

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/31/2023 and ending 12/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify), the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/31/1946
2a Plan sponsor's name (employer, if for a single-employer plan): AMY L. CHAPMAN, 100 ERIE INSURANCE PLACE, ERIE, PA 16530-0001
2b Employer Identification Number (EIN): 25-0466020
2c Plan Sponsor's telephone number: 814-870-2000
2d Business code (see instructions): 524290

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for AMY L. CHAPMAN (09/29/2025) and MICHAEL RAFTIS (09/27/2025).

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	9616
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	6507
	6a(2)	6740
	6b	2130
	6c	941
	6d	9811
	6e	242
	6f	10053
	6g(1)	
6g(2)		
6h		211
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **12/31/2023** and ending **12/30/2024**

A Name of plan ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ERIE INDEMNITY COMPANY	D Employer Identification Number (EIN) 25-0466020

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ERIE FAMILY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-1186315	70769	690-631	169	12/31/2023	12/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **INTER-CO MORTALITY EXPER. PLUS 5%**

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE 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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/31/2023 and ending 12/30/2024

▶ **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>ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES</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>ERIE INDEMNITY COMPANY</u>	D Employer Identification Number (EIN) <u>25-0466020</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
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1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>1029829429</u>
	b Actuarial value	2b	<u>1114888838</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>2237</u>	<u>386700995</u>
	b For terminated vested participants	<u>892</u>	<u>51467675</u>
	c For active participants	<u>6507</u>	<u>370047977</u>
	d Total	<u>9636</u>	<u>808216647</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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>5.35 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>36850259</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>36850259</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>09/29/2025</u>
	<u>KEITH OKRESS</u>	Date
	Type or print name of actuary	<u>23-06965</u>
	<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
	Firm name	<u>216-937-4000</u>
	<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u>	Telephone number (including area code)
	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: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes 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. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes 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**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

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	36850259
b Excess assets, if applicable, but not greater than line 31a	31b	36850259

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36**

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 36965904

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	36965904
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

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**

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. 2019 2020 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/31/2023** and ending **12/30/2024**

A Name of plan ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ERIE INDEMNITY COMPANY	D Employer Identification Number (EIN) 25-0466020	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INST ASSET MGN TRUST CO

20-4659714

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

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

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

FIDELITY INVST INST OPS CO, INC.

04-2647786

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

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

FIDELITY INSTIT ASSET MGT TRUST CO

20-4659714

(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?
72	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/31/2023 and ending 12/30/2024

A Name of plan <u>ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES</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>ERIE INDEMNITY COMPANY</u>	D Employer Identification Number (EIN) <u>25-0466020</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM LONG DURATION COMMINGLED POOL</u>		
b Name of sponsor of entity listed in (a):	<u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-053</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>259822288</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM SMALL CAPITALIZATION CORE COM</u>		
b Name of sponsor of entity listed in (a):	<u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-008</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>10354422</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM SELECT INTERNATIONAL SMALL CA</u>		
b Name of sponsor of entity listed in (a):	<u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-036</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>16152264</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS COMMINGLED PO</u>		
b Name of sponsor of entity listed in (a):	<u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-032</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>28133212</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM LONG US TREASURY STRIPS COMMIN</u>		
b Name of sponsor of entity listed in (a):	<u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-120</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>369436596</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

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b Name of plan sponsor

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a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500) <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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/31/2023 and ending 12/30/2024	
A Name of plan ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 ERIE INDEMNITY COMPANY	D Employer Identification Number (EIN) 25-0466020

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)	33000000	39000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1121205	1153382
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10754192	13940646
(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)	124230212	95757195
(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)	613046163	683898782
(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)	244979495	204587576
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	1027131267	1038337581
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	7259	303355
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7259	303355
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1027124008	1038034226

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)	39000000	
(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)		39000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	565382	
(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)		565382
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3063138	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	114034	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3177172
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	98703440	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	97200950	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1502490
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8653724	
(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)		-61680884
(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)		55816194
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		47034078

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36123860	
(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)		36123860
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36123860

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10910218
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: **MCGILL POWER BELL & ASSOC LLP**

(2) EIN: **25-1031405**

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		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 544128.

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/31/2023 and ending 12/30/2024

A Name of plan <u>ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ERIE INDEMNITY COMPANY</u>	D Employer Identification Number (EIN) <u>25-0466020</u>	

Part I	Distributions
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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	<u>0</u>
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): <u>04-3275867</u>		
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	<u>37</u>

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.
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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: 45.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 55.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % 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 _____.

Erie Insurance Group Retirement Plan for Employees

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 30, 2024 AND 2023



ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
TABLE OF CONTENTS

INDEPENDENT AUDITOR’S REPORT 1

FINANCIAL STATEMENTS

 Statements of Net Assets Available for Benefits..... 4

 Statements of Changes in Net Assets Available for Benefits 5

 Notes to Financial Statements 6

SUPPLEMENTAL INFORMATION

 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 15

 Schedule H, Line 4i – Schedule of Investment Assets Both Acquired and Disposed
 of Within the Plan Year 18

 Schedule H, Line 4j – Schedule of Reportable Transactions 19



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Independent Auditor's Report

Employee Benefits Administration Committee
Erie Insurance Group Retirement Plan for Employees
Erie, Pennsylvania

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

We have performed audits of the accompanying financial statements of the Erie Insurance Group Retirement Plan for Employees, 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 30, 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 Erie Insurance Group Retirement Plan for Employees' financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 30, 2024 and 2023, stating that the certified investment information, as described in Note D 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 Auditor's 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.
- 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Erie Insurance Group Retirement Plan for Employees 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's 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 auditor's 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 Erie Insurance Group Retirement Plan for Employees' 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 Erie Insurance Group Retirement Plan for Employees' 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules identified in the table of contents 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 Department of Labor'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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
September 29, 2025

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value		
Collective Investment Trusts	\$ 683,898,782	\$ 613,046,163
Money Market Funds	13,931,015	10,740,684
Exchange Traded Fund	204,587,576	244,979,495
Common Stocks	95,757,195	124,230,212
Cash and Cash Equivalents	9,631	13,508
	<u>998,184,199</u>	<u>993,010,062</u>
Receivables		
Employer Contribution	39,000,000	33,000,000
Accrued Interest and Dividends	1,153,382	1,121,205
	<u>40,153,382</u>	<u>34,121,205</u>
Total Receivables		
	<u>40,153,382</u>	<u>34,121,205</u>
Total Assets	1,038,337,581	1,027,131,267
LIABILITIES		
Due to Broker for Securities Purchased	<u>303,355</u>	<u>7,259</u>
Total Liabilities	<u>303,355</u>	<u>7,259</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,038,034,226</u></u>	<u><u>\$ 1,027,124,008</u></u>

See notes to financial statements.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 4,291,524	\$ 101,695,622
Interest and Dividends	<u>3,742,554</u>	<u>3,936,011</u>
Net Investment Income	8,034,078	105,631,633
Contributions		
Employer	<u>39,000,000</u>	<u>33,000,000</u>
TOTAL ADDITIONS	47,034,078	138,631,633
DEDUCTIONS		
Benefits Paid to Participants	<u>36,123,860</u>	<u>33,811,871</u>
TOTAL DEDUCTIONS	<u>36,123,860</u>	<u>33,811,871</u>
NET INCREASE (DECREASE)	10,910,218	104,819,762
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>1,027,124,008</u>	<u>922,304,246</u>
End of Year	<u><u>\$ 1,038,034,226</u></u>	<u><u>\$ 1,027,124,008</u></u>

See notes to financial statements.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF PLAN

General

The following description of the Erie Insurance Group Retirement Plan for Employees (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

The Plan is a noncontributory defined benefit plan covering substantially all employees of Erie Insurance Group (Company) and provides for retirement, death and disability benefits. Part-time employees must attain age 21 and complete 1,000 hours of service in one year to be eligible to enter the Plan. Related employers who also participate in the Plan include Erie Insurance Company of New York and Erie Resource Management Company. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Fidelity Management Trust Company is the trustee and custodian of the Plan.

The Plan is administered by the Company's Employee Benefits Administration Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's Executive Council.

Contributions

The Company has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's funding policy is generally to contribute an amount equal to the greater of the target normal cost for the plan year, or the amount necessary to fund the Plan to 100%. The Plan has met the minimum funding requirements established by ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Compensation: Average Monthly Compensation will be 1/36th of the highest aggregate base salary during any three consecutive years within the 120 months immediately preceding the employee's retirement or termination date.

Covered Compensation: Covered Compensation is the average of an employee's taxable wages under Social Security, assuming maximum earnings each year during his or her career.

Form of Payment: A married employee shall receive their benefit on a reduced 50 percent joint and survivor actuarially equivalent basis, unless they elect (with the consent of their spouse) an alternative form of benefit. A single employee shall receive their benefit on a life annuity basis. Other options are available.

Normal Retirement: Eligible at age 65. The monthly benefit is equal to 1 percent of Average Monthly Compensation up to Covered Compensation plus 1.5 percent of Average Monthly Compensation in excess of Covered Compensation, the sum of which is multiplied by years of service, not to exceed 30 years.

Early Retirement: Eligible at age 55 with at least 15 years of service. The pension benefit available at early retirement is based on service and pay to date of retirement, in accordance with the normal retirement formula. Benefits will start at age 65 or, if payable immediately, will be reduced 1/4 percent for each month under age 65 (down to age 60) and 3/8 percent for each month under age 60 (down to age 55).

Disability Retirement: Eligible if totally and permanently disabled after fifteen years of service, provided that the employee is also eligible for Social Security benefits payable for such disability continuously to age 65.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

The normal retirement pension will be paid beginning with the month following the attainment of age 65. Service will be counted to age 65. Compensation during the last full calendar year preceding disability is assumed to continue unchanged until age 65. Covered Compensation will be determined at the time of disability. A long-term disability benefit will be paid from a separate plan up to age 65, as long as disability continues.

Termination of Service: The deferred vested benefit available following termination is determined under the normal retirement formula and can be paid beginning at age 65. If the employee has at least 15 years of service at termination, the benefit payments may commence at any time after age 55, reduced for early retirement.

Death Benefits

Upon the death of an active or vested former employee, prior to the commencement of retirement benefits, the spouse of this employee is eligible to receive a spouse's retirement benefit.

Prior to retirement, the surviving spouse of an active employee will receive a monthly benefit under the assumption that the employee retired the day before his death with his accrued Plan benefit and elected a 100 percent joint and survivor annuity (with reduction for early commencement) if early retirement eligible, or a 50 percent joint and survivor annuity (with no reduction for early commencement) if not early retirement eligible.

After retirement, any death benefit payable to a surviving spouse or other designated beneficiary will be determined by the form of payment selected by the participant.

Vesting

Eligible employees are fully vested upon completion of five years of vesting service.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan Administrator determines the Plan's valuation policies utilizing information provided by its investment advisers and custodian. See Note F for a discussion of fair value measurements.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan measures its investments and investment-related accounts using the month end of December 31, which is closest to the Plan's fiscal year end of December 30.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Due to Broker for Securities Purchased

Amounts payable to brokers for securities purchased are recorded as a liability with a corresponding adjustment to cash and cash equivalents.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated Plan benefits (see Note G) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

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 to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

NOTE C 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 that 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) (a U.S. government agency) up to the applicable limitations discussed below.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested 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 Plan Sponsor and the level of benefits guaranteed by the PBGC.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE D CERTIFICATION OF PLAN TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 30, 2024 and 2023.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 30, 2024 and 2023.
- Investment information included in the accompanying schedule of assets (held at end of year) and schedule of investment assets both acquired and disposed of within the Plan year as of December 30, 2024, and the accompanying schedule of reportable transactions for the year ended December 30, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE E ANNUITY CONTRACTS WITH THE ERIE FAMILY LIFE INSURANCE COMPANY

In 2002 and prior years, the Plan purchased from Erie Family Life Insurance Company, a member company of the Erie Insurance Group, individual annuities for each terminated vested employee or beneficiary receiving benefits (excluding disabled and deferred vested participants). No individual annuities were purchased in 2024 and 2023. These are non-participating annuity contracts under which the Erie Family Life Insurance Company has unconditionally contracted to provide specified benefits to beneficiaries in return for a fixed premium from the Plan. The Plan remains the primary obligor to the beneficiaries, and a contingent liability of approximately \$9.7 million existed at December 30, 2024 in the event the Erie Family Life Insurance Company would not honor the annuity contracts. Fidelity Management Trust Company established a separate disbursement account funded by Erie Family Life Insurance Company in order to pay these monthly benefits.

NOTE F DISCLOSURES ABOUT FAIR VALUE PLAN ASSETS AND LIABILITIES

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 30, 2024 and 2023.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

- Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year.
- The Plan's interests in common collective trusts are valued at the NAV of the units of the collective investment trusts. The NAV is used as a practical expedient to estimate fair value of the collective investment trusts.

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 30, 2024 and 2023:

	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
December 30, 2024				
Money Market Fund	\$ 13,931,015	\$ 13,931,015	\$ -	\$ -
Exchange Traded Fund	204,587,576	204,587,576	-	-
Common Stocks	95,757,195	95,757,195	-	-
Cash and Cash Equivalents	9,631	9,631	-	-
Total Assets in the Fair Value Hierarchy	314,285,417	<u>\$ 314,285,417</u>	<u>\$ -</u>	<u>\$ -</u>
Collective Investment Trusts Measured at Net Asset Value (a)	683,898,782			
Investments at Fair Value	<u>\$ 998,184,199</u>			

	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
December 30, 2023				
Money Market Fund	\$ 10,740,684	\$ 10,740,684	\$ -	\$ -
Exchange Traded Fund	244,979,495	244,979,495	-	-
Common Stocks	124,230,212	124,230,212	-	-
Cash and Cash Equivalents	13,508	13,508	-	-
Total Assets in the Fair Value Hierarchy	379,963,899	<u>\$ 379,963,899</u>	<u>\$ -</u>	<u>\$ -</u>
Collective Investment Trusts Measured Net Asset Value (a)	613,046,163			
Investments at Fair Value	<u>\$ 993,010,062</u>			

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

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 30, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 30, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 30, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trusts	\$ 683,898,782	N/A	Daily	None
	December 30, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trusts	\$ 613,046,163	N/A	Daily	None

NOTE G ACCUMULATED PLAN BENEFITS

An actuary from Willis Towers Watson US LLC determines the actuarial present value of accumulated Plan benefits, which 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.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

The accumulated Plan benefit information as of the end of each Plan year was as follows:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Active Employees	\$ 309,443,614	\$ 286,734,208
Participants Currently Receiving Payments	359,063,508	330,915,589
Participants with Deferred Benefits	46,658,416	39,867,492
	<u>715,165,538</u>	<u>657,517,289</u>
Nonvested Benefits	<u>19,355,898</u>	<u>15,222,920</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 734,521,436</u>	<u>\$ 672,740,209</u>

Changes in the actuarial present value of accumulated Plan benefits were as follows:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 672,740,209	\$ 674,406,559
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated	27,547,534	26,214,500
Actuarial (Gain) Loss	11,088,875	2,449,101
Increase for Interest Due to the Decrease in the Discount Period	47,764,897	44,447,780
Benefits Paid	(35,864,129)	(33,618,105)
Change in Actuarial Assumptions (See Below)	11,244,050	(41,159,626)
Net Increase (Decrease)	<u>61,781,227</u>	<u>(1,666,350)</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 734,521,436</u>	<u>\$ 672,740,209</u>

Significant assumptions underlying the actuarial computations are:

- **Healthy Mortality:** Pri-2012 mortality tables with a base year of 2012 without collar or amount adjustments, with separate rates for annuitants and non-annuitants and separate rates for retirees/contingent annuitants and contingent survivors projected forward using Scale MP-2021 with generational projection.
- **Disabled Mortality:** Pri-2012 disabled mortality tables with a base year of 2012 without collar or amount adjustments, for disabled retirees projected forward using scale MP-2021 with generational projection.
- **Employee Turnover:** Service-graded with rates ranging from 6% to 8.50% for the first six years of employment and age-graded thereafter with rates ranging from 4.81% to 2.22%.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

- Retirement Age: Age-graded, 3% of participants at age 55, increasing to 100% at age 70 and over.
- Assumed Rate of Return on Investments: 7.00%, including a reduction of 0% to reflect anticipated administrative expenses associated with providing benefits.
- Salary Increases: Age-graded with rates ranging from 2.50% to 10.50%.
- Marriage: For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of male participants and 50% of female participants are assumed to be married. Male participants are assumed to be two years older than their spouses.

Changes were made to the following prior year actuarial assumptions, including:

- The Assumed Employee Turnover rates have been updated from service-graded with rates ranging from 6% to 7% for the first seven years of employment and age-graded thereafter with rates ranging from 4.05% to 1.22% to service-graded with rates ranging from 6% to 8.50% for the first seven years of employment and age-graded thereafter with rates ranging from 4.81% to 2.22%
- The Assumed Salary Increase Rates have been updated from age-graded with rates ranging from 2.50% to 9.50% to age-graded with rates ranging from 2.50% to 10.50%.
- The Assumed Spouse Age has been updated from male participants assumed to be three years older than their spouses to male participants assumed to be two years older than their spouses.

The foregoing actuarial assumptions are based on the presumption that 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. The computations of the actuarial present value of accumulated Plan benefits were made as of December 31, 2024 and 2023. Had the valuations been performed as of December 30, there would be no material differences.

NOTE H RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

Certain Plan investments are managed by Fidelity Investments and Fidelity Institutional Asset Management (FIAM), related companies to Fidelity Management Trust Company (FMTC). FMTC is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for operating expenses incurred by these managed investments are included in net appreciation (depreciation) in fair value of the investment. The Plan Sponsor pays directly the investment management fees and any other fees related to the Plan's operations.

All legal, accounting, trustee, and PBGC premiums, and other services were provided at the expense of the Company. Expenses paid by the Plan Sponsor are allowable party-in-interest transactions. The Company also provides certain administrative services at no cost to the Plan.

NOTE I PLAN AMENDMENTS

The Plan adopted certain provisions of the SECURE 2.0 Act. Effective January 1, 2023, the Plan was updated to raise the required minimum distribution age from 72 to 73. In 2024, the Plan was further modified to increase the cash-out threshold for terminated participants from \$5,000 to \$7,000 and to treat spousal beneficiaries as

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

deceased participants for purposes of required minimum distributions. These provisions have been operationally implemented, and a formal written amendment to the Plan to reflect these changes will be adopted at a future date in accordance with the applicable regulatory requirements.

Effective December 31, 2023, the Plan was amended to change the provisions that restrict lump sum distributions only to participants with a deferred retirement and vested pension benefit less than \$5,000. This amendment allows participants that have terminated employment for any reason other than death or a surviving spouse of a participant who experiences his date of severance due to death on or after December 31, 2023 with deferred retirement and vested pension benefits up to \$100,000, an ability to receive Plan benefits in the form of a lump sum distribution.

NOTE J TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 24, 2017, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

NOTE K SIGNIFICANT ESTIMATES AND CONCENTRATIONS

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Possible Decline in Investments

It is reasonably possible that there will be a significant decline in the fair value of investments during the next year, which would change the assumed rates of return used to discount the benefit obligation and, therefore, could significantly affect the present value of accumulated Plan benefits.

NOTE L RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions 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 demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

NOTE M SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 29, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 30, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
<u>Money Market Funds</u>			
*Fidelity Investments	Fidelity Investment Money Market Government Portfolio	\$ 10,702,443	\$ 10,702,443
State Street Bank	SSBK Government STIF Fund	3,228,572	3,228,572
<u>Cash and Cash Equivalents</u>			
Canada	Canadian Dollar	9,233	9,232
Euro	European Monetary Unit	127	126
Singapore	Singapore Dollar Currency	218	215
Switzerland	Swiss Franc	59	58
<u>Exchange Traded Fund</u>			
Vanguard Scottsdale Funds	Vanguard Russell 1000 ETF 767,050 shares	131,357,148	204,587,576
<u>Collective Investment Trusts</u>			
*Fidelity Institutional Asset Management	FIAM Emerging Markets Commingled Pool 532,624 shares	21,221,344	28,133,212
*Fidelity Institutional Asset Management	FIAM Long Duration Commingled Pool 10,871,225 shares	255,901,369	259,822,288
*Fidelity Institutional Asset Management	FIAM Long U.S. Treasury Strips Index Commingled Pool 4,040,208 shares	440,803,926	369,436,596
*Fidelity Institutional Asset Management	FIAM Select International Small Capitalization Commingled Pool; 205,657 Shares	13,268,239	16,152,264
*Fidelity Institutional Asset Management	FIAM Small Capitalization Core Commingled Pool 44,297 shares	7,607,364	10,354,422
<u>Common Stocks</u>			
Aia Group Ltd	Common stock, 190,400 shares	1,667,095	1,380,199
Aib Group Plc	Common stock, 151,788 shares	706,232	838,034
Air Liquide Sa	Common stock, 15,634 shares	1,855,602	2,541,238
Amadeus It Group Sa	Common stock, 16,203 shares	946,531	1,144,660
Beiersdorf Ag	Common stock, 12,815 shares	1,392,062	1,646,028
Canadian Natl Railway Co	Common stock, 10,553 shares	965,715	1,071,235
Capgemini Sa (ff40)	Common stock, 10,786 shares	1,377,028	1,766,959
Carlsberg As Cl B	Common stock, 10,803 shares	1,412,315	1,035,403
Check Point Software Techs Ltd	Common stock, 5,698 shares	641,785	1,063,817
Cie Financière Richemont Sa A	Common stock, 12,460 shares	999,117	1,893,266
Compass Group Plc	Common stock, 74,506 shares	1,410,432	2,482,956
Daikin Industries Ltd	Common stock, 10,600 shares	1,536,214	1,257,085
Dassault Systemes Sa	Common stock, 17,453 shares	631,323	605,636
Dbx Group Holdings Ltd	Common stock, 42,950 shares	607,296	1,375,004
Denso Corp	Common stock, 86,900 shares	1,148,946	1,223,045
Deutsche Boerse Ag	Common stock, 9,012 shares	1,540,362	2,076,122
Diageo Plc	Common stock, 31,107 shares	1,151,114	988,175
Enenred	Common stock, 22,799 shares	1,096,608	749,819
Engie Sa	Common stock, 81,274 shares	1,076,641	1,288,913
Eni Spa	Common stock, 71,367 shares	817,053	967,685
EssilorLuxottica	Common stock, 6,904 shares	1,000,068	1,684,895

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
Experian Plc	Common stock, 40,824 shares	1,386,480	1,760,656
Galp Energia Sgps Sa	Common stock, 40,689 shares	515,216	672,256
Hdfc Bank Ltd Spon Adr	Common stock, 18,633 shares	1,195,710	1,189,903
Hitachi Ltd	Common stock, 117,800 shares	919,379	2,947,527
Hoya Corp	Common stock, 5,400 shares	521,538	680,041
Ing Groep Nv	Common stock, 92,058 shares	863,560	1,442,771
Intact Finl Corp	Common stock, 3,598 shares	448,463	655,122
Intesa Sanpaolo Spa	Common stock, 353,101 shares	748,860	1,412,930
Julius Baer Gruppe Ag	Common stock, 9,949 shares	442,164	643,059
Kbc Groupe Sa	Common stock, 8,846 shares	493,125	683,020
Kose Corp	Common stock, 8,900 shares	797,989	406,070
Kyocera Corp	Common stock, 56,800 shares	783,979	568,740
Legrand Sa	Common stock, 8,626 shares	618,402	840,270
Linde Plc	Common stock, 2,393 shares	512,789	999,534
London Stock Exchange Grp Plc	Common stock, 10,428 shares	966,129	1,473,236
Lvmh Moet Hennessy Louis Vuitton Se	Common stock, 2,689 shares	1,282,389	1,770,122
Merck Kgaa	Common stock, 9,371 shares	1,294,699	1,358,002
Michelin CL B (reg)	Common stock, 23,888 shares	862,676	786,871
Mitsubishi Electric Corp Ord	Common stock, 74,300 shares	1,005,454	1,268,830
Mtu Aero Engines Ag	Common stock, 2,174 shares	406,312	725,124
Nestle Sa (reg)	Common stock, 24,513 shares	2,680,299	2,022,515
NetEase Inc	Common stock, 46,900 shares	799,293	835,748
Novartis Ag (reg)	Common stock, 18,068 shares	1,600,691	1,765,888
Novo-nordisk As Cl B	Common stock, 20,249 shares	813,598	1,755,671
Olympus Corp	Common stock, 66,000 shares	1,137,967	994,331
Pernod-Ricard	Common stock, 8,599 shares	1,374,966	970,893
Prudential Plc	Common stock, 61,202 shares	685,457	488,062
Qiagen Nv	Common stock, 19,830 shares	921,716	884,183
Relx Plc	Common stock, 41,738 shares	1,043,691	1,896,218
Rio Tinto Plc	Common stock, 11,954 shares	670,999	706,807
Roche Holdings Ag (genusscheine)	Common stock, 7,578 shares	2,580,046	2,133,413
Rolls-Royce Holdings Plc	Common stock, 242,542 shares	345,342	1,726,488
Ryanair Holdings Plc Spon Adr	Common stock, 32,790 shares	1,113,130	1,429,316
Samsung Elec Vtg Gdr Regs	Common stock, 678 shares	866,225	616,980
Sap Se	Common stock, 12,293 shares	1,573,218	3,008,974
Schneider Electric Se	Common stock, 11,502 shares	1,268,600	2,870,166
Seven & I Holdings Co Ltd	Common stock, 64,900 shares	857,310	1,025,811
Shin-etsu Chemical Co Ltd	Common stock, 30,300 shares	948,305	1,019,853
Sika Ag	Common stock, 2,573 shares	495,036	611,816
Smc Corp	Common stock, 1,500 shares	818,850	592,774
Sompo Holdings Inc	Common stock, 14,600 shares	321,093	382,201
Sonova Hldg Ag	Common stock, 2,486 shares	676,249	811,638
Sony Group Corp	Common stock, 82,600 shares	1,555,867	1,768,594
St Gobain Cie De	Common stock, 16,328 shares	933,126	1,449,475
Sumito Mitsui Finl Group Inc	Common stock, 48,400 shares	1,058,784	1,157,823
Suncor Energy Inc	Common stock, 24,827 shares	582,089	886,204
Taiwan Semic Mfg Co Ltd Sp Adr	Common stock, 11,844 shares	685,517	2,339,072

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
Tencent Holdings Ltd	Common stock, 23,400 shares	1,208,869	1,256,372
Terumo Corp	Common stock, 53,900 shares	1,019,876	1,048,917
Tesco Plc	Common stock, 214,799 shares	769,312	990,383
Toronto-Dominion Bank	Common stock, 15,377 shares	980,029	818,672
Ubs Group Ag	Common stock, 56,072 shares	743,588	1,713,267
Zozo Inc	Common stock, 21,800 shares	438,245	678,474
Zurich Insurance Group Ag	Common stock, 2,924 shares	1,052,483	1,735,938
		<u>\$ 958,764,760</u>	<u>\$ 998,184,199</u>

* Party-in-interest

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF INVESTMENT ASSETS BOTH ACQUIRED AND
DISPOSED OF WITHIN THE PLAN YEAR
DECEMBER 30, 2024

Identity of Issuer	Description of Investment	Cost of Acquisition	Proceeds of Disposition
EssilorLuxottica Scrip RT	Common Stock, 10,315 shares	\$ 43,867	\$ 44,411
Prudential Plc DRP RT	Common Stock, 84,095 shares	5,762	5,762

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

EIN 25-0466020 PN 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 30, 2024

Identity	Description	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii) Series of Transactions in Excess of 5% of Plan Net Assets - Same Security</u>							
N/A	FIAM Long U.S. Treasury Strips	\$ 199,517,733	\$ -	\$ -	\$ 199,517,733	\$ 199,517,733	\$ -
N/A	FIAM Long U.S. Treasury Strips	-	98,333,157	-	97,645,577	98,333,157	687,580
N/A	FIAM Long Duration	65,628,593	-	-	65,628,593	65,628,593	-
N/A	FIAM Long Duration	-	13,845,026	-	13,239,457	13,845,026	605,569
N/A	Vanguard Russell 1000	11,949,047	-	552	11,949,599	11,949,047	-
N/A	Vanguard Russell 1000	-	108,164,486	6,776	71,479,147	108,164,486	36,678,563

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Amended and restated effective December 31, 2022; and most recently amended through the twelfth amendment effective December 31, 2023.

Covered employees All salaried employees and employees compensated on an hourly basis after May 5, 2011.

Participation date Date of becoming a covered employee.

Definitions

Vesting service Service for vesting purposes is based on elapsed time beginning at hire date; rounded to the completed whole year.

Credited service Service is rounded up to the next whole year. One year is credited for each year of employment as a full-time employee. One year is credited for each year of employment as a Part-Time Employee after May 5, 2011.

Average Monthly Compensation 1/36th of the highest aggregate base salary during any three consecutive years within the 120 months immediately preceding the employee's retirement or termination date.

Effective December 31, 1989, compensation recognized for benefit purposes was limited to \$200,000 (indexed); from December 31, 1994 through December 30, 2002, such compensation limit was set to \$200,000; effective December 31, 2002, the \$200,000 compensation limit was indexed prospectively.

Covered Compensation Average of an employee's taxable wages under Social Security assuming maximum earnings each year during his career.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65.

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Monthly pension benefit 1% of Average Monthly Compensation up to Covered Compensation plus 1.5% of Average Monthly Compensation in excess of Covered Compensation, the sum of which is multiplied by years of credited service not to exceed 30 years.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD and on or after both attaining age 55 and completing 15 years of service.

Deferred vested termination Termination for reasons other than death or retirement after completing five years of service.

Disability Totally and permanently disabled after 15 years of service, provided that the employee is also eligible for Social Security benefits payable for such disability continuously to age 65.

Preretirement death Death with a surviving spouse prior to the receipt of any benefits while eligible for normal, early, postponed, or deferred vested retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD.

Early retirement The monthly pension benefit determined as of the early retirement date based on service and pay to date, reduced 1/4% for each month under age 65 (down to age 60) and 3/8% for each month under age 60 (down to age 55).

Deferred vested termination The monthly pension benefit determined as of the termination date payable at age 65. If the employee has at least 15 years of service at termination, the benefit payments may commence at any time after age 55, reduced as for Early Retirement.

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Disablement

The normal retirement pension will be paid beginning with the month following the attainment of age 65. Service will be counted to age 65. Compensation during the last full calendar year preceding disability is assumed to continue unchanged until age 65. Covered Compensation will be determined at the time of disability. (A long-term disability benefit will be paid from a separate plan up to age 65 as long as disability continues.)

Preretirement death

Monthly pension benefit under the assumption that the employee retired the day before his death with his accrued plan benefit and elected a 100% joint and survivor annuity (with reduction for early commencement) if early retirement eligible, or a 50% joint and survivor annuity (with no reduction for early commencement) if not early retirement eligible.

Other Plan Provisions

Forms of payment

A married employee shall receive his benefit on a reduced 50% Joint and Survivor actuarially equivalent basis unless he elects (with the consent of his spouse) an alternative form of benefit. A single employee shall receive his benefit on a life annuity basis.

Effective December 31, 2020, the plan allows participants terminating over the next three years with a lump sum under \$100,000 to elect to receive a lump sum. Effective December 31, 2023, the lump sum optional form for participants with a lump sum value under \$100,000 was made into a permanent feature of the plan.

Other options are available.

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Pension Increases

Increases to current pensioners include the following:

- Amendment effective December 31, 1991 increased benefits by \$40 per month to employees who retired prior to January 1, 1991.
- Amendment effective December 31, 1993 increased benefits by 5% to employees who retired prior to January 1, 1992.
- Amendment effective December 31, 1995 increased benefits by 5%, with a minimum increase of \$20 per month, to employees who retired prior to January 1, 1994.
- Amendment effective December 31, 1998 increased benefits payable beginning January 1, 1999 by 4%, with a minimum increase of \$15 per month, to employees who retired prior to January 1, 1997.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that would materially impact these results.

Changes in Benefits Valued Since Prior Year

The lump sum optional form offered to participants with a lump sum value under \$100,000 was made into a permanent feature of the plan.

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 30, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
<u>Money Market Funds</u>			
*Fidelity Investments	Fidelity Investment Money Market Government Portfolio	\$ 10,702,443	\$ 10,702,443
State Street Bank	SSBK Government STIF Fund	3,228,572	3,228,572
<u>Cash and Cash Equivalents</u>			
Canada	Canadian Dollar	9,233	9,232
Euro	European Monetary Unit	127	126
Singapore	Singapore Dollar Currency	218	215
Switzerland	Swiss Franc	59	58
<u>Exchange Traded Fund</u>			
Vanguard Scottsdale Funds	Vanguard Russell 1000 ETF 767,050 shares	131,357,148	204,587,576
<u>Collective Investment Trusts</u>			
*Fidelity Institutional Asset Management	FIAM Emerging Markets Commingled Pool 532,624 shares	21,221,344	28,133,212
*Fidelity Institutional Asset Management	FIAM Long Duration Commingled Pool 10,871,225 shares	255,901,369	259,822,288
*Fidelity Institutional Asset Management	FIAM Long U.S. Treasury Strips Index Commingled Pool 4,040,208 shares	440,803,926	369,436,596
*Fidelity Institutional Asset Management	FIAM Select International Small Capitalization Commingled Pool; 205,657 Shares	13,268,239	16,152,264
*Fidelity Institutional Asset Management	FIAM Small Capitalization Core Commingled Pool 44,297 shares	7,607,364	10,354,422
<u>Common Stocks</u>			
Aia Group Ltd	Common stock, 190,400 shares	1,667,095	1,380,199
Aib Group Plc	Common stock, 151,788 shares	706,232	838,034
Air Liquide Sa	Common stock, 15,634 shares	1,855,602	2,541,238
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Canadian Natl Railway Co	Common stock, 10,553 shares	965,715	1,071,235
Capgemini Sa (ff40)	Common stock, 10,786 shares	1,377,028	1,766,959
Carlsberg As Cl B	Common stock, 10,803 shares	1,412,315	1,035,403
Check Point Software Techs Ltd	Common stock, 5,698 shares	641,785	1,063,817
Cie Financière Richemont Sa A	Common stock, 12,460 shares	999,117	1,893,266
Compass Group Plc	Common stock, 74,506 shares	1,410,432	2,482,956
Daikin Industries Ltd	Common stock, 10,600 shares	1,536,214	1,257,085
Dassault Systemes Sa	Common stock, 17,453 shares	631,323	605,636
Dbx Group Holdings Ltd	Common stock, 42,950 shares	607,296	1,375,004
Denso Corp	Common stock, 86,900 shares	1,148,946	1,223,045
Deutsche Boerse Ag	Common stock, 9,012 shares	1,540,362	2,076,122
Diageo Plc	Common stock, 31,107 shares	1,151,114	988,175
Enenred	Common stock, 22,799 shares	1,096,608	749,819
Engie Sa	Common stock, 81,274 shares	1,076,641	1,288,913
Eni Spa	Common stock, 71,367 shares	817,053	967,685
EssilorLuxottica	Common stock, 6,904 shares	1,000,068	1,684,895

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
Experian Plc	Common stock, 40,824 shares	1,386,480	1,760,656
Galp Energia Sgps Sa	Common stock, 40,689 shares	515,216	672,256
Hdfc Bank Ltd Spon Adr	Common stock, 18,633 shares	1,195,710	1,189,903
Hitachi Ltd	Common stock, 117,800 shares	919,379	2,947,527
Hoya Corp	Common stock, 5,400 shares	521,538	680,041
Ing Groep Nv	Common stock, 92,058 shares	863,560	1,442,771
Intact Finl Corp	Common stock, 3,598 shares	448,463	655,122
Intesa Sanpaolo Spa	Common stock, 353,101 shares	748,860	1,412,930
Julius Baer Gruppe Ag	Common stock, 9,949 shares	442,164	643,059
Kbc Groupe Sa	Common stock, 8,846 shares	493,125	683,020
Kose Corp	Common stock, 8,900 shares	797,989	406,070
Kyocera Corp	Common stock, 56,800 shares	783,979	568,740
Legrand Sa	Common stock, 8,626 shares	618,402	840,270
Linde Plc	Common stock, 2,393 shares	512,789	999,534
London Stock Exchange Grp Plc	Common stock, 10,428 shares	966,129	1,473,236
Lvmh Moet Hennessy Louis Vuitton Se	Common stock, 2,689 shares	1,282,389	1,770,122
Merck Kgaa	Common stock, 9,371 shares	1,294,699	1,358,002
Michelin CL B (reg)	Common stock, 23,888 shares	862,676	786,871
Mitsubishi Electric Corp Ord	Common stock, 74,300 shares	1,005,454	1,268,830
Mtu Aero Engines Ag	Common stock, 2,174 shares	406,312	725,124
Nestle Sa (reg)	Common stock, 24,513 shares	2,680,299	2,022,515
NetEase Inc	Common stock, 46,900 shares	799,293	835,748
Novartis Ag (reg)	Common stock, 18,068 shares	1,600,691	1,765,888
Novo-nordisk As Cl B	Common stock, 20,249 shares	813,598	1,755,671
Olympus Corp	Common stock, 66,000 shares	1,137,967	994,331
Pernod-Ricard	Common stock, 8,599 shares	1,374,966	970,893
Prudential Plc	Common stock, 61,202 shares	685,457	488,062
Qiagen Nv	Common stock, 19,830 shares	921,716	884,183
Relx Plc	Common stock, 41,738 shares	1,043,691	1,896,218
Rio Tinto Plc	Common stock, 11,954 shares	670,999	706,807
Roche Holdings Ag (genusscheine)	Common stock, 7,578 shares	2,580,046	2,133,413
Rolls-Royce Holdings Plc	Common stock, 242,542 shares	345,342	1,726,488
Ryanair Holdings Plc Spon Adr	Common stock, 32,790 shares	1,113,130	1,429,316
Samsung Elec Vtg Gdr Regs	Common stock, 678 shares	866,225	616,980
Sap Se	Common stock, 12,293 shares	1,573,218	3,008,974
Schneider Electric Se	Common stock, 11,502 shares	1,268,600	2,870,166
Seven & I Holdings Co Ltd	Common stock, 64,900 shares	857,310	1,025,811
Shin-etsu Chemical Co Ltd	Common stock, 30,300 shares	948,305	1,019,853
Sika Ag	Common stock, 2,573 shares	495,036	611,816
Smc Corp	Common stock, 1,500 shares	818,850	592,774
Sompo Holdings Inc	Common stock, 14,600 shares	321,093	382,201
Sonova Hldg Ag	Common stock, 2,486 shares	676,249	811,638
Sony Group Corp	Common stock, 82,600 shares	1,555,867	1,768,594
St Gobain Cie De	Common stock, 16,328 shares	933,126	1,449,475
Sumito Mitsui Finl Group Inc	Common stock, 48,400 shares	1,058,784	1,157,823
Suncor Energy Inc	Common stock, 24,827 shares	582,089	886,204
Taiwan Semic Mfg Co Ltd Sp Adr	Common stock, 11,844 shares	685,517	2,339,072

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2024

Identity of Issuer	Description of Investment	Cost	Current Value
Tencent Holdings Ltd	Common stock, 23,400 shares	1,208,869	1,256,372
Terumo Corp	Common stock, 53,900 shares	1,019,876	1,048,917
Tesco Plc	Common stock, 214,799 shares	769,312	990,383
Toronto-Dominion Bank	Common stock, 15,377 shares	980,029	818,672
Ubs Group Ag	Common stock, 56,072 shares	743,588	1,713,267
Zozo Inc	Common stock, 21,800 shares	438,245	678,474
Zurich Insurance Group Ag	Common stock, 2,924 shares	1,052,483	1,735,938
		<u>\$ 958,764,760</u>	<u>\$ 998,184,199</u>

* Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of December 31, 2023

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	233	2	0	0	0	0	0	0	0	0	235
	-	52,042	-	-	-	-	-	-	-	-	-	51,922
25-29	0	397	129	0	0	0	0	0	0	0	0	526
	-	57,329	71,982	-	-	-	-	-	-	-	-	60,922
30-34	0	382	325	82	1	0	0	0	0	0	0	790
	-	59,761	69,221	86,296	-	-	-	-	-	-	-	66,414
35-39	0	317	263	170	40	4	0	0	0	0	0	794
	-	62,994	76,102	84,823	99,791	-	-	-	-	-	-	73,859
40-44	0	269	234	118	89	96	3	0	0	0	0	809
	-	66,100	77,385	91,401	95,987	97,332	-	-	-	-	-	80,155
45-49	0	219	191	98	55	153	32	6	0	0	0	754
	-	64,788	81,923	97,884	84,458	97,945	104,080	-	-	-	-	83,301
50-54	0	175	175	95	80	158	94	77	22	0	0	876
	-	71,724	80,105	91,691	96,438	92,492	96,498	100,774	86,974	-	-	87,161
55-59	0	113	162	99	58	164	95	97	91	14	0	893
	-	71,489	78,186	99,411	85,399	98,732	99,782	109,799	101,288	-	-	92,104
60-64	0	66	92	73	53	110	60	59	45	64	0	622
	-	71,004	79,732	84,139	92,363	86,061	97,441	92,522	94,334	90,323	-	86,586
65-69	0	8	35	22	16	23	12	16	13	27	0	172
	-	-	81,602	85,401	-	92,268	-	-	-	95,261	-	91,949
70 & over	0	0	2	3	8	9	5	2	2	5	0	36
	-	-	-	-	-	-	-	-	-	-	-	79,181
Total	0	2,179	1,610	760	400	717	301	257	173	110	0	6,507
	-	62,278	76,142	90,631	92,913	94,176	98,873	100,535	96,552	90,655	0	79,013

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

Plan Name: Erie Insurance Group Retirement Plan For Employees
 EIN / PN: 25-0466020/001
 Plan Sponsor: Erie Indemnity Company
 Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Erie Indemnity Company

EIN/PN

25-0466020/001

Actuarial Assumptions and Methods

Economic Assumptions

Discount Rates for Funding

- Current plan year PPA effective interest rate (EIR): 5.35%
- Prior plan year PPA effective interest rate (EIR): 5.52%

Current Year Elections:

- Rate Format: Three-segment rates
- Applicable Month: December

	Without Interest Rate Stabilization	With Interest Rate Stabilization:
First Segment	4.21%	4.75%
Second Segment	4.86%	5.00%
Third Segment	4.87%	5.74%
EIR	4.84%	5.35%

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Compensation Increases	Attained Age	Future Compensation
	Under 28	9.50%
	28 – 32	7.25
	33 – 37	5.75
	38 – 42	4.75
	43 – 47	4.00
	48 – 52	3.50
	53 – 57	3.00
	58 – 62	2.75
	Over 62	2.50

Demographic and Other Assumptions

Assumed Cost of Living Adjustments	N/A
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.
Form of payment	Participants are assumed to elect the normal form.
Participant Data	Active and inactive participant data were supplied via a secure Internet site as of the valuation date by the employer's data administrator.
Percent married	85% of male participants; 50% of female participants.
Spouse age	Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.
Plan Compensation/Salary	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay, or if compensated on an hourly basis, regular base wages, as limited by Internal Revenue Code Section 401(a)(17).

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Future Increases in Social Security

For purposes of determining target normal cost and the additional Funding Target for maximum deductible contribution purposes, the National Average Wage Index is assumed to increase by 3.25% per annum.

Healthy Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

Disabled Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Age	Retirement Rate
55	0.03
56	0.03
57	0.03
58	0.03
59	0.03
60	0.05
61	0.05
62	0.15
63	0.15
64	0.15
65	0.30
66	0.30
67	0.25
68	0.25
69	0.25
70 and older	1.00

Deferred vested participants are assumed to retire upon attainment of Normal Retirement Age.

Disability Rates

The rates at the following illustrative ages indicate the disability incidence assumptions used:

Attained Age	Incidence of Disability (per 1,000)	
	Males	Females
20	0.29	0.30
25	0.38	0.47
30	0.48	0.80
40	1.17	2.11
50	3.58	5.33
55	7.22	9.52
60	12.56	11.59

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not due to Disability, Retirement or Mortality

For the first seven years of employment, a “select” schedule of withdrawal rates is used as follows for both males and females:

Year	Withdrawal Rate
1	0.0700
2	0.0700
3	0.0700
4	0.0600
5	0.0600
6	0.0600
7	0.0600

The following rates at selective ages are illustrative of the withdrawal assumption for employment after seven years of service for both males and females:

Age	Withdrawal Rate
25	0.0405
30	0.0331
35	0.0271
40	0.0222
45	0.0182
50	0.0149
55	0.0122

Additional Assumptions

Plan-related Expenses

Our assumption is that no administrative expenses are paid from the trust. Pending guidance from the IRS, investment fees will not be considered plan-related expenses.

Funding policy

The plan sponsor's funding policy is generally to contribute an amount equal to the greater of the IRS minimum required contribution, the target normal cost for the prior plan year (on a stabilized rates basis), or the amount necessary to fund the plan to 100% (on a pre-stabilized rates basis).

Cash flow

- Timing of Benefit Payments Annuity payments are payable at the middle of the month.
- Amount and Timing of Contributions Known contributions are reflected as of the date contributed; any additional contributions are assumed to be made on the due date.

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Methods

Census Date	December 31.
Valuation Date	First day of the plan year.
Funding Target	Present value of accrued benefit, 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.
Asset Method	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.92%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 6.50%, and the applicable limitation for the plan year, equal to 5.92%. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2022 plan year.) 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.
Actuarial Present Value of Annuitized Benefits	The actuarial present value of benefits being paid from annuity contracts has not been valued for purposes of liabilities or assets.
Benefits not Included in Valuation	All benefits described in the Plan Provisions section of this report were valued based on discussions with the Company regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the Company and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The Company furnished participant data as of December 31, 2023 through its third party administrator. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. 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.
Plan-related Expenses	Administrative expenses are not paid from plan assets.
Rates of increase in compensation, National Average Wages (NAW), CPI	Compensation increase rates were based on an experience study conducted in 2019, with consideration of whether any conditions have changed that would be expected to produce different results in the future. The rates represent an estimate of future experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions were selected by the plan sponsor from among choices prescribed by law and represent a best estimate of future experience.
Termination	<p>Termination rates were based on an experience study conducted in 2019, with future annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by age and service because of observed differences in termination rates by age and service.</p>

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates were based on an experience study conducted in 2019, with future annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement rates are based on plan sponsor expectations for the future reflecting current economic conditions with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Deferred vested benefit commencement

Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement.

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

Changes in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by guidance issued by the IRS under IRC §430.

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Erie Indemnity Company
EIN/PN	25-0466020/001
Plan Name	Erie Insurance Group Retirement Plan For Employees
Valuation Date	December 31, 2023
Enrolled Actuary	Keith Okress
Enrollment Number	23-06965

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 December 31, 2023

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.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.03	1,000	1.000000	0.030000	1.650000
56	0.03	970	0.970000	0.029100	1.629600
57	0.03	941	0.940900	0.028227	1.608939
58	0.03	913	0.912673	0.027380	1.588051
59	0.03	885	0.885293	0.026559	1.566968
60	0.05	859	0.858734	0.042937	2.576202
61	0.05	816	0.815797	0.040790	2.488182
62	0.15	775	0.775007	0.116251	7.207569
63	0.15	659	0.658756	0.098813	6.225247
64	0.15	560	0.559943	0.083991	5.375452
65	0.3	476	0.475951	0.142785	9.281053
66	0.3	333	0.333166	0.099950	6.596687
67	0.25	233	0.233216	0.058304	3.906372
68	0.25	175	0.174912	0.043728	2.973507
69	0.25	131	0.131184	0.032796	2.262926
70	1.00	98	0.098388	0.098388	6.887166

Average age at retirement 63.823922

Rounded for Schedule SB item 22 64

Plan Name: Erie Insurance Group Retirement Plan For Employees
 EIN / PN: 25-0466020/001
 Plan Sponsor: Erie Indemnity Company
 Valuation Date: December 31, 2023

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
2023	1,614,584	351,108	32,815,168	34,780,860
2024	4,537,080	640,023	32,481,816	37,658,919
2025	7,125,893	943,698	32,108,208	40,177,799
2026	9,651,135	1,231,529	31,693,103	42,575,767
2027	12,233,158	1,601,604	31,224,129	45,058,891
2028	14,833,621	1,990,202	30,700,844	47,524,667
2029	17,370,478	2,331,883	30,131,735	49,834,096
2030	19,828,625	2,652,981	29,498,390	51,979,996
2031	22,136,059	2,943,875	28,792,080	53,872,014
2032	24,377,560	3,274,986	28,023,549	55,676,095
2033	26,487,903	3,567,742	27,196,598	57,252,243
2034	28,385,192	3,812,748	26,299,347	58,497,287
2035	30,053,188	4,103,738	25,306,639	59,463,565
2036	31,502,359	4,325,494	24,254,638	60,082,491
2037	32,788,839	4,466,177	23,148,621	60,403,637
2038	33,864,532	4,595,995	21,979,673	60,440,200
2039	34,738,578	4,688,406	20,767,530	60,194,514
2040	35,414,293	4,775,805	19,504,863	59,694,961
2041	35,938,212	4,829,849	18,200,623	58,968,684
2042	36,313,023	4,840,359	16,865,519	58,018,901
2043	36,527,165	4,853,917	15,511,839	56,892,921
2044	36,645,171	4,831,219	14,153,227	55,629,617
2045	36,614,201	4,809,887	12,804,311	54,228,399
2046	36,447,851	4,774,692	11,480,225	52,702,768
2047	36,128,549	4,682,765	10,196,034	51,007,348
2048	35,583,823	4,570,365	8,966,139	49,120,327
2049	34,901,699	4,441,922	7,803,686	47,147,307

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	34,116,443	4,319,285	6,719,919	45,155,647
2051	33,210,271	4,176,885	5,723,691	43,110,847
2052	32,199,129	3,999,762	4,821,118	41,020,009
2053	31,060,342	3,816,460	4,015,353	38,892,155
2054	29,807,626	3,622,356	3,306,691	36,736,673
2055	28,483,101	3,421,867	2,692,830	34,597,798
2056	27,095,758	3,233,760	2,169,178	32,498,696
2057	25,658,256	3,047,035	1,729,229	30,434,520
2058	24,164,758	2,841,659	1,365,142	28,371,559
2059	22,638,157	2,632,985	1,068,318	26,339,460
2060	21,113,435	2,430,206	829,862	24,373,503
2061	19,600,869	2,226,057	640,993	22,467,919
2062	18,122,258	2,028,281	493,394	20,643,933
2063	16,689,675	1,841,393	379,473	18,910,541
2064	15,312,447	1,665,872	292,521	17,270,840
2065	13,993,452	1,501,954	226,798	15,722,204
2066	12,741,390	1,349,663	177,512	14,268,565
2067	11,564,209	1,208,837	140,756	12,913,802
2068	10,464,387	1,079,161	113,405	11,656,953
2069	9,441,189	960,204	93,018	10,494,411
2070	8,492,259	851,445	77,721	9,421,425
2071	7,614,625	752,295	66,110	8,433,030
2072	6,805,015	662,139	57,146	7,524,300

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2023

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **12/31/2023** and ending **12/30/2024**

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/31/1946
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) ERIE INDEMNITY COMPANY AMY L. CHAPMAN 100 ERIE INSURANCE PLACE ERIE PA 16530-0001	2b Employer Identification Number (EIN) 25-0466020
	2c Plan Sponsor's telephone number 814-870-2000
	2d Business code (see instructions) 524290

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

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

SIGN HERE	<i>Amy L Chapman</i>	9-29-25	AMY L. CHAPMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Michael Raftis</i>	9/27/25	MICHAEL RAFTIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

Angy Oppman

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	9,616
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	6,507
a(2) Total number of active participants at the end of the plan year	6a(2)	6,740
b Retired or separated participants receiving benefits	6b	2,130
c Other retired or separated participants entitled to future benefits	6c	941
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	9,811
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	242
f Total. Add lines 6d and 6e	6f	10,053
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	211
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

EIN 25-0466020 PN 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 30, 2024

Identity	Description	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii) Series of Transactions in Excess of 5% of Plan Net Assets - Same Security</u>							
N/A	FIAM Long U.S. Treasury Strips	\$ 199,517,733	\$ -	\$ -	\$ 199,517,733	\$ 199,517,733	\$ -
N/A	FIAM Long U.S. Treasury Strips	-	98,333,157	-	97,645,577	98,333,157	687,580
N/A	FIAM Long Duration	65,628,593	-	-	65,628,593	65,628,593	-
N/A	FIAM Long Duration	-	13,845,026	-	13,239,457	13,845,026	605,569
N/A	Vanguard Russell 1000	11,949,047	-	552	11,949,599	11,949,047	-
N/A	Vanguard Russell 1000	-	108,164,486	6,776	71,479,147	108,164,486	36,678,563

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/31/2023 and ending 12/30/2024

▶ **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 ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ERIE INDEMNITY COMPANY	D Employer Identification Number (EIN) 25-0466020	
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>12</u> Day <u>31</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	1,029,829,429	
b Actuarial value.....	2b	1,114,888,838	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,237	386,700,995	386,700,995
b For terminated vested participants.....	892	51,467,675	51,467,675
c For active participants.....	6,507	370,047,977	392,057,567
d Total	9,636	808,216,647	830,226,237
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	5.35%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	36,850,259	
b Expected plan-related expenses	6b	0	
c Target normal cost.....	6c	36,850,259	

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	Keith Okress <u>KJO</u> Signature of actuary	September 29, 2025 Date
	Keith J. Okress Type or print name of actuary	2306965 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	216-937-4000 Telephone number (including area code)
	1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 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: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate 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. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes 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. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes 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	36,850,259
b Excess assets, if applicable, but not greater than line 31a	31b	36,850,259

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	0	0
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** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			36,965,904

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	36,965,904
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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. 2019 2020 2021