeitures from plan year 2023 that were allocated in 2025 include \$3,022,427 of matching contributions and \$1,833,002 of discretionary contributions. Forfeitures from plan year 2022 that were allocated in 2024 and 2023, respectively, include \$2,910,550 of matching contributions and \$1,905,391 of discretionary contributions.

H. Unallocated Account

The unallocated account represents all assets and liabilities of the Plan relating to the leveraging of the matching contribution component and not yet allocated to participants.

I. Common Shares Released to Participants

Common shares released to participants represents the fair value of the Old Republic common stock allocated to participants' accounts during the year. It represents the number of shares calculated in accordance with applicable regulations under the Code. It takes into account the debt service provided by the Company contributions, and dividends received on the unallocated Old Republic common stock during the year. The release fraction applied to the number of unreleased shares is the principal paid that coincides with the timing of the Company contributions, and the interest paid during the plan year (numerator) divided by the numerator plus an estimate of the remaining future principal and interest (assuming most recent interest rate at December 31) to be paid.

During 2024 and 2023 respectively, 601,912 and 809,529 shares of the Plan's Old Republic common stock were released, and 3,352,469 and 3,954,381 shares of Old Republic common stock remained unallocated as of December 31, 2024 and 2023, respectively. There is no connection as to the number of shares being allocated and the market value of the Company's common stock at any given time. Therefore, the market value of the stock on the actual day of allocation (release) to participants' accounts may vary from the fair value at December 31, 2024 and 2023, as presented in the financial statements.

J. Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares of the Company's common stock allocated to his or her account and is notified by the Trustee prior to the time that such voting rights are to be exercised. The Trustee is not permitted to vote any allocated stock for which instructions have not been given by a participant. The Trustee is required, however, to vote any unallocated stock on behalf of the collective best interest of Plan participants and beneficiaries.

K. Notes Receivable from Participants

Participants may not take loans from the Plan. However, in connection with prior mergers into the Plan, certain participant loans related to prior acquisitions remain outstanding and continue to be administered by the Plan until fully repaid. Interest rates on loans outstanding as of December 31, 2024 ranged from 3.25% to 7.75% on loans maturing through 2037. Principal and interest are paid ratably through payroll deductions.

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

2. Summary of Accounting Policies

A. Basis of Accounting

The Plan's financial statements are prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP). Prior period amounts have been reclassified whenever appropriate to conform to the most current presentation.

B. Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results can differ from those estimates.

C. Risks and Uncertainties

Besides the investment of the matching contributions into the Company's common stock, the Plan provides participants with investment alternatives made up of various investment options, such as mutual funds, which can be equity based, fixed income based, or a combination thereof. In addition, participants may also direct certain of their contributions to buy the Company's common stock.

All of the above investment alternatives are exposed to various market risks including the level of interest rates, economic conditions and individual credit profiles. Due to these risks and the uncertainty related to changes in the market value of underlying investment securities, it is possible that 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 could be materially affected.

D. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at the valuation date. The Company's common stock is traded on a national securities exchange and is valued at the last reported sales price on the last business day of the year. Short-term investments are valued at cost plus accrued interest which approximates fair value.

The statements of changes in net assets available for benefits reflect the net appreciation (depreciation) in fair value of the Plan's investments, which consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments. Interest income is recorded as earned and dividend income is recorded as earned on the ex-dividend date. Purchases and sales are recorded on a trade-date basis.

E. Contributions

Contributions from the Plan participants and matching contributions from the Employers are recorded in the year in which the employee contributions are withheld from compensation.

F. Notes Receivable from Participants

The Plan does not permit participant loans. However, certain participant loans related to prior acquisitions remain outstanding and continue to be administered by the Plan until fully repaid. Participant loans that were transferred into the Plan as a result of the merger are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. No allowance for credit losses has been recorded as of December 31, 2024. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

G. Termination and Withdrawal Benefit Payments

Termination and withdrawal benefit payments are recorded upon distribution payment.

H. Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, including fees for trustee, accounting, auditing, investment, custodial, and other services, and are reflected accordingly within administrative expenses. Most other expenses, including investment management fees, are paid or provided by Old Republic as the Plan Sponsor and are excluded from the accompanying financial statements. Investment related expenses are included in net appreciation of fair value of investments.

3. Investments

Fair Value Measurements

The Plan investments are reported at fair value in the accompanying statements of net assets available for benefits. Fair value is defined as the estimated price that is likely to be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants (an exit price) at the measurement date. A fair value hierarchy is established that prioritizes the sources (inputs) used to measure fair value into three broad levels: Level 1 inputs are based on quoted market prices in active markets; Level 2 observable inputs are based on corroboration with available market data; and Level 3 unobservable inputs are based on uncorroborated market data or a reporting entity's own assumptions.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The valuation methodologies used for assets measured at fair value are discussed further in Note 2D. There have been no changes in the methodologies used at December 31, 2024 from prior years.

All Plan investments are classified within Level 1 of the fair value hierarchy at December 31, 2024 and 2023.

4. Notes Payable

In December 2015, the Plan entered into a term loan agreement with the Company for aggregate borrowings of \$34,038,664 with principal payments due in 2019 through 2023. The proceeds of the loan were used to purchase 2,200,000 shares of the Company's common stock. The loan accrued interest at the lesser of (a) 4.0% per year, or (b) the variable interest rate indexed to the one-month London Interbank Offered Rate (LIBOR) plus 175 basis points calculated monthly. The interest rate was capped at 4% at December 31, 2022. In March 2023, the Plan repaid the remaining principal on the loan.

In May 2018, the Plan entered into 10-year term loan agreements with the Company and participating subsidiary companies for aggregate borrowings of \$50,000,000 (\$750,000 from the Company and \$49,250,000 from the participating subsidiary companies). The proceeds of the loans were used to purchase 2,383,625 shares of the Company's common stock. The loans bear a 5.00% interest rate.

In March 2020, the Plan entered into 10-year term loan agreements with the Company and participating subsidiary companies for aggregate borrowings of \$50,000,000 (\$750,000 from the Company and \$49,250,000 from the participating subsidiary companies). The proceeds of the loans were used to purchase 3,337,000 shares of the Company's common stock. The loans bear a 3.00% interest rate.

Interest on the loans is payable quarterly with any remaining accrued interest due and payable on maturity of the loan. Principal on the loans is payable in accordance with the following maturity schedule.

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

At December 31, 2024 and 2023, loans due to the Company and participating subsidiary companies aggregated \$64,605,000 and \$75,955,000, respectively.

Maturities of the Plan's loans are as follows:

	Total	2018 Term Loans		2020 Term Loans	
		Company	Participating Subsidiary Companies	Company	Participating Subsidiary Companies
2025	\$11,800,000	\$ 132,000	\$ 8,668,000	\$ 45,000	\$ 2,955,000
2026	12,250,000	135,000	8,865,000	48,750	3,201,250
2027	12,700,000	138,000	9,062,000	52,500	3,447,500
2028	9,568,000	88,000	5,730,000	56,250	3,693,750
2029	13,500,000	—	—	202,500	13,297,500
2030	4,787,000	—	—	71,500	4,715,500
Total	<u>\$64,605,000</u>	<u>\$ 493,000</u>	<u>\$ 32,325,000</u>	<u>\$ 476,500</u>	<u>\$ 31,310,500</u>

The fair value of the Plan's notes payable approximates their carrying value. The estimated fair value is based on an internally generated interest yield market matrix table, which incorporates maturity, coupon rate, credit quality, structure, and current market conditions. All notes payable are classified within Level 3 of the fair value hierarchy as described in Note 3.

5. Related Parties and Parties in Interest

As Plan assets included investments in the Company's common stock, Old Republic International Corporation and participating subsidiaries are parties in interest. Office personnel, space and equipment are furnished by the Companies at no charge to the Plan.

FMR Corporation and its subsidiaries (FMR) are parties in interest. FMR is the Plan's custodian, record keeper and provider of educational information to Plan participants, while also managing certain mutual funds. Fees paid by the Plan to FMR for custodianship, transaction, and maintenance were \$14,764 and \$13,426 during 2024 and 2023, respectively. Old Republic pays FMR's investment management fees on behalf of the Plan.

6. Termination Priorities

Although it has no plans to do so, the Company reserves the right, either with or without formal action, to terminate the Plan. Each Employer reserves the right to permanently discontinue its contributions to the Plan. In the event that an Employer permanently discontinues its contributions to the Plan, or the Company terminates the Plan, or the Plan is partially terminated under operation of law, the accounts of the affected participants are fully vested and non-forfeitable. Upon termination of the Plan, the Plan would direct the trustee to pay all liabilities and expenses of the trust and sell unallocated Old Republic common stock to the extent it determines such sale to be necessary in order to repay the loans.

7. Tax Status

The IRS issued a favorable determination letter, dated November 17, 2017, stating that the Plan is designed in accordance with applicable sections of the Code. The Plan Sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code, therefore, no provision for income taxes has been included in the Plan's financial statements.

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Plan management has evaluated the effects of accounting guidance related to uncertain income tax positions and concluded that the Plan had no significant financial statement exposure to uncertain income tax positions at December 31, 2024 or 2023. The Plan is not currently under audit by any tax jurisdiction.

8. Nondiscrimination Refunds

Due to limits imposed by Internal Revenue Code Section 415 and ERISA, tests are performed annually to determine that the Plan has not discriminated between highly compensated employees and non-highly compensated employees. In most years, initial tests indicate that there is an excess differential between contributions by highly compensated employees and non-highly compensated employees. To bring the Plan into compliance, a determination is made as to whether contributions need to be returned to highly compensated employees so the Plan can meet the "Actual Contribution Percentage Test for Non-excludable Employees." This amount represents the nondiscrimination refunds payable at any given year-end. There were no nondiscrimination refunds payable to participants at December 31, 2024 and \$304,000 at December 31, 2023.

9. Subsequent Events

Subsequent events have been evaluated through the date the financial statements were issued. No subsequent events, other than that described below, were identified requiring adjustment or disclosure to the financial statements.

Effective January 1, 2025, the Plan Sponsor restated the Plan Document modifying several aspects of the Plan. The modifications include the following: 1) standardize the discretionary contribution to 3% for all participants; 2) simplify the formula used to calculate the match; 3) remove the \$150,000 salary limit on employer contributions; 4) remove the six-year vesting period so that employer contributions and the respective gains or losses will be 100% vested the first year; 5) remove the requirement to hold stock for three years before being able to transfer it to other investment options; 6) allow employees to take a loan against their balance; 7) allow additional catch-up contributions; 8) require employees to make a separate election for contributions to continue as after-tax contributions after they reach the maximum allowable pre-tax contribution limit; 9) limit after-tax contributions to \$15,000 annually; and 10) make available partial withdrawals for all former employees.

SUPPLEMENTAL SCHEDULE

ORI 401(k) SAVINGS AND PROFIT SHARING PLAN
FORM 5500-ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN
SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN: 36-2678171 PLAN NUMBER-002

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, SHARES, PAR OR MATURITY VALUE			(d) COST	(e) CURRENT VALUE
		MATURITY DATE	RATE OF INTEREST DIVIDENDS	COLLATERAL		
MUTUAL FUNDS:						
BALANCED FUNDS:						
	PIMCO REALPATH BLEND 2025 INSTITUTIONAL	N/A	VARIABLE	N/A	7,543,679 sh	# \$ 90,146,969
	PIMCO REALPATH BLEND 2030 INSTITUTIONAL	N/A	VARIABLE	N/A	8,330,607 sh	# 108,714,419
	PIMCO REALPATH BLEND 2035 INSTITUTIONAL	N/A	VARIABLE	N/A	7,766,992 sh	# 110,446,632
	PIMCO REALPATH BLEND 2040 INSTITUTIONAL	N/A	VARIABLE	N/A	4,823,596 sh	# 73,222,189
	PIMCO REALPATH BLEND 2045 INSTITUTIONAL	N/A	VARIABLE	N/A	4,076,852 sh	# 64,006,571
	PIMCO REALPATH BLEND 2050 INSTITUTIONAL	N/A	VARIABLE	N/A	2,756,590 sh	# 44,243,268
	PIMCO REALPATH BLEND 2055 INSTITUTIONAL	N/A	VARIABLE	N/A	1,624,437 sh	# 26,689,504
	PIMCO REALPATH BLEND 2060 INSTITUTIONAL	N/A	VARIABLE	N/A	1,138,880 sh	# 14,771,278
	PIMCO REALPATH BLEND 2065 INSTITUTIONAL	N/A	VARIABLE	N/A	146,475 sh	# 1,905,646
	PIMCO REALPATH BLEND INCOME INSTITUTIONAL	N/A	VARIABLE	N/A	5,149,287 sh	# 58,341,425
	VANGUARD WELLINGTON FUND	N/A	VARIABLE	N/A	684,245 sh	# 50,599,927
EQUITY FUNDS:						
*	FIDELITY MID-CAP STOCK K	N/A	VARIABLE	N/A	1,003,813 sh	# 42,641,957
	INVESTCO SMALL CAP EQUITY R6	N/A	VARIABLE	N/A	177,693 sh	# 3,223,348
	BLACKROCK SUSTAINABLE ADG LG CP CR K	N/A	VARIABLE	N/A	156,672 sh	# 3,326,138
FIXED INCOME FUNDS:						
*	FIDELITY MONEY MARKET GOV'T PORTFOLIO	N/A	VARIABLE	N/A	70,906,865 sh	A 70,906,865
	VICTORY CORE PLUS INTERMEDIATE BOND R6	N/A	VARIABLE	N/A	3,665,020 sh	# 33,241,731
GROWTH FUND:						
	VANGUARD INTERNATIONAL GROWTH FUND	N/A	VARIABLE	N/A	412,319 sh	# 41,879,196
	VANGUARD GROWTH INDEX INSTITUTIONAL	N/A	VARIABLE	N/A	678,426 sh	# 143,303,993
INDEX FUNDS:						
*	FIDELITY 500 INDEX	N/A	VARIABLE	N/A	1,056,601 sh	# 215,747,363
	VANGUARD REAL EST INDEX ADM	N/A	VARIABLE	N/A	29,832 sh	# 3,768,139
	VANGUARD SHORT-TERM BOND INDEX IS	N/A	VARIABLE	N/A	2,561,941 sh	# 25,952,461
	VANGUARD TOTAL BOND MARKET INDEX INSTITUTIONAL	N/A	VARIABLE	N/A	1,858,801 sh	# 17,621,432
	VANGUARD TOTAL INTERNATIONAL STOCK INDEX IS	N/A	VARIABLE	N/A	116,750 sh	# 14,794,530
*	FIDELITY MID CAP INDEX FUND	N/A	VARIABLE	N/A	1,708,800 sh	# 57,706,180
*	FIDELITY SMALL CAP GROWTH INDEX FUND	N/A	VARIABLE	N/A	1,344,438 sh	# 37,254,382
*	FIDELITY SMALL CAP VALUE INDEX FUND	N/A	VARIABLE	N/A	48,834 sh	# 1,250,152
	VANGUARD VALUE INDEX FUND INSTITUTIONAL SHARES	N/A	VARIABLE	N/A	1,037,329 sh	# 68,494,864
	BLACKROCK RUSSELL 2000 INDEX FUND CLASS R	N/A	VARIABLE	N/A	4,943 sh	# 1,325,814
TOTAL						\$ 1,425,526,377
EMPLOYER SECURITIES:						
*	OLD REPUBLIC INTERNATIONAL CORPORATION COMMON STOCK:					
	PARTICIPANT DIRECTED	N/A	N/A	N/A	1,067,271 sh	\$ 21,103,392 \$ 38,624,538
	NON-PARTICIPANT DIRECTED	N/A	N/A	N/A	13,575,612 sh	297,790,506 491,301,392
	UNALLOCATED	N/A	N/A	N/A	3,352,050 sh	52,435,655 121,310,690
TOTAL						\$ 371,329,553 \$ 651,236,620
SHORT-TERM INVESTMENTS		N/A	N/A	N/A	2,311,466 sh	\$ 2,311,466 \$ 2,311,466
* PARTICIPANTS LOANS RECEIVABLE		Interest rates range from 3.25% to 7.75% maturing through 2037				\$ - 30,294
TOTAL INVESTMENTS HELD						\$ 2,079,104,757

Note:
* Parties in interest.
Participant directed funds.
A (Includes Non-Participant directed funds (5,770,129 shares with a cost and current value of \$5,770,129).

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending 12/31/2024
A	This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) ____
B	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>		
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>		

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan ORI 401(k) SAVINGS AND PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 01/01/1978
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) OLD REPUBLIC INTERNATIONAL CORP. 307 N. MICHIGAN AVE., CHICAGO IL 60601-5311	2b	Employer Identification Number (EIN) 36-2678171
		2c	Plan Sponsor's telephone number (312) 346-8100
		2d	Business code (see instructions) 524290

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	<i>Stephanie Richard</i>	9/4/2025	STEPHANIE RICHARD, DEPUTY CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>John Didomenico</i>	9/11/25	JOHN DIDOMENICO, VP TOTAL REWARDS
	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.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor OLD REPUBLIC INTERNATIONAL CORP. STEPHANIE RICHARD 307 N. MICHIGAN AVE CHICAGO IL 60601-5311	3b Administrator's EIN 36-2678171 3c Administrator's telephone number (312) 346-8100
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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
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5 Total number of participants at the beginning of the plan year	5	14,044
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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)	9,738
a(2) Total number of active participants at the end of the plan year	6a(2)	9,784
b Retired or separated participants receiving benefits	6b	219
c Other retired or separated participants entitled to future benefits	6c	4,281
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	14,284
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	59
f Total. Add lines 6d and 6e.	6f	14,343
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	13,323
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	13,521
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	415

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2P 2E 2H 3H 2F 2J 2K 2S 2T

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

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

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

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

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

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

Receipt Confirmation Code _____
