

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 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>MERCEDES-BENZ USA, LLC PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MERCEDES-BENZ USA, LLC</u> <u>1 MERCEDES BENZ DR</u> <u>SANDY SPRINGS, GA 30328-4312</u>	1c Effective date of plan <u>01/01/1965</u> 2b Employer Identification Number (EIN) <u>22-2375138</u> 2c Plan Sponsor's telephone number <u>770-705-2134</u> 2d Business code (see instructions) <u>423100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2025	JAMES C. WHITLOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MERCEDES-BENZ USA, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MERCEDES-BENZ USA, LLC</u>	D Employer Identification Number (EIN) <u>22-2375138</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>394057973</u>
	b Actuarial value	2b	<u>433463770</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1056</u>	<u>327020194</u>
	b For terminated vested participants	<u>1015</u>	<u>66220076</u>
	c For active participants	<u>702</u>	<u>111787735</u>
	d Total	<u>2773</u>	<u>505028005</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>2272000</u>
	c Target normal cost	6c	<u>2272000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>09/04/2025</u>	Date
	<u>ALICE BAKLEY</u>	<u>23-08633</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>212-309-3634</u>	Telephone number (including area code)
	<u>1450 BRICKELL AVENUE SUITE 2510 MIAMI, FL 33131</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4035926
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1357052
9	Amount remaining (line 7 minus line 8)	0	2678874
10	Interest on line 9 using prior year's actual return of <u>10.36</u> %	0	277531
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2956405

Part III Funding Percentages			
14	Funding target attainment percentage	14	83.45 %
15	Adjusted funding target attainment percentage	15	83.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/12/2024	1708000	0			
10/10/2024	2358000	0			
12/19/2024	2358000	0			
03/21/2025	25620000	0			
			Totals ▶	18(b)	32044000
				18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	30262383
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items	
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	2272000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	85336662	8207147	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	10479147	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2956405	2956405
36 Additional cash requirement (line 34 minus line 35)	36	7522742	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	30262383	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	22739641	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	2956405	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

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 MERCEDES-BENZ USA, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCEDES-BENZ USA, LLC	D Employer Identification Number (EIN) 22-2375138	

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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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)

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	528021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	317023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
11 50	NONE	131208	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)

KILPATRICK TOWNSEND & STOCKTON LLP

58-0511774

(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?
29 50	NONE	127432	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE BENEFIT PRACTICE

13-4144565

(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?
17 49 50	NONE	121040	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)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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?
19 25 99	TRUSTEE	66551	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)

WARREN, AVERETT, CPA'S & ADVISORS

45-4084439

(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 50	NONE	15500	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"/>

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.	OMB No. 1210-0110 <hr/> 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>MERCEDES-BENZ USA, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MERCEDES-BENZ USA, LLC</u>	D Employer Identification Number (EIN) <u>22-2375138</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: <u>MERCER ACT LONG CORPORATE FIXED INC</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>45-6178743-004</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>93477484</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>32-6219484-017</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>17683463</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>35-7004395-018</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>6935711</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER LONG STRIPS FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>80-6243236-019</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>54807787</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>03-0566617-009</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>40532615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ULTRA LONG DURATION</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>83-2461327-047</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>14260624</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER CORE REAL ESTATE PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>87-1321612-022</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>25032550</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US LG CAP CORE PASSIVE EQUIT**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566613-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92843929
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US SMALL/MID CAP EQUITY**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566611-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15450695
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a Name of MTIA, CCT, PSA, or 103-12 IE: **RITC ESTATE EQUITY FUND**

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

c EIN-PN 91-1117282-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6752876
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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)
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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.	<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 MERCEDES-BENZ USA, LLC PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCEDES-BENZ USA, LLC	D Employer Identification Number (EIN) 22-2375138

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(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)	0	25620000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11000000	16357
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6022717	5899204
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	377170621	367777734
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(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	394193338	399313295
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	394193338	399313295

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)	32044000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		32044000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	214134	
(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)		214134
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8870704
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		41128838

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32847009	
(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)		32847009
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15500	
(5) Investment advisory and investment management fees	2i(5)	528021	
(6) Bank or trust company trustee/custodial fees	2i(6)	66551	
(7) Actuarial fees	2i(7)	252248	
(8) Legal fees	2i(8)	127432	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2172120	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3161872
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36008881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5119957
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WARREN AVERETT CPAS & ADVISORS**

(2) EIN: **45-4084439**

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		1000000
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.)			
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 540868.

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 MERCEDES-BENZ USA, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCEDES-BENZ USA, LLC	D Employer Identification Number (EIN) 22-2375138	

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): _____

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		31
----------	--	-----------

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: 46.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 44.0 %
 High-Yield Debt: 0.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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 _____.

**MERCEDES-BENZ USA, LLC
PENSION PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2024 AND 2023



www.warrenaverett.com

The report accompanying this deliverable was issued
by Warren Averett, LLC.

**MERCEDES-BENZ USA, LLC PENSION PLAN
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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the Mercedes-Benz USA, LLC Pension Plan

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

We have performed audits of the accompanying financial statements of Mercedes-Benz USA, LLC Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Warren Averett, LLC

Atlanta, Georgia
August 28, 2025

**MERCEDES-BENZ USA, LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Investments, at fair value	\$ 373,676,938	\$ 383,193,338
Receivables for securities sold	16,357	-
Employer contributions receivable	25,620,000	11,000,000
NET ASSETS AVAILABLE FOR BENEFITS	\$ 399,313,295	\$ 394,193,338

See notes to the financial statements.

**MERCEDES-BENZ USA, LLC PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Employer contributions	\$ 32,044,000	\$ 11,000,000
Interest earned	214,134	155,332
Net appreciation in fair value of investments	<u>8,870,704</u>	<u>37,984,721</u>
TOTAL ADDITIONS	41,128,838	49,140,053
DEDUCTIONS		
Benefits paid to participants	(32,847,009)	(31,848,416)
Administrative expenses	<u>(3,161,872)</u>	<u>(2,855,621)</u>
TOTAL DEDUCTIONS	<u>(36,008,881)</u>	<u>(34,704,037)</u>
NET INCREASE FOR THE YEAR	5,119,957	14,436,016
NET ASSETS AVAILABLE FOR BENEFITS AT:		
BEGINNING OF YEAR	<u>394,193,338</u>	<u>379,757,322</u>
END OF YEAR	<u><u>\$ 399,313,295</u></u>	<u><u>\$ 394,193,338</u></u>

See notes to the financial statements.

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

1. GENERAL DESCRIPTION OF THE PLAN

The following brief description of the Mercedes-Benz USA, LLC Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

General

The Plan is a noncontributory defined benefit pension plan covering all regular employees of Mercedes-Benz USA, LLC and its subsidiary and affiliated companies (the Company), who elect to participate in the Plan. Employees are eligible to participate in the Plan after one year of employment, 1,000 hours of service and attaining 21 years of age. They are automatically enrolled following one year of service. The Plan is administered by the Pension, Savings and VEBA Plan Committee appointed by the Board of Directors of the Company. The determination of contributions, if any, by an actuary is based upon anticipated earnings of the Plan, mortality and turnover experience and anticipated future compensation levels. State Street Bank and Trust (Trustee) serves as the trustee of the Plan.

Effective February 1, 2019, the Plan was amended in which employees of Car2go ceased to be employees of the Company and were granted additional 2019 service under the Plan.

Effective December 31, 2020, the Plan was frozen for future accruals.

The Plan was amended in 2021 to provide transition benefits for certain employees impacted by the December 31, 2020, freeze of the Plan. To be eligible for the transition benefits, a participant must meet the conditions in either subsection below:

1. The participant must have been employed on January 1, 2021, by the Company or an affiliate that participated in the Plan immediately before its December 31, 2020, freeze (i.e., participants who retired effective January 1, 2021, are not eligible) and actively accruing benefits in the Plan at the time of its December 31, 2020, freeze.
2. The participant must have been an employee of Daimler International Assignment Services USA LLC (DIAS), a non-participating affiliate in the Plan, and classified by DIAS on both December 31, 2020 and January 1, 2021, as an outgoing expatriate in connection with the participant's selection for an international assignment to a country other than the United States, and actively accruing benefits in the Plan immediately before the start of the such outbound expatriate assignment.

Pension Benefits

Plan participants, with five or more years of service who become vested, as defined, are entitled to annual pension benefits at normal retirement age of 65. The monthly pension benefit is calculated based on 1.1% of average earnings, as defined, during the previous ten years (highest five consecutive years during the last ten years of service) up to Social Security coverage compensation, and 1.5% of any excess average earnings, as defined, both multiplied by years of service, but is in no event less than \$20 a month.

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Upon reaching normal retirement, an employee becomes automatically 100% vested notwithstanding the fact that they may not have accumulated five years of service with the Company prior to such date. This is designed to provide a pension benefit to employees who begin employment after age 60 but prior to age 65.

The Plan also permits early retirement at age 55 after completion of ten years of service. Employees who elect to retire early are entitled to full benefits provided that the sum of their years of service and age at retirement equals or exceeds 80. Plan participants terminated before completing five years of service forfeit the right to receive their accumulated benefits. In the event that a participating employee dies subsequent to completion of required years of service or becoming eligible for normal retirement payments, benefits will be paid to the employee's beneficiary or estate. Active employees who become totally disabled receive annual disability benefits that are equal to the actuarially reduced retirement benefits they have accumulated at the time they become disabled.

Effective January 1, 2015, the Plan was amended whereby employees hired or rehired on or after January 1, 2015, are not credited with annual credited future service, as defined.

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and then the level of benefits guaranteed by PBGC.

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Company to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets, liabilities and the actuarial present value of accumulated benefits at the dates of the financial statements (see Note 5 for disclosure of significant actuarial assumptions). Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair market value.

The investment valuation methodologies as of December 31, 2024 and 2023, are as follows:

Money market fund – Net asset value (NAV) is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is classified within Level 1 of the valuation hierarchy based on the underlying assets of the account, which are traded on an active market.

Common collective trust (CCT) funds: Valued by NAV based upon the underlying investments of the fund as determined by the custodian. There are no unfunded commitments or redemption restrictions relative to the CCT funds. With respect to such funds, the Plan shares in the gains or losses according to the percentage of the Plan's assets to the total assets of the fund. There are no unfunded commitments related to the CCTs.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment income is generally reinvested by the respective trustee on a daily basis.

Contributions

Contributions from the Company to the Plan are based on the actuarially computed normal costs and a portion of the unfunded prior service costs using the projected unit credit method. It is the policy of the Company to fund normal costs on a current basis and to fund over a ten-year period prior service costs and initial past service liabilities which may arise from Plan amendments. The minimum funding requirements have been met for the years ended December 31, 2024 and 2023. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue future contributions at any time and terminate the Plan subject to the provisions set forth in ERISA.

Expenses of the Plan

Administrative expenses incurred in connection with the operation of the Plan, the related trust and reasonable compensation for the Trustee are paid by the Plan unless the Company, at its

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

discretion, elects to pay these costs. In addition, certain investment related expenses have been offset with net investment income and are not readily determinable.

Concentrations of Risks and Uncertainties

The assets of the Plan are primarily financial instruments, which are monetary in nature and concentrated in investment securities. As a result, interest rates have a more significant impact on the Plan's performance than the effects of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the Consumer Price Index. Investments in funds are subject to risk conditions of the individual investment or fund objectives, stock market fluctuations, interest rates, economic conditions and world affairs.

Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to amounts reported in the accompanying financial statements.

Plan contributions, if any are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee and retiree demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Financial Instruments

The fair value of the receivables for securities sold approximated the carrying value at December 31, 2024, due to the short-term maturities of these instruments.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. FAIR VALUE MEASUREMENTS

The Plan has adopted the authoritative accounting and reporting guidance that establishes a framework for measuring fair value under GAAP and enhances disclosures about fair value measurements. Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a fair value hierarchy that prioritizes observable and unobservable inputs to valuation techniques used to measure fair value. These levels, in order of highest to lowest priority are described below:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities at the measurement date.
- Level 2 – Observable prices that are based on inputs not quoted on active markets but corroborated by market data.
- Level 3 – Prices that are unobservable for the asset or liability and are developed on the best information available under the circumstances, which might include the Company's own data.

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Fair value pricing could also cause discrepancies between the daily movement of the value of fund units and the daily movement of the benchmark index if the index is valued using another pricing method.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In accordance with authoritative guidance, the tables below represent the Plan's fair value hierarchy for its financial assets measured at fair value, by class of asset, on a recurring basis as of December 31, 2024 and 2023:

	Fair Value Measurements at:	
	2024	2023
Money market fund (Level 1)	\$ 5,899,204	\$ 6,022,717
Investments measured at NAV (CCT) funds*	<u>367,777,734</u>	<u>377,170,621</u>
Total investments	<u>\$ 373,676,938</u>	<u>\$ 383,193,338</u>

*In accordance with FASB ASC 820-10, certain investments that were measured at NAV per unit (or its equivalent) have not been classified in their fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. TAX STATUS OF THE PLAN

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) on October 14, 2014, which stated the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and are tax exempt. The Plan has been amended since receiving the determination letter. However, the Company believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions.

5. ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the date of the valuation. Accumulated plan benefits include benefits expected to be paid to present, retired or terminated employees (or their respective beneficiaries) and beneficiaries of employees who have died.

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

The accumulated plan benefits for active employees are based on their average compensation, as defined, during the five years ending on the date for which the benefit information, as defined, is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service rendered at the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following are significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023, respectively.

	2024	2023
Weighted average discount rate	5.06%	5.38%
Average retirement age	63	63
Mortality	Pri-2012 Employee, Healthy Annuitant, and Contingent Survivor mortality tables for males and females trended forward from 2012 with Scale MP-2021 (using contingent survivor rates only after the primary participant's death.)	Pri-2012 Employee, Healthy Annuitant, and Contingent Survivor mortality tables for males and females trended forward from 2012 with Scale MP-2021 (using contingent survivor rates only after the primary participant's death.)

The above actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Accumulated plan benefits and changes in accumulated plan benefits as of January 1, 2024, are as follows:

Actuarial Present Value of Accumulated Plan Benefits:	
Participants currently receiving benefits	\$ 328,754,615
Other participants	<u>187,234,279</u>
Total vested benefits	515,988,894
Non-vested accumulated benefits	<u>10,984,756</u>
Total Accumulated Benefits	<u><u>\$ 526,973,650</u></u>
Actuarial Present Value of Changes in Accumulated Plan Benefits:	
Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 512,331,398
Increase (decrease) during the year attributable to:	
Actuarial loss	1,189,531
Decrease in discount period	26,717,930
Benefits paid	(31,848,416)
Assumption changes	<u>18,583,207</u>
Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2024	<u><u>\$ 526,973,650</u></u>

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

6. INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and the ERISA-required supplemental schedules, including investments held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

7. PARTY-IN-INTEREST TRANSACTIONS

As of December 31, 2024 and 2023, the Plan invested in shares of a money market fund and of commingled employee benefit funds managed by the respective Plan's trustee. Therefore, these investments and related transactions qualify as party-in-interest transactions. In addition, the Plan

**MERCEDES-BENZ USA, LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

incurred fees for actuarial and consultant services as well as legal and trustee fees. These fees included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

8. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events occurring after the financial statement date through August 28, 2025, which is the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined there were no items for disclosure under FASB ASC Topic 855, *Subsequent Events*.

SUPPLEMENTARY INFORMATION

MERCEDES-BENZ USA, LLC PENSION PLAN
EIN # 22-2375138
PLAN # 001
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

	Number of Units/Shares	Cost	Current Value
RITC Real Estate Equity Fund	11,072	\$ 7,485,351	\$ 6,752,876
Mercer US Small/Mid Cap Fund	315,707	12,722,754	15,450,695
MGI Collective Trust Non Core Equity Portfolio	1,492,914	36,037,347	40,532,615
MGI Collective Trust US Large Cap Core Passive Equity	1,328,429	71,408,869	92,843,929
MGI Collective Trust Act Long Corp Fund	5,332,429	91,787,059	93,477,484
Mercer Collective Trust Emerging Markets Equity Fund	1,463,863	17,114,270	17,683,463
Mercer Collective Trust Mutual Fund	226,583	5,768,889	6,935,711
Mercer Collective Trust Long Strips Fixed Income	5,615,552	66,136,114	54,807,787
State Street Inv't Treasury Money Market Fund*	5,899,204	5,899,204	5,899,204
Mercer Collective US Core Real Estate	26,438,526	25,000,000	25,032,550
Mercer Collective Ultra Long Duration	4,387,884	17,013,895	14,260,624
Total		\$ 356,373,752	\$ 373,676,938

*Party-in-interest as defined by ERISA.

This schedule is presented in compliance with the DOL filing requirements.

MERCEDES-BENZ USA, LLC PENSION PLAN
EIN # 22-2375138
PLAN # 001
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

a. Identity of Party Involved	b. Description of Assets	c. Purchase Price	d. Selling Price	g. Cost of Asset	h. Current Value of Asset on Transaction Date	i. Net Gain
Series Transactions						
State Street Invt Treasury Money Market Fund*	MM	\$ 34,874,648	\$ -	\$ 34,874,648	\$ 34,874,648	\$ -
State Street Invt Treasury Money Market Fund*	CCT	-	40,897,365	40,897,365	40,897,365	-
MGI Collective Trust Non Core Equity Portfolio	CCT	-	12,965,918	11,485,464	12,965,918	1,480,454
MGI Collective Trust Non Core Equity Portfolio	CCT	9,507,848	-	9,507,848	9,507,848	-
MGI Collective Trust US Large Cap Core Passive Equity	CCT	41,353,701	-	41,353,701	41,353,701	-
MGI Collective Trust US Large Cap Core Passive Equity	CCT	-	18,522,371	14,731,116	18,522,371	3,791,255
MGI Collective Trust Act Long Corp Fund	CCT	4,741,111	-	4,741,111	4,741,111	-
MGI Collective Trust Act Long Corp Fund	CCT	-	35,877,745	35,271,843	35,877,745	605,902
Mercer Collective Trust Long Strips Fixed Income	CCT	7,401,638	-	7,401,638	7,401,638	-
Mercer Collective US Core Real Estate	CCT	25,000,000	-	25,000,000	25,000,000	-
Mercer Collective Ultra Long Duration	CCT	19,335,911	-	19,335,911	19,335,911	-
Mercer Collective Ultra Long Duration	CCT	-	2,688,827	2,322,016	2,688,827	366,811
Single Transactions						
MGI Collective Trust Act Long Corp Fund	CCT	-	28,445,573	-	28,445,573	-

This schedule is presented in compliance with the DOL filing requirements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	1	0	17	4	0	0	0	0	0	0	22
35-39	0	1	38	23	3	0	0	0	0	0	65
40-44	1	0	40	44	34	4	0	0	0	0	123
45-49	0	1	34	39	22	23	2	0	0	0	121
50-54	2	2	33	33	43	16	3	0	0	0	132
55-59	0	0	17	36	30	29	8	9	2	0	131
60-64	0	1	14	16	24	14	4	7	6	0	86
65-69	0	0	2	5	6	3	0	2	0	0	18
70 & over	0	0	1	0	1	0	0	0	1	1	4
Total	4	5	196	200	163	89	17	18	9	1	702

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
 EIN / PN: 22-237530/001
 Plan Sponsor: Mercedes-Benz USA, LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
-----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Administrative expenses \$2,272,000

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy** Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021 and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Termination

Rates varying by age

Representative rates	
Age	Rate
25	17.8%
40	8.3%
55	4.0%
65	0.0%

Disability

None.

Retirement

Rates varying by age and points (points determined by age plus service)

Representative rates:			
Below 80 points		Above 80 points	
Age	Rate	Age	Rate
55	5%	55	12%
62	25%	62	25%
65	30%	65	30%
70	100%	70	100%

Form of payment

For actives: 45% of participants are assumed to elect a life annuity if single and a 50% J&S annuity if married. The remaining 55% are assumed to elect a lump sum payment.

For deferred vested participants: 45% of participants are assumed to elect a life annuity and the remaining 55% are assumed to elect a lump sum payment.

Percent married

70% of both males and females.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age	Spouse two years younger.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of the market value of assets.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued except the disability benefit which is an actuarial equivalent of the accrued benefit. WTW has reviewed the plan provisions with Mercedes-Benz USA, LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Mercedes-Benz USA, LLC furnished participant data as of 1/1/2024. Both the service and frozen accrued benefits information for the active population were provided by The Benefit Practice. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with Mercedes-Benz USA, LLC, assumptions or estimates were made when data was available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- For active and terminated vested participants who have prior year benefit information available, we have carried forward the prior year information or relied on benefit information previously provided by the Benefit Practice.
- For terminated vested participants for whom we were not provided with a First Payment Date, we have assumed the individual will begin receiving benefits at age 65.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Administrative expenses

Administrative expenses are estimated by determining the estimated plan year PBGC premium plus an additional \$100,000.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	<p>Assumed termination rates differ by age because of expected differences in actual termination rates.</p> <p>Termination assumptions were selected by the plan sponsor and represent a best estimate of future experience based on an experience study performed in 2021.</p>
Retirement	<p>Assumed retirement rates differ by age because of expected differences in actual retirement rates.</p> <p>Retirement assumptions were selected by the plan sponsor and represent a best estimate of future experience based on an experience study performed in 2021.</p>
Benefit commencement date for deferred benefits	
Deferred vested benefit	Deferred vested participants are assumed to begin benefits based on rates applied to a number of commencement ages based on an analysis of actual commencement patterns in the qualified pension plan.
Form of payment	The percentage of terminating and retiring participants assumed to take lump sums or annuities is based on an experience study performed in 2021.
Marital Assumptions	
Percent married	The assumed percentage married is based on an experience study performed in 2021.
Spouse age	The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 as required by IRC §430.
- The assumed plan-related expenses added to the normal cost were changed from \$2,194,000 for 2023 to \$2,272,000 for 2024.
- The mortality table used to calculate lump sums was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §43.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

Plan Name	Mercedes-Benz USA, LLC Pension Plan
Plan Sponsor EIN	22-2375138
ERISA Plan #	001
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MERCEDES-BENZ USA, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MERCEDES-BENZ USA, LLC	D Employer Identification Number (EIN) 22-2375138	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	394,057,973
	b Actuarial value	2b	433,463,770
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,056	327,020,194
	b For terminated vested participants	1,015	66,220,076
	c For active participants	702	111,787,735
	d Total	2,773	505,028,005
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.18%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	2,272,000
	c Target normal cost	6c	2,272,000

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Alice Bakley Signature of actuary	9/4/2025 Date
	Alice Bakley Type or print name of actuary	2308633 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	212-309-3634 Telephone number (including area code)
	1450 Brickell Avenue Suite 2510 Miami FL 33131 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 2,272,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	85,336,662		8,207,147	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 10,479,147
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	2,956,405	2,956,405	
36 Additional cash requirement (line 34 minus line 35).....				36 7,522,742
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 30,262,383
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 22,739,641
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 2,956,405
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Mercedes-Benz USA, LLC
EIN/PN	22-237530/001
Plan Name	Mercedes-Benz USA, LLC Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Alice Bakley, FSA, EA
Enrollment Number	23-08633

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below.

<u>Age</u>	<u>Retirement Rates</u>		<u>Population</u>	<u>Number</u>	<u>Rate of</u>	<u>Weighted</u>
	<u>At or above 80</u>	<u>Below 80</u>				
	<u>Points</u>	<u>Points</u>				
55	12.00%	5.00%	1,000,000	64,060	6.41%	3.5233
56	12.00%	5.00%	935,940	59,956	6.00%	3.3575
57	12.00%	5.00%	875,984	56,115	5.61%	3.1986
58	12.00%	5.00%	819,869	52,521	5.25%	3.0462
59	12.00%	5.00%	767,348	49,156	4.92%	2.9002
60	12.00%	5.00%	718,192	46,007	4.60%	2.7604
61	12.00%	5.00%	672,185	43,060	4.31%	2.6267
62	25.00%	25.00%	629,125	157,281	15.73%	9.7514
63	25.00%	20.00%	471,844	99,107	9.91%	6.2437
64	25.00%	22.00%	372,737	84,248	8.42%	5.3919
65	30.00%	30.00%	288,489	86,547	8.65%	5.6256
66	50.00%	50.00%	201,942	100,971	10.10%	6.6641
67	50.00%	50.00%	100,971	50,486	5.05%	3.3826
68	50.00%	50.00%	50,485	25,243	2.52%	1.7165
69	50.00%	50.00%	25,242	12,621	1.26%	0.8708
70	100.00%	100.00%	12,621	12,261	1.26%	0.8835

Expected Retirement Age:

62

* The above table uses actual 2024 active data counts, with 141 active participants with at or above 80 points, and 561 active participants with below 80 points

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
-----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Administrative expenses \$2,272,000

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy** Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021 and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Termination

Rates varying by age

Representative rates	
Age	Rate
25	17.8%
40	8.3%
55	4.0%
65	0.0%

Disability

None.

Retirement

Rates varying by age and points (points determined by age plus service)

Representative rates:			
Below 80 points		Above 80 points	
Age	Rate	Age	Rate
55	5%	55	12%
62	25%	62	25%
65	30%	65	30%
70	100%	70	100%

Form of payment

For actives: 45% of participants are assumed to elect a life annuity if single and a 50% J&S annuity if married. The remaining 55% are assumed to elect a lump sum payment.

For deferred vested participants: 45% of participants are assumed to elect a life annuity and the remaining 55% are assumed to elect a lump sum payment.

Percent married

70% of both males and females.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age	Spouse two years younger.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of the market value of assets.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued except the disability benefit which is an actuarial equivalent of the accrued benefit. WTW has reviewed the plan provisions with Mercedes-Benz USA, LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Mercedes-Benz USA, LLC furnished participant data as of 1/1/2024. Both the service and frozen accrued benefits information for the active population were provided by The Benefit Practice. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with Mercedes-Benz USA, LLC, assumptions or estimates were made when data was available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- For active and terminated vested participants who have prior year benefit information available, we have carried forward the prior year information or relied on benefit information previously provided by the Benefit Practice.
- For terminated vested participants for whom we were not provided with a First Payment Date, we have assumed the individual will begin receiving benefits at age 65.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Administrative expenses

Administrative expenses are estimated by determining the estimated plan year PBGC premium plus an additional \$100,000.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	<p>Assumed termination rates differ by age because of expected differences in actual termination rates.</p> <p>Termination assumptions were selected by the plan sponsor and represent a best estimate of future experience based on an experience study performed in 2021.</p>
Retirement	<p>Assumed retirement rates differ by age because of expected differences in actual retirement rates.</p> <p>Retirement assumptions were selected by the plan sponsor and represent a best estimate of future experience based on an experience study performed in 2021.</p>
Benefit commencement date for deferred benefits	
Deferred vested benefit	Deferred vested participants are assumed to begin benefits based on rates applied to a number of commencement ages based on an analysis of actual commencement patterns in the qualified pension plan.
Form of payment	The percentage of terminating and retiring participants assumed to take lump sums or annuities is based on an experience study performed in 2021.
Marital Assumptions	
Percent married	The assumed percentage married is based on an experience study performed in 2021.
Spouse age	The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 as required by IRC §430.
- The assumed plan-related expenses added to the normal cost were changed from \$2,194,000 for 2023 to \$2,272,000 for 2024.
- The mortality table used to calculate lump sums was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §43.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Most recent effective date is January 1, 2019, last amended May 7, 2021.

Covered Employees	Employees of Mercedes-Benz USA, LLC and designated corporations hired prior to January 1, 2015. Beginning December 31, 2020, no future accruals will be earned under the Mercedes-Benz USA, LLC Pension Plan.
Participation Date	January 1 st or July 1 st following age 21 and one year of service.

Definitions

Vesting and Pension Service	Prior to January 1, 2019: One year for each 1,000-hour year of employment; years are measured by employment anniversary. On or after January 1, 2019: Elapsed time. Car2go participants terminated from employment with MBUSA effective February 1, 2019. Participants actively accruing service immediately before February 1, 2019 were granted pension service through May 15, 2019 and vesting service through December 31, 2019, if they remained employed with car2go through the applicable dates. Years of Pension Service shall be determined as of the earlier of participant's termination of employment or December 31, 2020. However, participants can continue to earn Vesting Service beyond December 31, 2020.
Pensionable Pay	Basic salary, or basic hourly rate plus bonuses, overtime pay, and commissions for a standard work week up to \$40,000, excluding other additional compensation. Compensation beyond December 31, 2020 shall not be considered Pensionable Pay.
Average Earnings	The average of the highest 60 consecutive months of pensionable pay preceding the participant's termination date or retirement date.

Plan Name:	Mercedes-Benz USA, LLC Pension Plan
EIN / PN:	22-237530/001
Plan Sponsor:	Mercedes-Benz USA, LLC
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Social Security Covered Compensation

The average annual earnings with respect to which primary Social Security benefits would be payable assuming that earnings were equal to the maximum taxable wage base each year prior to termination of employment and the employee was age 65 on the date of termination (consistent with Table I of Rev. Rul. 71-446).

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Monthly Pension Benefit

1.1% of average earnings up to Social Security Covered Compensation and 1.5% of any excess average earnings both multiplied by years of service, in no event less than \$20 a month. In addition, the Monthly Pension Benefit includes the one-time percentage increase detailed in the Transition Benefit section below.

Monthly Pension Benefit due to Termination before NRD

The benefit described above based on average earnings at termination and projected years of service to normal retirement age multiplied by the fraction: (i) years of participation in the plan divided by (ii) years of participation projected to normal retirement date.

Monthly Preretirement Spouse Benefit

The monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election (or reduced for a 10 year certain and life benefit, paid for 10 years, if the employee is not married) and reduced for payment as early as the employee's 62nd birthday. If death occurs before age 55, the monthly pension benefit due to termination before NRD is paid starting at the employee's 65th birthday.

Transition Benefit

Certain employees who were affected by the December 31, 2020 freeze of the plan, and who were employed on January 1, 2021, receive a one-time percentage increase to their accrued benefit. The Transition Benefit equals the percentage indicated in the table below, times the participant's monthly benefit.

Years of Pension Service	Percentage Increase
0-9.99	No adjustment
10-14.99	10%
15-19.99	8%
20-24.99	6%
25-29.99	3%
30 or more	No adjustment

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 3% for each of the first 2 years and 5% for each additional year by which commencement of payment precedes age 62 or by each point the participant's age plus service is less than 80, whichever results in the lowest reduction. There is no reduction for participants whose age plus service at early retirement is at least 80.
Postponed retirement	Greater of monthly pension benefit determined as of actual retirement date actuarially increased to postponed retirement date, and monthly pension benefit based on average earnings and years of service at postponed retirement date.
Vested termination	Monthly pension determined as of termination date, actuarially reduced for commencement of payments preceding the participant's NRD for each year to age 55.
Preretirement death	Monthly preretirement death benefit is payable.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.

Effective August 1, 2019, a single lump sum optional form of payment is available for 12 months following a participant's date of termination and then again at retirement, if not previously elected. This option is only available for qualified plan benefits.

Actuarial Equivalence

Effective for annuity starting dates on or after August 1, 2019, the plan's assumptions for determining an actuarially equivalent amount are: (i) adjusted first, second and third segment rates described in section 417(e)(3)(C) of the Internal Revenue Code (Code), and (ii) mortality table described in section 417(e)(3)(B) of the Code.

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any other future plan changes which are required to be reflected.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	1	0	17	4	0	0	0	0	0	0	22
35-39	0	1	38	23	3	0	0	0	0	0	65
40-44	1	0	40	44	34	4	0	0	0	0	123
45-49	0	1	34	39	22	23	2	0	0	0	121
50-54	2	2	33	33	43	16	3	0	0	0	132
55-59	0	0	17	36	30	29	8	9	2	0	131
60-64	0	1	14	16	24	14	4	7	6	0	86
65-69	0	0	2	5	6	3	0	2	0	0	18
70 & over	0	0	1	0	1	0	0	0	1	1	4
Total	4	5	196	200	163	89	17	18	9	1	702

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
 EIN / PN: 22-237530/001
 Plan Sponsor: Mercedes-Benz USA, LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	495,141	3,880,945	29,189,623	33,565,710
2025	1,406,999	2,502,473	28,622,555	32,532,027
2026	2,225,471	2,219,776	28,013,536	32,458,783
2027	3,051,906	2,528,567	27,356,709	32,937,182
2028	3,863,645	2,837,788	26,664,730	33,366,163
2029	4,671,107	4,326,442	25,944,460	34,942,008
2030	5,502,474	4,641,706	25,190,628	35,334,808
2031	6,268,571	2,937,082	24,408,074	33,613,727
2032	6,974,687	3,389,785	23,588,914	33,953,387
2033	7,612,728	4,644,566	22,706,788	34,964,083
2034	8,209,407	4,817,816	21,811,343	34,838,565
2035	8,776,004	4,819,679	20,928,057	34,523,740
2036	9,242,723	5,718,574	20,022,303	34,983,600
2037	9,614,020	4,102,184	19,096,510	32,812,714
2038	9,898,991	5,227,612	18,153,572	33,280,175
2039	10,255,150	4,111,332	17,196,655	31,563,137
2040	10,577,512	3,971,832	16,229,179	30,778,524
2041	10,747,396	4,322,062	15,254,853	30,324,311
2042	10,930,430	4,834,379	14,277,572	30,042,382
2043	11,111,380	5,395,295	13,301,436	29,808,111
2044	11,269,576	4,303,497	12,330,921	27,903,994
2045	11,331,031	4,807,133	11,370,832	27,508,997
2046	11,384,816	5,360,376	10,426,376	27,171,568
2047	11,425,807	4,669,962	9,503,118	25,598,887
2048	11,311,434	4,143,464	8,606,716	24,061,614
2049	11,116,741	4,601,022	7,742,730	23,460,492
2050	10,877,317	4,039,400	6,916,429	21,833,146
2051	10,575,370	3,644,823	6,132,577	20,352,770
2052	10,226,170	4,116,106	5,395,284	19,737,561

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	9,848,650	3,435,276	4,707,883	17,991,808
2054	9,435,288	3,420,898	4,072,954	16,929,140
2055	8,978,277	2,845,619	3,492,290	15,316,185
2056	8,475,443	2,685,115	2,966,823	14,127,381
2057	7,960,679	2,552,561	2,496,602	13,009,843
2058	7,443,008	2,368,816	2,080,808	11,892,631
2059	6,922,157	2,237,377	1,717,653	10,877,187
2060	6,407,311	2,049,661	1,404,493	9,861,465
2061	5,904,094	1,912,345	1,137,992	8,954,430
2062	5,415,906	1,777,112	914,234	8,107,252
2063	4,945,481	1,644,714	728,927	7,319,122
2064	4,495,108	1,515,849	577,586	6,588,543
2065	4,066,502	1,391,136	455,698	5,913,337
2066	3,660,879	1,271,085	358,882	5,290,846
2067	3,278,856	1,156,089	283,031	4,717,977
2068	2,920,823	1,046,464	224,394	4,191,680
2069	2,586,960	942,451	179,605	3,709,015
2070	2,277,179	844,216	145,742	3,267,137
2071	1,991,258	751,887	120,323	2,863,468
2072	1,728,882	665,554	101,292	2,495,728
2073	1,489,660	585,276	87,002	2,161,938

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(13,978,156)	15.00000	(13,978,156)	(1,271,737)
2. Shortfall	01/01/2023	103,503,063	14.00000	99,314,818	9,478,884
Total				85,336,662	8,207,147

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below.

<u>Age</u>	<u>Retirement Rates</u>		<u>Population</u>	<u>Number</u>	<u>Rate of</u>	<u>Weighted</u>
	<u>At or above 80</u>	<u>Below 80</u>				
	<u>Points</u>	<u>Points</u>				
55	12.00%	5.00%	1,000,000	64,060	6.41%	3.5233
56	12.00%	5.00%	935,940	59,956	6.00%	3.3575
57	12.00%	5.00%	875,984	56,115	5.61%	3.1986
58	12.00%	5.00%	819,869	52,521	5.25%	3.0462
59	12.00%	5.00%	767,348	49,156	4.92%	2.9002
60	12.00%	5.00%	718,192	46,007	4.60%	2.7604
61	12.00%	5.00%	672,185	43,060	4.31%	2.6267
62	25.00%	25.00%	629,125	157,281	15.73%	9.7514
63	25.00%	20.00%	471,844	99,107	9.91%	6.2437
64	25.00%	22.00%	372,737	84,248	8.42%	5.3919
65	30.00%	30.00%	288,489	86,547	8.65%	5.6256
66	50.00%	50.00%	201,942	100,971	10.10%	6.6641
67	50.00%	50.00%	100,971	50,486	5.05%	3.3826
68	50.00%	50.00%	50,485	25,243	2.52%	1.7165
69	50.00%	50.00%	25,242	12,621	1.26%	0.8708
70	100.00%	100.00%	12,621	12,261	1.26%	0.8835

Expected Retirement Age:

62

* The above table uses actual 2024 active data counts, with 141 active participants with at or above 80 points, and 561 active participants with below 80 points

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Mercedes-Benz USA, LLC
EIN/PN	22-237530/001
Plan Name	Mercedes-Benz USA, LLC Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Alice Bakley, FSA, EA
Enrollment Number	23-08633

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	495,141	3,880,945	29,189,623	33,565,710
2025	1,406,999	2,502,473	28,622,555	32,532,027
2026	2,225,471	2,219,776	28,013,536	32,458,783
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2030	5,502,474	4,641,706	25,190,628	35,334,808
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2032	6,974,687	3,389,785	23,588,914	33,953,387
2033	7,612,728	4,644,566	22,706,788	34,964,083
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2035	8,776,004	4,819,679	20,928,057	34,523,740
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2039	10,255,150	4,111,332	17,196,655	31,563,137
2040	10,577,512	3,971,832	16,229,179	30,778,524
2041	10,747,396	4,322,062	15,254,853	30,324,311
2042	10,930,430	4,834,379	14,277,572	30,042,382
2043	11,111,380	5,395,295	13,301,436	29,808,111
2044	11,269,576	4,303,497	12,330,921	27,903,994
2045	11,331,031	4,807,133	11,370,832	27,508,997
2046	11,384,816	5,360,376	10,426,376	27,171,568
2047	11,425,807	4,669,962	9,503,118	25,598,887
2048	11,311,434	4,143,464	8,606,716	24,061,614
2049	11,116,741	4,601,022	7,742,730	23,460,492
2050	10,877,317	4,039,400	6,916,429	21,833,146
2051	10,575,370	3,644,823	6,132,577	20,352,770
2052	10,226,170	4,116,106	5,395,284	19,737,561

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	9,848,650	3,435,276	4,707,883	17,991,808
2054	9,435,288	3,420,898	4,072,954	16,929,140
2055	8,978,277	2,845,619	3,492,290	15,316,185
2056	8,475,443	2,685,115	2,966,823	14,127,381
2057	7,960,679	2,552,561	2,496,602	13,009,843
2058	7,443,008	2,368,816	2,080,808	11,892,631
2059	6,922,157	2,237,377	1,717,653	10,877,187
2060	6,407,311	2,049,661	1,404,493	9,861,465
2061	5,904,094	1,912,345	1,137,992	8,954,430
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2063	4,945,481	1,644,714	728,927	7,319,122
2064	4,495,108	1,515,849	577,586	6,588,543
2065	4,066,502	1,391,136	455,698	5,913,337
2066	3,660,879	1,271,085	358,882	5,290,846
2067	3,278,856	1,156,089	283,031	4,717,977
2068	2,920,823	1,046,464	224,394	4,191,680
2069	2,586,960	942,451	179,605	3,709,015
2070	2,277,179	844,216	145,742	3,267,137
2071	1,991,258	751,887	120,323	2,863,468
2072	1,728,882	665,554	101,292	2,495,728
2073	1,489,660	585,276	87,002	2,161,938

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Most recent effective date is January 1, 2019, last amended May 7, 2021.

Covered Employees Employees of Mercedes-Benz USA, LLC and designated corporations hired prior to January 1, 2015.

Beginning December 31, 2020, no future accruals will be earned under the Mercedes-Benz USA, LLC Pension Plan.

Participation Date January 1st or July 1st following age 21 and one year of service.

Definitions

Vesting and Pension Service Prior to January 1, 2019: One year for each 1,000-hour year of employment; years are measured by employment anniversary.

On or after January 1, 2019: Elapsed time.

Car2go participants terminated from employment with MBUSA effective February 1, 2019. Participants actively accruing service immediately before February 1, 2019 were granted pension service through May 15, 2019 and vesting service through December 31, 2019, if they remained employed with car2go through the applicable dates.

Years of Pension Service shall be determined as of the earlier of participant's termination of employment or December 31, 2020. However, participants can continue to earn Vesting Service beyond December 31, 2020.

Pensionable Pay Basic salary, or basic hourly rate plus bonuses, overtime pay, and commissions for a standard work week up to \$40,000, excluding other additional compensation.

Compensation beyond December 31, 2020 shall not be considered Pensionable Pay.

Average Earnings The average of the highest 60 consecutive months of pensionable pay preceding the participant's termination date or retirement date.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Social Security Covered Compensation

The average annual earnings with respect to which primary Social Security benefits would be payable assuming that earnings were equal to the maximum taxable wage base each year prior to termination of employment and the employee was age 65 on the date of termination (consistent with Table I of Rev. Rul. 71-446).

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Monthly Pension Benefit

1.1% of average earnings up to Social Security Covered Compensation and 1.5% of any excess average earnings both multiplied by years of service, in no event less than \$20 a month. In addition, the Monthly Pension Benefit includes the one-time percentage increase detailed in the Transition Benefit section below.

Monthly Pension Benefit due to Termination before NRD

The benefit described above based on average earnings at termination and projected years of service to normal retirement age multiplied by the fraction: (i) years of participation in the plan divided by (ii) years of participation projected to normal retirement date.

Monthly Preretirement Spouse Benefit

The monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election (or reduced for a 10 year certain and life benefit, paid for 10 years, if the employee is not married) and reduced for payment as early as the employee's 62nd birthday. If death occurs before age 55, the monthly pension benefit due to termination before NRD is paid starting at the employee's 65th birthday.

Transition Benefit

Certain employees who were affected by the December 31, 2020 freeze of the plan, and who were employed on January 1, 2021, receive a one-time percentage increase to their accrued benefit. The Transition Benefit equals the percentage indicated in the table below, times the participant's monthly benefit.

Years of Pension Service	Percentage Increase
0-9.99	No adjustment
10-14.99	10%
15-19.99	8%
20-24.99	6%
25-29.99	3%
30 or more	No adjustment

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 3% for each of the first 2 years and 5% for each additional year by which commencement of payment precedes age 62 or by each point the participant's age plus service is less than 80, whichever results in the lowest reduction. There is no reduction for participants whose age plus service at early retirement is at least 80.
Postponed retirement	Greater of monthly pension benefit determined as of actual retirement date actuarially increased to postponed retirement date, and monthly pension benefit based on average earnings and years of service at postponed retirement date.
Vested termination	Monthly pension determined as of termination date, actuarially reduced for commencement of payments preceding the participant's NRD for each year to age 55.
Preretirement death	Monthly preretirement death benefit is payable.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.

Effective August 1, 2019, a single lump sum optional form of payment is available for 12 months following a participant's date of termination and then again at retirement, if not previously elected. This option is only available for qualified plan benefits.

Actuarial Equivalence

Effective for annuity starting dates on or after August 1, 2019, the plan's assumptions for determining an actuarially equivalent amount are: (i) adjusted first, second and third segment rates described in section 417(e)(3)(C) of the Internal Revenue Code (Code), and (ii) mortality table described in section 417(e)(3)(B) of the Code.

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any other future plan changes which are required to be reflected.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024

Plan Name	Mercedes-Benz USA, LLC Pension Plan
Plan Sponsor EIN	22-2375138
ERISA Plan #	001
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(13,978,156)	15.00000	(13,978,156)	(1,271,737)
2. Shortfall	01/01/2023	103,503,063	14.00000	99,314,818	9,478,884
Total				85,336,662	8,207,147

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2024