

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ 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 GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN
1b	Three-digit plan number (PN) ▶ 565
1c	Effective date of plan 10/01/1997
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) GENERAL DYNAMICS CORPORATION 11011 SUNSET HILLS RD RESTON, VA 20190-5311
2b	Employer Identification Number (EIN) 13-1673581
2c	Plan Sponsor's telephone number 703-876-3000
2d	Business code (see instructions) 334200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2025	JOANNE LARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4635
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) 0 6a(2) 0 6b 4681 6c 0 6d 4681 6e 6f 6g(1) 6g(2) 6h
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:

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

4A 4B 4D

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

a Pension Schedules

- (1)** ☐ **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 4
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☒ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN	B Three-digit plan number (PN) ▶	565
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT 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
06-0838648	70815	1375594-H04-019	369	01/01/2024	12/31/2024

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	(b) Total amount of fees paid
0	4077

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
MARSH & MCLENNAN AGENCY LLC
2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4077	MANAGEMENT EXPENSE ALLOWANCE	3

(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	

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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.

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 ▶

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. **6d**
Specify nature of costs ▶

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	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	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	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	247467
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. Specify nature of costs.	10b	

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 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN	B Three-digit plan number (PN) ▶	565
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT 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
06-0838648	70815	1375594-H04-021	640	01/01/2024	12/31/2024

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	(b) Total amount of fees paid
0	1600

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
MARSH & MCLENNAN AGENCY LLC
2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1600	MANAGEMENT EXPENSE ALLOWANCE	3

(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

(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	

(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.

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 ▶

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. **6d**
Specify nature of costs ▶

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	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	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	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	97121
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. Specify nature of costs.	10b	

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 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN	B Three-digit plan number (PN) ▶	565
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT 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
06-0838648	70815	1375594-H04-002	1941	01/01/2024	12/31/2024

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	(b) Total amount of fees paid
0	3516

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
MARSH & MCLENNAN AGENCY LLC
2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3516	MANAGEMENT EXPENSE ALLOWANCE	3

(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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(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.

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 ▶

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	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	213401
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. Specify nature of costs.	10b	

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 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN	B Three-digit plan number (PN) ▶	565
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581	

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.
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1 Coverage Information:

(a) Name of insurance carrier HARTFORD LIFE AND ACCIDENT 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
06-0838648	70815	1375594-H04-048	140	01/01/2024	12/31/2024

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 352
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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 MARSH MCLENNAN AGENCY LLC 2300 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	352	MANAGEMENT EXPENSE ALLOWANCE	3

(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

(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

(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	

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.

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 ▶

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	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(5) Other (specify below)

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add lines 7b and 7c(6))	7d	0
---	-----------	---

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(2) Administration charge made by carrier

(3) Transferred to separate account

(4) Other (specify below)

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
---	-----------	---

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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	21367
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. Specify nature of costs.	10b	

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN	B Three-digit plan number (PN) ▶	565
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581	

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
NORTHERN TRUST CORPORATION
36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK INVESTMENTS, LLC
40 EAST 52ND STREET NEW YORK, NY 10022

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

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

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

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

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

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

CIGNA HEALTH AND LIFE INS CO

59-1031071

(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?
12 13 15 38 49 50 56 62 64	THIRD-PARTY ADMINISTRATO	161673	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

WILLIS TOWERS WATSON

26-0775680

(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?
49 50 99	HRA ADMINISTRATION	112890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	87150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KAISER FOUNDATION HEALTH PLAN OF HI

94-1340523

(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?
12 13 15 38 49 50 64	THIRD-PARTY ADMINISTRATOR	71350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	INVESTMENT MANAGER	70410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
21 25 50 62 65 72 99	PLAN TRUSTEE	34546	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

GENERAL DYNAMICS INF TECHNOLOGY INC

54-1194322

(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?
49 50 99	OBIEE COST ALLOCATION	22909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EY

34-6565596

(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?
16 50	TAX FORM PREPARER	21452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	FINANCIAL STATEMENT PREP	12597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	FORM 5500 PREP & ACTUARI	11606	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS, INC.

43-1420563

(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?
12 13 15 38 49 50 64 99	TPA & PHARM BENEFIT MGR	10260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49 62	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49 62	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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?
49 62	THIRD PARTY ADMINISTRATO	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CASTLIGHT HEALTH 121 SPEAR STREET, 3RD FLOOR SAN FRANCISCO, CA 94105 26-1989091	APPROXIMATELY \$3.24 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SAGAMORE HEALTH NETWORK, INC. 11595 NORTH MERIDIAN STREET, #600 CARMEL, IN 46032	APPROXIMATELY \$0.06 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OMADA HEALTH, INC. 500 SANSOME STREET, #200 SAN FRANCISCO, CA 94111 45-2355015	APPROXIMATELY \$1.23 PER PARTICIPANT

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
CIGNA HEALTH AND LIFE INSURANCE CO	49 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BANK OF AMERICA (LOCKBOX) 540 WEST MADISON STREET CHICAGO, IL 60661 59-1031071	APPROXIMATELY \$0.37 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 4.00%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMPLIFON HEARING HEALTHCARE FIFTH STREET TOWERS MINNEAPOLIS, MN 55402 85-0437037	APPROXIMATELY \$0.00 PMPY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FITBIT 199 FREMONT STREET SAN FRANCISCO, CA 94105 20-8920744	APPROXIMATELY \$0.00 PMPY	

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
CIGNA HEALTH AND LIFE INSURANCE CO	49 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DEUTSCHE BANK (GENERAL REFUND) 60 WALL STREET NEW YORK, NY 10005-2836 59-1031071	APPROXIMATELY \$0.00 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LCA-VISION INC. 7840 MONTGOMERY ROAD CINCINNATI, OH 45236 11-2882328	APPROXIMATELY \$0.00 PMPY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN SPECIALTY HEALTH INC 10221 WATERIDGE CIRCLE SAN DIEGO, CA 92121 33-0883241	APPROXIMATELY \$0.00 PMPY	

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
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OMADA COMPLETE 500 SANSOME ST. #200 SAN FRANCISCO, CA 94111	APPROXIMATELY \$0.17 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHLIC - COR DEPOSITS, PNC BANK 1600 MARKET ST., 19TH FLOOR PHILADELPHIA, PA 19103 59-1031071	APPROXIMATELY \$1.02 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 3.25%.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN				B Three-digit plan number (PN) ▶ 565	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION				D Employer Identification Number (EIN) 13-1673581	
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: NT COMMON SHORT TERM INVESTMENT FD					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS,INC.					
c EIN-PN 36-6452394-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1922129		
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)		
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)		
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		

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**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN

SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN	B Three-digit plan number (PN) ► 565
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
--------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2018 THROUGH 2023 BY THE PLAN. THE ERROR & ANY EARNINGS WERE CORRECTED IN 2024	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
31853	0	0	27175	31853	4678
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2022 THROUGH 2024 BY THE PLAN. THE ERROR & ANY EARNINGS WERE CORRECTED IN 2024	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
2771	0	0	2617	2771	154
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2023 THROUGH 2024 BY THE PLAN. THE ERROR & ANY EARNINGS WERE CORRECTED IN 2024	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
286	0	0	271	286	15
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2022 THROUGH 2024 BY THE PLAN. THE ERROR & ANY EARNINGS WERE CORRECTED IN 2025	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
1876	0	0	1716	1876	160
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN	B Three-digit plan number (PN) 565
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL DYNAMICS CORPORATION	D Employer Identification Number (EIN) 13-1673581

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.			
Assets		(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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	7480415	6698940
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	0	568902
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7675738	1922129
(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)	19782952	22612841
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	74204581	72236052

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	109143686	104038864
Liabilities			
g Benefit claims payable	1g	4150776	4421274
h Operating payables	1h	979756	598355
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5130532	5019629
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	104013154	99019235

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)		
(B) Participants	2a(1)(B)	3131004	
(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)		3131004
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	37473	
(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)		37473
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	568218	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		568218
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	27875261	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28303990	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1972205	
(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)		259641
(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)		2197429
c Other income	2c		4704584
d Total income. Add all income amounts in column (b) and enter total	2d		8497415

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11856307	
(2) To insurance carriers for the provision of benefits	2e(2)	673845	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12530152
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)	251346	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	87150	
(5) Investment advisory and investment management fees	2i(5)	70410	
(6) Bank or trust company trustee/custodial fees	2i(6)	34546	
(7) Actuarial fees	2i(7)	5576	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	512154	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		961182
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13491334

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4993919
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: **KPMG LLP**

(2) EIN: **13-5565207**

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.)		☒	
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.)		☒	
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.)		☒	
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.)	☒		31779
e Was this plan covered by a fidelity bond?	☒		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

FINANCIAL STATEMENTS

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

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KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

To the Plan Participants and Plan Administrator
General Dynamics IS&T Retiree Benefits Plan:

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

We have performed audits of the financial statements of General Dynamics IS&T Retiree Benefits Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 December 31, 2024 and December 31, 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical



requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information



to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.

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 U.S. generally accepted accounting principles.

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.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, Schedule G, Part III - Schedule of Nonexempt Transactions for the year ended December 31, 2024, and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, are 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).

KPMG LLP

Houston, Texas
September 19, 2025

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value	\$ 97,339,924	\$ 101,663,271
Net assets held in defined benefit plans		
- restricted for 401(h) accounts	63,171,812	60,295,862
Receivables:		
Due from providers	103,860	149,175
Due from broker for securities sold	247,236	-
Prepaid income tax	4,085,000	6,337,000
Income tax receivable	1,227,982	-
Accrued interest and dividends	1,034,862	994,240
Total receivables	<u>6,698,940</u>	<u>7,480,415</u>
Total assets	<u>167,210,676</u>	<u>169,439,548</u>
Liabilities:		
Due to broker for securities purchased	346,332	937,088
Accrued expenses	26,023	42,668
Due to General Dynamics Corporation	4,421,274	4,150,776
Income tax payable	226,000	-
Total liabilities	<u>5,019,629</u>	<u>5,130,532</u>
Net assets available for benefits	<u>\$ 162,191,047</u>	<u>\$ 164,309,016</u>

See accompanying notes to financial statements.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions to net assets attributed to:

Investment income:

Net increase in 401(h) accounts	\$ 2,875,950
Interest and dividends	4,351,837
Total investment income	<u>7,227,787</u>

Tax refunds	1,227,982
Participant contributions	3,131,004
Total additions	<u>11,586,773</u>

Deductions from net assets attributed to:

Net depreciation in fair value of investments	213,408
Premiums paid	673,845
Claims paid	11,856,307
Administrative expenses	961,182
Total deductions	<u>13,704,742</u>

Net decrease in net assets	(2,117,969)
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Net assets available for benefits:

Beginning of year	164,309,016
End of year	\$ <u><u>162,191,047</u></u>

See accompanying notes to financial statements.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Statements of Plan Benefit Obligations

(Rounded)

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Postretirement benefit obligations:		
Current retirees	\$ 61,911,000	\$ 68,373,000
Other participants fully eligible for benefits	10,473,000	12,037,000
Participants not yet fully eligible for benefits	<u>12,025,000</u>	<u>14,076,000</u>
Total postretirement benefit obligations	<u><u>\$ 84,409,000</u></u>	<u><u>\$ 94,486,000</u></u>

See accompanying notes to financial statements.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Statement of Changes in Plan Benefit Obligations

(Rounded)

Year ended December 31, 2024

Postretirement benefit obligations:

Balance at beginning of year	\$ 94,486,000
Increase (decrease) in postretirement benefits attributed to:	
Benefits earned	247,000
Increase from interest	4,479,000
Benefits paid (net of participant contributions)	(9,399,000)
Change in assumptions	(4,875,000)
Other factors including plan experience	(529,000)
Balance at end of year	<u>\$ 84,409,000</u>

See accompanying notes to financial statements.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following description of the General Dynamics IS&T Retiree Benefits Plan (the Plan) provides only general information. For a complete description of the Plan's provisions, refer to the various Summary Plan Descriptions that are provided under the Plan.

(a) General

The Plan provides medical, dental, and life insurance benefits for certain retirees of General Dynamics Mission Systems and General Dynamics Information Technology (GDIT), wholly owned subsidiaries of General Dynamics Corporation (the Company, the Plan Administrator or the Plan Sponsor), including retirees from former business units now part of General Dynamics Mission Systems and GDIT, and their dependents through purchased and self-insurance coverage arrangements, as well as through a health savings account (HSA) and through a health reimbursement account (HRA). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan holds two Internal Revenue Code (IRC) Section 401(h) accounts: the Mission Systems 401(h) Account and the GDIT 401(h) Account, associated with the General Dynamics Retirement Plan (Electric Boat and Mission Systems) (the Electric Boat and Mission Systems Plan) and the General Dynamics Retirement Plan (Government) (the Government Plan), respectively. These assets can be used to cover medical benefits for General Dynamics Mission Systems participants and GDIT participants, respectively. These participants are covered under the Plan. The Government Plan and the Electric Boat and Mission Systems Plan are two of seven plans that participate in the General Dynamics Corporation Group Retirement Trust (the GDC Master Trust).

The Northern Trust Company (Trustee) is the Trustee of the Plan. In accordance with the Voluntary Employees' Beneficiary Association trust agreements (the VEBA Trusts), the Trustee administers and invests the Plan's assets under the direction of the Company and their investment manager, BlackRock Financial Management, Inc, for the benefit of the Plan's participants.

(b) Eligibility

For a description of the eligibility requirements, refer to the various Summary Plan Descriptions that are provided under the Plan. The Plan is closed to new hires.

(c) Benefits

The Plan provides benefits (medical, dental, HSAs, HRAs, and life insurance) to participants and their dependents.

Retirees under age 65 may enroll in the Company health plans.

Retirees over age 65 are eligible for an HRA account (a notional account) with a specified annual benefit credit (HRA allocation). The HRA account is used to reimburse the participant for eligible medical expenses. Each participant's reimbursement is limited to the amount allocated by the Plan Sponsor to the participant's HRA account. Unused amounts roll over to subsequent years. Unused

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

funds in an HRA account are forfeited when a participant is no longer eligible for the plan for any reason, including death.

(d) Contributions

Contributions to the Plan are made by the Plan Sponsor, if required, and by participants under the terms of the purchased and self-insurance coverage. Employees who elect retirement from the Plan Sponsor and elect to participate in the Plan are required to pay monthly medical premiums that are subject to change each year and are evaluated based upon the prior year's actual plan experience for those contracts that are experience-rated. Participant contributions are either withheld from pension checks or obtained directly from the retirees. The cost of the postretirement benefit plan is shared by the Plan Sponsor and the eligible retirees. Participants do not make any contributions to the HRAs.

The Plan Sponsor has established two VEBA Trusts under Section 501(c)(9) of the Internal Revenue Code (IRC):

1. The General Dynamics IS&T Retiree Benefits Trust; and
2. The General Dynamics IS&T Postretirement Life Insurance Benefits Trust.

Retiree medical benefits are able to be funded by a combination of the VEBA Trust in (1) above and the IRC Section 401(h) Accounts associated with the Government Plan and the Electric Boat and Mission Systems Plan. The retiree life insurance for certain future eligible retirees is funded by the VEBA Trust in (2) above. For the plan year ended December 31, 2024, all retiree medical benefits were funded from the VEBA Trust.

Contributions to the Plan are used for the payment of claims, administrative expenses, and insurance premiums. Contributions to the Plan are also used to reimburse retirees for qualifying expenses after age 65. Benefits are administered under contracts with various service providers.

(e) Funding Policy

The Company's policy is to fund contributions in amounts that are (1) expected to be required to provide the Plan with sufficient funds to pay benefits and expenses of administering the Plan as amounts become due and payable and (2) reimbursable under the provisions of the Plan Sponsor's contracts with the United States Government.

Plan participants share in funding a portion of benefits provided by the Plan in accordance with applicable provisions of the Summary Plan Descriptions. For the plan year ended December 31, 2024, participant contributions were \$3,131,004.

(f) Risks and Uncertainties

The Plan invests in various investments through the VEBA Trusts and its interest in the 401(h) Accounts. As of and for the years ended December 31, 2024 and 2023, detailed disclosures on the investments in the GDIT 401(h) Account are presented in the Government Plan financial statements and detailed disclosures on the investments in the Mission Systems 401(h) Account are presented in the Electric Boat and Mission Systems Plan financial statements.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

Investments are exposed to various risks, such as interest rate, market, liquidity and credit risks, as well as risks associated with global events. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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 and the funded status of the Plan. In addition, the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to health care trend rates, interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

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

(b) *Investment Valuation and Income Recognition*

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

Purchases and sales of investments are recorded on the trade date. Dividends are recognized on the ex-dividend date, the date on which an entity or an individual must own the stock to receive the pending dividend. Interest income is recorded on an accrual basis. Net depreciation includes the gains or losses on investments bought and sold as well as held during the year.

(c) *Payment of Benefits*

Benefits are recorded when paid.

(d) *Postretirement Benefits*

The postretirement benefit obligations represent the actuarial present value of estimated future benefits that are attributed to employee service rendered through the valuation date. Postretirement benefits include payments expected to be made to, or for (1) currently retired employees and their covered dependents and (2) active employees after retirement from service and their covered dependents.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The present value of the expected benefit obligations is determined actuarially and is the amount that results from applying actuarial assumptions to historical claims cost data. The estimate of future annual incurred claims costs net of participant contributions per participant is further adjusted for estimates of the time value of money (through discounts for interest) and the probability of payment (through decrements, such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Included in the Plan's benefit obligations are claims incurred prior to December 31 of the respective year that were not reported as of December 31 of that year.

(e) *Administrative Expenses*

The Plan Sponsor administers the Plan. Administrative expenses, including professional service fees, are paid by the Plan Sponsor or the Plan.

(f) *Due from Providers*

The amounts shown as due from providers at December 31, 2024 and 2023 of \$103,860 and \$149,175, respectively, represent medical rebates and premium refunds from service providers.

(g) *Use of Estimates*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(3) *Certified Investments*

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value, accrued interest and dividends, due from broker for securities sold, and due to broker for securities purchased at December 31, 2024 and 2023, and net depreciation in fair value of investments, and interest and dividends, for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company (the Trustee of the Plan).

(4) *Fair Value Measurements*

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;

**GENERAL DYNAMICIS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities;
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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 31, 2024 and 2023:

Exchange Traded Funds and Mutual Funds: Valued at the closing price reported on the active market in which the individual securities are traded (Level 1).

Government Securities: These securities are valued based on institutional bid evaluations (Level 2).

Units of a Common Trust Fund: The fair value of this private investment security is determined using the net asset value as provided by the fund managers (Level 2). The investment is redeemable daily at net asset value, and there are no significant restrictions on redemptions.

**GENERAL DYNAMCIS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

		Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2024	Total			
Common Trust Fund	\$ 1,922,129	\$ -	\$ 1,922,129	\$ -
Exchange Traded Funds and Mutual Funds	22,612,841	22,612,841	-	-
Government Securities	<u>72,804,954</u>	<u>-</u>	<u>72,804,954</u>	<u>-</u>
Total investments, at fair value	<u>\$ 97,339,924</u>	<u>\$ 22,612,841</u>	<u>\$ 74,727,083</u>	<u>\$ -</u>

		Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2023	Total			
Common Trust Fund	\$ 7,675,738	\$ -	\$ 7,675,738	\$ -
Exchange Traded Funds and Mutual Funds	19,782,952	19,782,952	-	-
Government Securities	<u>74,204,581</u>	<u>-</u>	<u>74,204,581</u>	<u>-</u>
Total investments, at fair value	<u>\$ 101,663,271</u>	<u>\$ 19,782,952</u>	<u>\$ 81,880,319</u>	<u>\$ -</u>

(5) Tax Status

The Plan Sponsor holds the assets of the Plan in the VEBA Trusts, which were designed in accordance with Section 501(c)(9) of the IRC issued by the Internal Revenue Service (IRS). The IRS has determined and informed the Plan Sponsor in separate letters dated June 11, 1999, that the Trusts were designed in accordance with Section 501(a) of the IRC and are therefore exempt from Federal income tax under Section 501(c)(9) of the IRC. The Plan Sponsor and Plan's counsel believe that the Plan and the VEBA Trusts, including those Trusts referenced in Note 1d, continue to be designed and operated in compliance with the IRS regulations.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

Certain earnings related to the Plan assets may be subject to income taxes based on the provisions of Section 419(a) and Section 512 of the IRC. The Plan recorded a prepaid income tax of \$4,085,000 and \$6,337,000 as of December 31, 2024 and 2023, respectively. The Plan recorded an income tax payable of \$226,000 as of December 31, 2024. The Plan recorded an income tax receivable of \$1,227,982 as of December 31, 2024 and a tax refund of the same amount for year ended December 31, 2024 related to amended tax returns applicable to tax years 2019 through 2021. In the Statement of Changes in Net Assets Available for Benefits for year ended December 31, 2024, \$336,276 is related to tax expense.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. At December 31, 2024 there was an ongoing audit of the Plan for the 2021 Plan year. The audit was closed during March 2025 with no findings. Under the applicable IRS Statute of Limitations, the Plan is no longer open to income tax examinations for years prior to 2021.

(6) 401(h) Account

A portion of the Plan's obligations were funded through contributions to the Government Plan and the Electric Boat and Mission Systems Plan in accordance with IRC Section 401(h). The following tables present the components of the net assets available for the 401(h) Accounts as of December 31, 2024 and 2023 and the related changes in net assets available for the year ended December 31, 2024.

	2024			2023		
	GDIT	Mission Systems	Total	GDIT	Mission Systems	Total
Assets:						
Investment in GDC Master Trust at fair value	\$ 3,204,945	\$ 60,015,863	\$ 63,220,808	\$ 2,940,282	\$ 57,377,038	\$ 60,317,320
Liabilities:						
Accrued Expenses	<u>2,624</u>	<u>46,372</u>	<u>48,996</u>	<u>5,549</u>	<u>15,909</u>	<u>21,458</u>
Net assets available for benefits	<u>\$ 3,202,321</u>	<u>\$ 59,969,491</u>	<u>\$ 63,171,812</u>	<u>\$ 2,934,733</u>	<u>\$ 57,361,129</u>	<u>\$ 60,295,862</u>

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

	<u>GDIT</u>	<u>Mission Systems</u>	<u>Total</u>
Additions from net assets attributed to:			
Net appreciation from GDC Master Trust	\$ 280,190	\$ 2,680,711	\$ 2,960,901
Total additions	<u>280,190</u>	<u>2,680,711</u>	<u>2,960,901</u>
Deductions from net assets attributed to:			
Administrative expenses	12,602	72,349	84,951
Total deductions	<u>12,602</u>	<u>72,349</u>	<u>84,951</u>
Net increase	267,588	2,608,362	2,875,950
Net assets available for benefits:			
Beginning of year	<u>2,934,733</u>	<u>57,361,129</u>	<u>60,295,862</u>
End of year	<u>\$ 3,202,321</u>	<u>\$ 59,969,491</u>	<u>\$ 63,171,812</u>

(7) Plan Termination

The Plan was established by the Plan Sponsor with the intention that it shall be operated indefinitely and that contributions to the Plan, if required, shall continue for an indefinite period. Although it has not expressed any intention to do so, the Plan Sponsor reserves the right at any time to terminate the Plan in whole or in part subject to the provisions of ERISA. In the event of such termination, contributions shall cease as of the date of termination and the assets then remaining in the Plan shall continue to be used and applied for the payment of reasonable and necessary expenses incurred in connection with such termination, or the purchase of contracts issued by insurance companies for insurance or other benefits coverage, or as otherwise permitted by the Plan, the VEBA Trusts, the 401(h) Accounts and applicable law.

(8) Benefit Obligations

The benefit obligations at December 31, 2024 and 2023 are comprised principally of postretirement health and life insurance benefits.

At December 31, 2024, the health care cost trend rates applied to claims were as follows:

<u>Year</u>	<u>Pre-65 Claims</u>
2024	7.50%
2025	7.25%
2026	7.25%
2027	7.00%
2028	7.00%
2029	6.50%
2030	6.50%
2031	6.25%
2032	6.25%
2033	5.75%
2034	5.50%
2035+	5.00%

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

At December 31, 2023, the health care cost trend rates applied to claims were as follows:

<u>Year</u>	<u>Pre-65 Claims</u>
2023	7.00%
2024	6.75%
2025	6.75%
2026	6.50%
2027	6.50%
2028	6.25%
2029	6.25%
2030	5.75%
2031	5.25%
2032+	5.00%

The health care cost trend rate assumption has an effect on the amounts reported in the accompanying financial statements. If the assumed medical trend rates increased by 1.00% each year, the postretirement benefit obligations as of December 31, 2024 and 2023 would increase by \$41,000 and \$48,000, respectively.

The following other significant actuarial assumptions were used in the actuarial valuations of both postretirement health care and life insurance benefit obligations prepared for each year.

- Mortality – RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Endemic Mortality Improvement Scale (2024) for December 31, 2024 and RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Endemic Mortality Improvement Scale (2023) for December 31, 2023;
- Weighted Average Discount Rate – 5.63% and 4.98% at December 31, 2024 and 2023, respectively;
- Retirement – Sliding scale where 100% of employees expected to retire by the age of 70;
- Salary – Sliding scale ranging from 6.7% at age 21 and under to 2.7% at age 69 or over;
- Retiree participation rate – 50% to 75%.

The change in the postretirement benefit obligations for the year ended December 31, 2024, exclusive of benefits earned and paid, was a result of various factors, including a change in the discount rate, mortality scale, and health care trend rate. Other factors impacting the calculation of the expected benefit obligation include updated census data reflecting actual experience during 2023 and anticipated experience during 2024, plus any other changes to the underlying data elements or coverage elections and updated net claims data applicable to 2024.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The foregoing assumptions presume 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 the postretirement benefit obligations. The Plan Sponsor currently has no intention to terminate the Plan.

(9) Related Party and Party-In-Interest Transactions

The Plan invests in units of a common trust fund managed by Northern Trust Investments, Inc., an affiliate of the Trustee, in the amounts of \$1,922,129 and \$7,675,738 as of December 31, 2024 and 2023. The Plan invests in mutual funds and exchange traded funds managed by BlackRock Financial Management, Inc., the Plan's investment manager in the amounts of \$22,612,841 and \$19,782,952 as of December 31, 2024 and 2023. These transactions and fees paid by the Plan qualify as related party transactions.

The Master Trust invests in units of a collective trust fund managed by Northern Trust Investments, Inc. Detailed disclosures on the related party transactions in the GDIT 401(h) Account are presented in the Government Plan financial statements and detailed disclosures on the related party transactions in the Mission Systems 401(h) Account are presented in the Electric Boat and Mission Systems Plan financial statements at December 31, 2024 and 2023, respectively.

Investments in certain collective funds held in the Master Trust are managed by Northern Trust Investments, Inc., an affiliate of the Trustee, in the amounts of \$2,795,388,711 and \$3,479,494,074, as of December 31, 2024 and 2023, respectively. An investment in a hedge fund in the Master Trust is managed by BlackRock Financial Management, Inc., in the amounts of \$864,450 and \$871,056 as of December 31, 2024 and 2023, respectively. Investments in certain collective funds held in the Master Trust are managed by BlackRock Institutional Trust Company, N.A., an affiliate of BlackRock Financial Management, Inc., in the amounts of \$3,254,485,210 and \$4,012,418,343 as of December 31, 2024 and 2023, respectively. These transactions qualify as related party transactions. There were also fees paid to BlackRock Financial Management, Inc. and The Northern Trust Company from the Master Trust and the Plan that qualify as related party transactions. The Master Trust also holds investment funds issued by certain investment managers which also qualify as exempt party-in-interest investments. Fees paid to other service providers also qualify as exempt party-in-interest transactions.

There is a payable due to the Company of \$4,421,274 and \$4,150,776 at December 31, 2024 and 2023, respectively. The payable is comprised of payments made by the Plan Sponsor on behalf of the Plan for claims, premiums, and Plan expenses. As the Company is the Plan's Sponsor, these are exempt party-in-interest transactions. Fees paid to other service providers also qualified as exempt party-in-interest transactions.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported in the financial statements to the Form 5500 as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported in the financial statements	\$ 162,191,047	\$ 164,309,016
Less: net assets held in the Master Trust 401(h) accounts	(63,171,812)	(60,295,862)
Net assets available for benefits per the Form 5500	<u>\$ 99,019,235</u>	<u>\$ 104,013,154</u>

The following is a reconciliation of net decrease as reported in the financial statements to the net loss per the Form 5500 for the year ended December 31, 2024:

Net decrease per the financial statements	\$ (2,117,969)
Less: net increase in 401(h) net assets available for benefits	<u>(2,875,950)</u>
Net loss per the Form 5500	<u>\$ (4,993,919)</u>

(11) Subsequent Events

Plan management has evaluated all subsequent events and transactions that occurred after December 31, 2024 through September 19, 2025, which is the date the financial statements were available to be issued. No events are deemed relevant for disclosure.

**GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN**

Schedule H, Line (4)j – Schedule of Reportable Transactions

For the year ended December 31, 2024

(a) Identity of party involved Category (iii)	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ 43,011,623	\$ —	\$ —	\$ —	\$ 43,011,623	\$ 43,011,623	\$ —
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	\$ —	\$ 48,765,232	\$ —	\$ —	\$ 48,765,232	\$ 48,765,232	\$ —

* Represents a party-in-interest

Note: Reportable transactions are defined as either:

1. Any single transactions in excess of 5% of the current value of the Plan's assets as of the beginning of the Plan year or
2. A series of transactions involving securities of the same issue which, in the aggregate, amounts to more than 5% of the current value of the Plan's assets as of the beginning of the Plan year.

See accompanying independent auditors' report.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN
Schedule G, Part III - Nonexempt Transactions
For the Year Ended December 31, 2024

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction (including interest rate, maturity, collateral, par or maturity value)	(d) Purchase price	(e) Selling price	(f) Lease Rental	(g) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss)
Part III									
General Dynamics Corporation	Plan Sponsor	See * below	\$ -	\$ 31,853	\$ -	\$ -	\$ 27,175	\$ 31,853	\$ 4,678
General Dynamics Corporation	Plan Sponsor	See ** below	-	2,771	-	-	2,617	2,771	154
General Dynamics Corporation	Plan Sponsor	See *** below	-	286	-	-	271	286	15
General Dynamics Corporation	Plan Sponsor	See **** below	-	1,876	-	-	1,716	1,876	160

* This amount represents an overpayment of claims from 2018 through 2023 by the Plan. This error and any earnings thereon were corrected in 2024.

** This amount represents an overpayment of claims from 2022 through 2024 by the Plan. This error and any earnings thereon were corrected in 2024.

*** This amount represents an overpayment of claims from 2023 through 2024 by the Plan. This error and any earnings thereon were corrected in 2024.

**** This amount represents an overpayment of claims from 2022 through 2024 by the Plan. This error and any earnings thereon were corrected in 2025.

See accompanying independent auditors' report.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN
Schedule H, Line (4)i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
Interest in Common Trust:				
* 66586U437	NORTHERN TRUST INVESTMENTS, INC.	NT Common Short Term Investment Fund	\$ 1,922,129	\$ 1,922,129
		Total Interest in Common Trust	1,922,129	1,922,129
Exchange Traded Funds:				
* 464287200	ISHARES CORE S&P 500 ETF	Exchange Traded Funds	\$ 6,308,351	\$ 9,029,176
* 46434G764	ISHARES INC MSCI EMERGING MKTS EX CHINA	Exchange Traded Funds	1,815,119	1,886,910
		Total Exchange Traded Funds	8,123,470	10,916,086
Government Bonds:				
91282CKH3	UNITED STATES OF AMER TREAS NOTES 4.5% 03-31-2026	Government Bonds	\$ 27,748	\$ 28,075
91282CJT9	UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027	Government Bonds	29,854	29,850
91282CMB4	UNITED STATES TREAS NTS 4.0% 12-15-2027	Government Bonds	510,314	510,977
		Total Government Bonds	567,916	568,902
Mutual Funds				
* 09260B630	BLACKROCK FDS V HIGH YIELD BD PORT INSTLCL	Mutual Fund	\$ 2,591,209	\$ 2,620,315
* 09258N315	BLACKROCK FDS ADVANTG INTL K	Mutual Fund	5,443,534	6,140,536
* 091936450	BLACKROCK FDS ADVANTAGE SMALL CAP CORE FD INSTL CL	Mutual Fund	540,741	650,725
* 091936583	BLACKROCK FUNDS REAL ESTATE SEC FD INSTL	Mutual Fund	2,293,913	2,285,179
		Total Mutual Funds	10,869,397	11,696,755
Municipal/Provincial Bonds:				
005518YW9	ADAMS & WELD CNTYS COLO SCH DIST NO 027 J BRIGHTON 5% 12-01-2047	Municipal/Provincial Bonds	\$ 55,115	\$ 54,297
018106TX2	ALLEN TEX INDPT SCH DIST 5% 02-15-2025	Municipal/Provincial Bonds	541,240	476,050
02765UNQ3	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2029	Municipal/Provincial Bonds	106,941	99,887
02765URB2	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2032	Municipal/Provincial Bonds	170,163	164,310
041806WR7	ARLINGTON TEX HIGHER ED FIN CORP ED REV 5% 08-15-2031	Municipal/Provincial Bonds	244,218	214,554
0418264U9	ARLINGTON TEX INDPT SCH DIST 5% 02-15-2030	Municipal/Provincial Bonds	185,829	161,264
050589PE4	AUBURN UNIV ALA GEN FEE REV 5% 06-01-2026	Municipal/Provincial Bonds	27,451	25,680
051556KJ6	AURORA COLO CTFs PARTN 5% 12-01-2031	Municipal/Provincial Bonds	21,279	21,750
052397JS6	AUSTIN TEX FIXED 5.0% DUE 09-01-2030	Municipal/Provincial Bonds	61,034	57,548
052477PW0	AUSTIN TEX WTR & WASTEWATER SYS REV 5% 11-15-2039	Municipal/Provincial Bonds	16,296	16,423
052477MW3	AUSTIN TEXAS MUNI 4.0% DUE 11-15-2041	Municipal/Provincial Bonds	95,868	99,750
09182TDL8	BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055	Municipal/Provincial Bonds	111,225	111,908
09182NBR0	BLACK BELT ENERGY GAS DIST ALA GAS SUPPLY REV 4% 06-01-2051	Municipal/Provincial Bonds	313,277	325,040
09182TCR6	BLACK BELT ENERGY GAS DIST ALA GAS PROJ REV 5.5% 06-01-2049	Municipal/Provincial Bonds	183,321	184,965
09182TDB0	BLACK BELT ENERGY GAS DIST ALA GAS SER C 5.5% 10-01-2054	Municipal/Provincial Bonds	432,965	454,875
097067ML3	BOERNE TEX INDPT SCH DIST 5% 02-01-2029	Municipal/Provincial Bonds	69,527	64,691
106241G55	BRAZOSPORT TEX INDPT SCH DIST 5% 02-15-2026	Municipal/Provincial Bonds	289,491	265,949
108152GS2	BRIDGEPORT CONN 5% 08-15-2027	Municipal/Provincial Bonds	297,492	287,709
121342QL6	BURKE CNTY GA DEV AUTH POLLUTN CTL REV 3.375% 11-01-2053	Municipal/Provincial Bonds	380,000	380,065
13013JEA0	CA CMNTY CHOICE FING AUTH CLEAN SER B-GREEN BDS 5% 01-01-2055	Municipal/Provincial Bonds	346,473	342,762
13013JDR4	CALIFORNIA CMNTY CHOICE FING AUTH CLEAN ENERGY PROJ REV 5% 05-01-2054	Municipal/Provincial Bonds	534,497	537,581
130178X76	CALIFORNIA EDL FACS AUTH REV 5% 06-01-2043	Municipal/Provincial Bonds	384,963	389,609
13032UU22	CALIFORNIA HEALTH FACS FING AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	412,868	400,244
13057EHF4	CALIFORNIA PUB FIN AUTH REV 5% 08-01-2033	Municipal/Provincial Bonds	280,014	267,174
13063DLF3	CALIFORNIA ST FIXED 5.0% DUE 04-01-2030	Municipal/Provincial Bonds	75,483	70,583
13068XLC1	CALIFORNIA ST PUB WKS BRD LEASE REV 5% 04-01-2043	Municipal/Provincial Bonds	161,366	161,398
13063ECL8	CALIFORNIA ST 5% 08-01-2033	Municipal/Provincial Bonds	216,245	212,490
13080SYA6	CALIFORNIA STATEWIDE CMNTYS DEV AUTH REV 5% 04-01-2038	Municipal/Provincial Bonds	497,368	466,457
15504REG2	CENTRAL PUGET SOUND WASH REGL TRAN AUTH REF-IMPT-SER S-1-GREEN 4.0% 11-01-2046	Municipal/Provincial Bonds	1,011,540	993,759
15504RGA1	CENTRAL PUGET SOUND WASH REGL TRAN AUTH SALES & USE TAX REV 5% 11-01-2031	Municipal/Provincial Bonds	331,814	325,090
160069MJ1	CHARLESTON CNTY S C 5% 11-01-2041	Municipal/Provincial Bonds	526,846	528,675
160429E77	CHARLESTON S C WTRWKS & SWR REV 5% 01-01-2054	Municipal/Provincial Bonds	353,613	344,211
161036TR9	CHARLOTTE N C ARPT REV 4% 07-01-2047	Municipal/Provincial Bonds	586,898	583,166
161036NT1	CHARLOTTE N C ARPT REV 5% 07-01-2029	Municipal/Provincial Bonds	292,089	271,810
161036VM7	CHARLOTTE N C ARPT REV 5% 07-01-2048	Municipal/Provincial Bonds	147,962	149,733
161045TE9	CHARLOTTE N C WTR & SWR SYS REV 5.0% 07-01-2054	Municipal/Provincial Bonds	339,220	339,399
163103VJ0	CHELAN CNTY WASH PUB UTIL DIST NO 001 CONS REV 4% 07-01-2039	Municipal/Provincial Bonds	46,531	50,370
1675935C2	CHICAGO ILL O HARE INTL ARPT REV 5.25% 01-01-2044	Municipal/Provincial Bonds	33,506	33,202
1675936N7	CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2032	Municipal/Provincial Bonds	453,005	449,880
18085PSH8	CLARK CNTY NEV ARPT REV 5% 07-01-2030	Municipal/Provincial Bonds	235,873	210,195
181059TE6	CLARK CNTY NEV SCH DIST 5% 06-15-2028	Municipal/Provincial Bonds	162,448	152,305
194740NS1	COLLIN CNTY TEX 5% 02-15-2031	Municipal/Provincial Bonds	155,653	134,572
19648FWU4	COLORADO HEALTH FACS AUTH REV 5.25% 11-01-2052	Municipal/Provincial Bonds	49,191	53,174
19648FXD1	COLORADO HEALTH FACS AUTH REV 5% 11-15-2058	Municipal/Provincial Bonds	435,076	426,023
19648FXS8	COLORADO HEALTH FACS AUTH REV 5% 12-01-2034	Municipal/Provincial Bonds	617,620	602,063
19648FXT6	COLORADO HEALTH FACS AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	91,170	87,212
1966324Z3	COLORADO SPRINGS COLO UTILS REV 5.25% 11-15-2053	Municipal/Provincial Bonds	289,958	289,013
196711VP7	COLORADO ST CTFs PARTN 5% 11-01-2040	Municipal/Provincial Bonds	715,319	688,032
1994927J2	COLUMBUS OHIO 5% 08-15-2039	Municipal/Provincial Bonds	264,886	259,540
207758CS0	CONNECTICUT ST SPL TAX OBLIG REV 5% 05-01-2033	Municipal/Provincial Bonds	155,278	160,155
207758F73	CONNECTICUT ST SPL TAX OBLIG REV 5% 11-01-2026	Municipal/Provincial Bonds	624,196	543,386
20772KVVJ5	CONNECTICUT ST 5% 01-15-2035	Municipal/Provincial Bonds	340,273	318,402
20772KGD5	CONNECTICUT ST 5% 04-15-2035	Municipal/Provincial Bonds	789,451	768,394
23503CBM8	DALLAS FORT WORTH TEX INTL ARPT REV 4% 11-01-2045	Municipal/Provincial Bonds	628,340	622,278
238388XH0	DAVENPORT IOWA 4% 06-01-2034	Municipal/Provincial Bonds	355,077	329,332
246388UF7	DELAWARE ST HEALTH FACS AUTH REV 5% 10-01-2038	Municipal/Provincial Bonds	697,190	682,541
246381SM0	DELAWARE ST 5% 05-01-2034	Municipal/Provincial Bonds	294,161	303,304
249182QS8	DENVER COLO CITY & CNTY ARPT REV 4% 11-15-2041	Municipal/Provincial Bonds	60,785	67,836
249182QV1	DENVER COLO CITY & CNTY ARPT REV 5% 11-15-2047	Municipal/Provincial Bonds	255,268	253,952
24917DCR2	DENVER COLO CITY & CNTY DEDICATED TAX REV 4% 08-01-2051	Municipal/Provincial Bonds	243,640	240,526
249174YK3	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2039	Municipal/Provincial Bonds	677,172	661,348
249174YP2	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2045	Municipal/Provincial Bonds	635,418	639,134
25477GVW2	DISTRICT COLUMBIA INCOME TAX REV 5% 05-01-2039	Municipal/Provincial Bonds	250,882	255,253
25476FA57	DISTRICT COLUMBIA 5.25% 01-01-2048	Municipal/Provincial Bonds	188,782	185,102
29270CP74	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2026	Municipal/Provincial Bonds	222,873	201,779
29270CSV3	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2040	Municipal/Provincial Bonds	185,016	183,716
292723BN2	ENERGY SOUTHEAST ALA COOP DIST ENERGY SUPPLY REV 5.25% 07-01-2054	Municipal/Provincial Bonds	178,565	183,453
30382LGB8	FAIRFAX CNTY VA ECONOMIC DEV AUTH FAC REV 5% 10-01-2027	Municipal/Provincial Bonds	427,457	369,684
3042438E1	FAIRFIELD CONN 4% 07-01-2037	Municipal/Provincial Bonds	539,448	543,567
312805MY7	FAYETTEVILLE N C PUB WKS COMMN REV 5% 03-01-2035	Municipal/Provincial Bonds	294,046	304,163
34161HAL0	FLORIDA ST DEPT TRANSN SUNSHINE SKYWAY REV 5% 07-01-2030	Municipal/Provincial Bonds	192,396	173,371
346817E08	FORT BEND CNTY TEX TOLL RD REV 5% 03-01-2042	Municipal/Provincial Bonds	185,042	184,680
36005FNB7	FULTON CNTY GA DEV AUTH REV 5% 06-15-2050	Municipal/Provincial Bonds	247,991	244,953
373586HT6	GEORGIA ST PORTS AUTH REV 4% 07-01-2047	Municipal/Provincial Bonds	151,335	146,647
37970PJA1	GLOUCESTER CNTY N J IMPT AUTH REV 5% 11-01-2028	Municipal/Provincial Bonds	26,966	25,818
39081JBR8	GREAT LAKES WTR AUTH MICH WTR SUPPLY SYSREV 5% 07-01-2025	Municipal/Provincial Bonds	365,659	342,904
395468PH8	GREENSBORO N C ENTERPRISE SYS REV 5% 06-01-2049	Municipal/Provincial Bonds	572,749	572,131
407288F95	HAMILTON CNTY OHIO SWR SYS REV 5% 12-01-2039	Municipal/Provincial Bonds	57,320	56,092
41423PAX5	HARRIS CNTY TEX TOLL RD REV 4% 08-15-2048	Municipal/Provincial Bonds	616,900	589,165
419722P80	HAWAII CNTY HAWAII 5% 09-01-2027	Municipal/Provincial Bonds	93,973	86,998
419792RT5	HAWAII ST 5% DUE 05-01-2034	Municipal/Provincial Bonds	360,980	358,063
438687UG8	HONOLULU HAWAII CITY & CNTY 5% 11-01-2027	Municipal/Provincial Bonds	833,382	824,770
44244CUC54	HOUSTON TEX UTIL SYS REV 5.25% 11-15-2049	Municipal/Provincial Bonds	427,502	424,764
447819KL6	HURST EULESS BEDFORD TEX INDPT SCH DIST 4% 08-15-2050	Municipal/Provincial Bonds	304,676	299,514
448474ZL3	HUTTO TEX 5% 08-01-2040	Municipal/Provincial Bonds	356,192	350,584
45204EY93	ILLINOIS FIN AUTH REV 5% 11-01-2030	Municipal/Provincial Bonds	656,771	599,349
452252QG7	ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2028	Municipal/Provincial Bonds	316,802	306,063
452252NG0	ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2031	Municipal/Provincial Bonds	136,001	123,079
452252PX1	ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2046	Municipal/Provincial Bonds	302,169	319,942
452153KY4	ILLINOIS ST 5% 02-01-2039	Municipal/Provincial Bonds	78,699	75,926
4521523C3	ILLINOIS ST 5% 10-01-2030	Municipal/Provincial Bonds	956,129	943,283
45506ELF8	INDIANA ST FIN AUTH REV 5% 02-01-2040	Municipal/Provincial Bonds	86,448	83,623
472682ZE6	JEFFERSON CNTY ALA SWR REV 5% 10-01-2035	Municipal/Provincial Bonds	180,792	175,185
476637AN3	JERSEY CITY N J REDEV AGY 4% 12-15-2031	Municipal/Provincial Bonds	647,273	548,401
486063S43	KATY TEX INDPT SCH DIST 5% 02-15-2048	Municipal/Provincial Bonds	198,041	191,521
74440DBR4	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 4% 12-01-2049	Municipal/Provincial Bonds	112,419	110,051
74440DFC3	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 01-01-2055	Municipal/Provincial Bonds	232,736	234,324
74440DEL4	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055	Municipal/Provincial Bonds	181,739	182,846
492244GQ5	KERN CALIF CMNTY COLLEGE DIST 5.25% 08-01-2038	Municipal/Provincial Bonds	339,295	354,822
494890F43	KING CNTY WASH SCH DIST NO 210 FEDERAL WAY 5% 12-01-2029	Municipal/Provincial Bonds	55,154	54,602
510768KT0	LAKE SHORE MICH PUB SCHS MACOMB CNTY 5% 11-01-2041	Municipal/Provincial Bonds	370,550	363,852
513174Q21	LAMAR TEX CONS INDPT SCH DIST 4% 02-15-2054	Municipal/Provincial Bonds	19,073	19,053
5178406N9	LAS VEGAS VALLEY NEV WTR DIST 5% 06-01-2025	Municipal/Provincial Bonds	463,348	403,131
544445JN0	LOS ANGELES CALIF DEPT ARPTS ARPT REV 4% 05-15-2044	Municipal/Provincial Bonds	794,199	770,076
546417GZ3	LOUISIANA ST 5% 04-01-2038	Municipal/Provincial Bonds	375,956	366,968
54641OCX7	LOUISIANA STAD & EXPOSITION DIST REV 5% 07-01-2048	Municipal/Provincial Bonds	432,460	431,145
5465892W1	LOUISVILLE & JEFFSN CNTY KY MET SWR DISTSWR & DRAIN SYS REV 5% 05-15-2038	Municipal/Provincial Bonds	58,538	56,053
56035DFC1	MAIN STR NAT GAS INC GA GAS SUPPLY REV 5% 07-01-2053	Municipal/Provincial Bonds	197,937	205,174
56678PBF3	MARICOPA CNTY ARIZ INDL DEV AUTH HOSP REV 5% 09-01-2034	Municipal/Provincial Bonds	162,647	153,305
574294CV4	MARYLAND ST STAD AUTH BUILT LEARN REV 5% 06-01-2054	Municipal/Provincial Bonds	269,528	265,387
575577NZ0	MASSACHUSETTS BAY TRANSN AUTH MASS REV 5% 07-01-2052	Municipal/Provincial Bonds	366,185	356,384
575679L47	MASSACHUSETTS BAY TRANSN AUTH MASS SALESTAX REV 4% 07-01-2039	Municipal/Provincial Bonds	92,404	101,595
57584Y3R8	MASSACHUSETTS ST DEV FIN AGY REV 5% 10-01-2039	Municipal/Provincial Bonds	693,160	683,532
57604TKC9	MASSACHUSETTS ST TRANSN FD REV 5% 06-01-2050	Municipal/Provincial Bonds	975,356	946,241
57604TLH7	MASSACHUSETTS ST TRANSN FD REV 5% 06-01-2054	Municipal/Provincial Bonds	64,862	64,223
57582RH74	MASSACHUSETTS ST 4% 11-01-2041	Municipal/Provincial Bonds	524,172	547,415
57582R6E1	MASSACHUSETTS ST 5.0% 03-01-2039	Municipal/Provincial Bonds	302,851	303,977
579173BZ7	MCALLISTER ACADEMIC VLG ARIZ LLC REV 5% 07-01-2025	Municipal/Provincial Bonds	331,119	302,651

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN
Schedule H, Line (4)i – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost		(e) Current value	
592090JS4	METROPOLITAN GOVT NSHVLE & DAVIDSON CNTY TENN SPORTS AUTH REV 5% 07-01-2038	Municipal/Provincial Bonds	\$	498,157	\$	509,045
59261AH83	METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2049	Municipal/Provincial Bonds		648,950		676,247
593328FB8	MIAMI CNTY OHIO HOSP FACS REV 5% 08-01-2028	Municipal/Provincial Bonds		107,374		100,298
59333P7M4	MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2035	Municipal/Provincial Bonds		404,195		397,542
59333N5H2	MIAMI-DADE CNTY FLA SPL OBLIG 5% 04-01-2047	Municipal/Provincial Bonds		69,998		68,990
5946952G2	MICHIGAN ST TRUNK LINE 4% 11-15-2045	Municipal/Provincial Bonds		93,266		99,834
594712WF4	MICHIGAN ST UNIV REVS 4% 02-15-2038	Municipal/Provincial Bonds		68,271		70,624
5977833A5	MIDLAND TEX INDPT SCH DIST 4% 02-15-2040	Municipal/Provincial Bonds		25,733		25,135
60412AM83	MINNESOTA ST 5% 08-01-2039	Municipal/Provincial Bonds		548,407		529,043
60412AN41	MINNESOTA ST 5% 08-01-2043	Municipal/Provincial Bonds		434,125		435,468
625617KV8	MULTNOMAH CNTY ORE SCH DIST NO 1J PORTLAND 5% 06-15-2027	Municipal/Provincial Bonds		248,674		241,186
64480PGP8	NEW HANOVER CNTY N C LTD OBLIG 5% 11-01-2035	Municipal/Provincial Bonds		43,718		45,495
64577XEQ5	NEW JERSEY ECONOMIC DEV AUTH REV 5% 03-01-2028	Municipal/Provincial Bonds		151,873		147,939
64579RDG9	NEW JERSEY INST TECHNOLOGY 5% 07-01-2033	Municipal/Provincial Bonds		103,075		91,401
646140ET6	NEW JERSEY ST TPK AUTH TPK REV 4.5% 01-01-2048	Municipal/Provincial Bonds		281,918		295,186
646140DC4	NEW JERSEY ST TPK AUTH TPK REV 4% 01-01-2048	Municipal/Provincial Bonds		45,102		49,378
646140FX6	NEW JERSEY ST TPK AUTH TPK REV 5.25% 01-01-2049	Municipal/Provincial Bonds		255,794		253,264
64613CEN4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2036	Municipal/Provincial Bonds		281,770		281,466
64613CCT3	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2038	Municipal/Provincial Bonds		229,237		225,143
64613CEG9	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2046	Municipal/Provincial Bonds		256,548		266,933
646039YL5	NEW JERSEY ST 5% 06-01-2027	Municipal/Provincial Bonds		169,403		157,000
646039YN1	NEW JERSEY ST 5% 06-01-2029	Municipal/Provincial Bonds		444,872		432,928
6473104C2	NEW MEXICO ST SEVERANCE TAX 5% 07-01-2029	Municipal/Provincial Bonds		271,044		265,195
64966WGT8	NEW YORK N Y CITY HSG DEV CORP REV 2.875% 08-01-2042	Municipal/Provincial Bonds		734,031		710,812
64972GG32	NEW YORK N Y CITY MUN WTR FIN AUTH WTR & SWR SYS REV 5.25% 06-15-2054	Municipal/Provincial Bonds		205,222		201,077
64972HZN5	NEW YORK N Y CITY TRANSITIONAL FIN AUTH BLDG AID REV 5% 07-15-2028	Municipal/Provincial Bonds		564,027		523,617
64972JNN4	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.25% 05-01-2048	Municipal/Provincial Bonds		190,328		192,540
64971XU71	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 02-01-2047	Municipal/Provincial Bonds		54,969		53,050
64972JLZ9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 05-01-2040	Municipal/Provincial Bonds		256,331		251,269
64971WPD6	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 11-01-2026	Municipal/Provincial Bonds		446,385		412,518
64966QG38	NEW YORK N Y 5.25% 09-01-2041	Municipal/Provincial Bonds		113,730		110,268
65000BS74	NEW YORK ST DORM AUTH REVS NON ST SUPPORTED DEBT 5% 07-01-2037	Municipal/Provincial Bonds		354,958		341,696
64990KFx6	NEW YORK ST DORM AUTH ST PERS INC UNREFUNDED BALANCE-GEN 5.25% 03-15-2052	Municipal/Provincial Bonds		93,894		92,521
64990F6P4	NEW YORK ST DORM AUTH ST PERS INCOME TAX REV 5% 03-15-2044	Municipal/Provincial Bonds		571,078		553,171
64986DKQ7	NEW YORK ST ENVIRONMENTAL F.C.ST CL 4.0% 06-15-2049	Municipal/Provincial Bonds		354,432		345,343
64989KLF1	NEW YORK ST PWR AUTH REV 4% 11-15-2055	Municipal/Provincial Bonds		219,075		217,839
65003BF50	NEW YORK ST URBAN DEV CORP REV 5% 03-15-2040	Municipal/Provincial Bonds		107,105		109,375
650116GX8	NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2049	Municipal/Provincial Bonds		253,208		262,639
6582565B4	NORTH CAROLINA ST 5% 06-01-2027	Municipal/Provincial Bonds		110,191		105,142
66285WJ56	NORTH TEX TWY AUTH REV 5.25% 01-01-2038	Municipal/Provincial Bonds		11,061		11,105
66285THK2	NORTH THURSTON PUB SCHS WASH 4% 12-01-2036	Municipal/Provincial Bonds		897,075		918,356
66604PAR6	NORTHERN VA TRANSN COMMN TRANSN DIST SPOBLIG REV 5% 06-01-2038	Municipal/Provincial Bonds		268,250		264,693
66604PAS4	NORTHERN VA TRANSN COMMN TRANSN DIST SPOBLIG REV 5% 06-01-2039	Municipal/Provincial Bonds		428,617		421,809
67756DN85	OHIO ST HIGHER EDL FAC COMMN REV 5% 11-01-2034	Municipal/Provincial Bonds		169,682		162,597
67756CEG9	OHIO ST HOSP REV 4% 01-15-2050	Municipal/Provincial Bonds		492,605		466,553
67760HNM3	OHIO ST TPK COMMN TPK REV 5% 02-15-2051	Municipal/Provincial Bonds		692,891		721,384
677632R29	OHIO ST UNIV GEN RCPTS 4.25% 12-01-2056	Municipal/Provincial Bonds		372,274		385,872
677632N72	OHIO ST UNIV GEN RCPTS 4% 12-01-2048	Municipal/Provincial Bonds		62,003		67,644
67766WZP0	OHIO ST WTR DEV AUTH WTR POLLUTN CTL REV 5% 12-01-2025	Municipal/Provincial Bonds		138,736		122,220
677523EV0	OHIO ST 5% 09-01-2028	Municipal/Provincial Bonds		213,077		209,247
6775223Q5	OHIO ST 5% 09-15-2028	Municipal/Provincial Bonds		1,611,606		1,374,421
679111D27	OKLAHOMA ST TPK AUTH TPK REV 5.5% 01-01-2053	Municipal/Provincial Bonds		283,735		296,823
684517S09	ORANGE CNTY FLA SCH BRD CTFS PARTN 5% 08-01-2032	Municipal/Provincial Bonds		223,577		228,443
68609UHM0	OREGON ST 5% 11-01-2034	Municipal/Provincial Bonds		98,653		102,628
68641HNV3	ORLANDO FLA CAP IMPT SPL REV 5% 10-01-2025	Municipal/Provincial Bonds		107,523		101,347
686513AX0	ORLANDO FLA WTR RECLAMATION SYS REV 5% 10-01-2054	Municipal/Provincial Bonds		311,063		307,295
709177FC0	PA ST HIGHER EDL FACS AUTH REV PREREFUNDED-REF-ST SYS 5% 06-15-2026	Municipal/Provincial Bonds		289,597		70,574
709177TFG1	PA ST HIGHER EDL FACS AUTH REV UNREFUNDED BALANCE-REF-ST 5% 06-15-2026	Municipal/Provincial Bonds		248,711		433,466
70342PAN4	PATRIOTS ENERGY GROUP FING AGY S C GAS SUPPLY REV 5.25% 10-01-2054	Municipal/Provincial Bonds		422,915		452,192
70879QR43	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 2.9% 10-01-2037	Municipal/Provincial Bonds		261,369		253,556
70879QR81	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 3% 04-01-2042	Municipal/Provincial Bonds		215,439		208,336
71883PM80	PHOENIX ARIZ CIVIC IMPT CORP WASTEWATER SYS REV 5% 07-01-2033	Municipal/Provincial Bonds		153,789		159,553
725304YA1	PITTSBURGH PA WTR & SWR AUTH WTR & SWR SYS REV 5% 09-01-2048	Municipal/Provincial Bonds		194,899		192,438
73358WV84	PORT AUTH N Y & N J 5% 07-15-2034	Municipal/Provincial Bonds		191,172		183,825
735389YF9	PORT SEATTLE WASH REV 5% 02-01-2027	Municipal/Provincial Bonds		55,391		50,941
759136VY7	REGIONAL TRANSN DIST COLO SALES TAX REV 5% 11-01-2037	Municipal/Provincial Bonds		67,107		66,991
762197VF5	RHODE ISLAND HEALTH & EDL BLDG CORP HIGHER ED FAC REV 4% 09-01-2037	Municipal/Provincial Bonds		99,552		100,906
762197TG6	RHODE ISLAND HEALTH & EDL BLDG CORP HIGHER ED FAC REV 5% 09-15-2026	Municipal/Provincial Bonds		67,196		61,836
76222RZF2	RHODE ISLAND ST & PROVIDENCE PLANTATIONS FIXED 5.0% DUE 01-15-2032	Municipal/Provincial Bonds		269,962		241,711
765433KD8	RICHMOND VA PUB UTIL REV 5% 01-15-2026	Municipal/Provincial Bonds		274,120		255,374
795576GC5	SALT LAKE CITY UTAH ARPT REV 5% 07-01-2025	Municipal/Provincial Bonds		381,600		353,093
79574QCF1	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZ ELEC SYS REV 5% 01-01-2048	Municipal/Provincial Bonds		135,656		139,989
7962376Q3	SAN ANTONIO TEX CTFS OBLIG 5% 08-01-2025	Municipal/Provincial Bonds		110,514		101,155
797272PZ8	SAN DIEGO CALIF CMNTY COLLEGE DIST 4% 08-01-2033	Municipal/Provincial Bonds		211,966		209,174
79739GNW2	SAN DIEGO CNTY CALIF REGL ARPT AUTH ARPT REV 4% 07-01-2051	Municipal/Provincial Bonds		751,902		744,653
801315NG3	SANTA BARBARA CALIF UNI SCH DIST 4.25% 08-01-2039	Municipal/Provincial Bonds		100,792		105,224
812643UK8	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2026	Municipal/Provincial Bonds		711,817		612,766
812643XN9	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2038	Municipal/Provincial Bonds		511,241		495,981
812643YC2	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2052	Municipal/Provincial Bonds		539,325		530,226
837032CB5	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5.5% 11-01-2048	Municipal/Provincial Bonds		185,523		187,792
837032BJ9	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2031	Municipal/Provincial Bonds		160,480		160,758
837032BR1	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2038	Municipal/Provincial Bonds		208,597		209,981
8371514X4	SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2049	Municipal/Provincial Bonds		32,098		31,795
83755VU28	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 4% 07-01-2044	Municipal/Provincial Bonds		280,813		277,483
84131TBT8	SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLY REV 5% 06-01-2049	Municipal/Provincial Bonds		292,953		297,753
84136BT3	SOUTHEAST ENERGY AUTH COMMODITY SUPPLY REV ALA 5.25% 01-01-2054	Municipal/Provincial Bonds		351,687		368,552
845040ML5	SOUTHWEST HIGHER ED AUTH INC TEX REV 5% 10-01-2036	Municipal/Provincial Bonds		343,802		360,307
850269GA3	SPRINGDALE ARK SALES & USE TAX REV 4.125% 08-01-2047	Municipal/Provincial Bonds		353,501		346,238
790409HV1	ST JOHNS CNTY FLA SCH BRD CTFS PARTN 5.5% 07-01-2049	Municipal/Provincial Bonds		73,336		71,506
87638QQH5	TARRANT CNTY TEX CULTURAL ED FACS FIN CORP HOSP REV 5% 12-01-2031	Municipal/Provincial Bonds		1,252,338		1,086,561
87638THF3	TARRANT CNTY TEX CULTURAL ED FACS FIN CORP REV 5% 07-01-2032	Municipal/Provincial Bonds		448,104		450,433
876450BF3	TARRANT REGL WTR DIST TEX 4% 09-01-2055	Municipal/Provincial Bonds		193,121		190,439
880541G92	TENNESSEE ST 5% 05-01-2027	Municipal/Provincial Bonds		317,757		314,617
88213AGS8	TEXAS A & M UNIV REVS 5% 05-15-2025	Municipal/Provincial Bonds		458,295		418,010
88256PAE0	TEXAS MUN GAS ACQUISITION & SUPPLY CORP IV GAS SUPPLY REV 5.25% 01-01-2029	Municipal/Provincial Bonds		261,620		269,675
88278PJ39	TEXAS ST UNIV SYS FING REV 5% 03-15-2040	Municipal/Provincial Bonds		239,764		238,030
88283KBH0	TEXAS TRANSN COMMN CENT TEX TPK SYS REV 5% 08-15-2039	Municipal/Provincial Bonds		685,906		661,560
887440DJ1	TIMPANOGOS SPL SVC DIST UTAH SWR REV 5% 06-01-2047	Municipal/Provincial Bonds		246,134		238,906
88955VZ25	TOMBALL TEX INDPT SCH DIST 5% 02-15-2048	Municipal/Provincial Bonds		55,756		53,332
89602HEN3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2047	Municipal/Provincial Bonds		87,234		86,848
89602HHH3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054	Municipal/Provincial Bonds		211,934		212,748
89602HEV9	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5% 11-15-2032	Municipal/Provincial Bonds		353,243		368,246
89602HG44	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5% 11-15-2041	Municipal/Provincial Bonds		334,944		351,492
896035CA8	TRIBOROUGH BRDG & TUNL AUTH N Y SALES TAX REV 4.125% 05-15-2053	Municipal/Provincial Bonds		191,113		190,514
89658HVV3	TRINITY RIVER AUTH TEX REGL WASTE WTR SYS REV 5% 08-01-2028	Municipal/Provincial Bonds		84,945		79,995
91417NVCY9	UNIVERSITY COLO ENTERPRISE SYS REV 4% 06-01-2051	Municipal/Provincial Bonds		187,809		181,354
9142332T7	UNIVERSITY CONN 5% 05-01-2027	Municipal/Provincial Bonds		743,181		690,741
914302ET7	UNIVERSITY HOUSTON TEX UNIV REVS 5% 02-15-2028	Municipal/Provincial Bonds		38,294		35,750
914437TK4	UNIVERSITY MASS BLDG AUTH REV 5% 05-01-2025	Municipal/Provincial Bonds		269,576		251,672
914455TL4	UNIVERSITY MICH UNIV REVS GEN-SER A 5% DUE 04-01-2027	Municipal/Provincial Bonds		727,569		628,290
91514AFJ9	UNIVERSITY TEX UNIV REVS 5% 08-15-2025	Municipal/Provincial Bonds		270,979		252,939
917393CU2	UTAH CNTY UTAH HOSP REV 4% 05-15-2041	Municipal/Provincial Bonds		710,575		716,337
917567HH5	UTAH TRAN AUTH SALES TAX REV 5% 06-15-2034	Municipal/Provincial Bonds		58,939		57,638
92778VJE9	VA CG BLDG AUTH VA EDL FACS REV 21ST CENTY CG & EQUIP PROG 5% 02-01-2026	Municipal/Provincial Bonds		385,561		332,080
9242585H5	VERMONT ST 5% 08-15-2026	Municipal/Provincial Bonds		281,207		273,850
938234SR3	WASHINGTON CNTY ORE 5% 03-01-2025	Municipal/Provincial Bonds		306,551		285,837
93878YBN8	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 4% 07-15-2039	Municipal/Provincial Bonds		96,672		101,252
93878YDR7	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 5% 07-15-2045	Municipal/Provincial Bonds		627,050		623,139
93974EE36	WASHINGTON ST 5% 07-01-2031	Municipal/Provincial Bonds		32,770		33,515
93974E2E5	WASHINGTON ST 5% 08-01-2039	Municipal/Provincial Bonds		277,058		268,640
93974EAV8	WASHINGTON ST 5% 08-01-2042	Municipal/Provincial Bonds		16,546		15,831
95308RQW2	WEST HARRIS CNTY TEX REGL WTR AUTH WTR SYS REV 5% 12-15-2031	Municipal/Provincial Bonds		123,112		107,993
955525BJH2	WEST RANKIN MISS UTIL AUTH REV 5% 01-01-2025	Municipal/Provincial Bonds		536,425		500,000
956510BY6	WEST VA PKWYS AUTH TPK TOLL REV 5% 06-01-2047	Municipal/Provincial Bonds		80,966		79,058
9771234G0	WISCONSIN ST TRANSN REV 5% 07-01-2041	Municipal/Provincial Bonds		27,568		27,678
97705MD93	WISCONSIN ST 5% 05-01-2035	Municipal/Provincial Bonds		305,861		302,104
97705MEL5	WISCONSIN ST 5% 11-01-2025	Municipal/Provincial Bonds		231,018		203,394
		Total Municipal/Provincial Bonds		74,462,634		72,236,052
		Total Investments	\$	95,945,546	\$	97,339,924

* Represents a party-in-interest

See accompanying independent auditors' report.