

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PFIZER RETIREE MEDICAL PLAN
1b Three-digit plan number (PN) 559
1c Effective date of plan 12/08/1915
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) PFIZER INC ATTENTION GBS, CORE HR SERVICES 2002 N TAMPA STREET TAMPA, FL 33602
2b Employer Identification Number (EIN) 13-5315170
2c Plan Sponsor's telephone number 212-733-2323
2d Business code (see instructions) 325410

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PFIZER INC. ATTENTION GBS, CORE HR SERVICES WBC 2002 N TAMPA STREET TAMPA, FL 33602	3b Administrator's EIN 13-5315170 3c Administrator's telephone number 212-733-2323
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	21450
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	20780
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	20780
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4E

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

a Pension Schedules

- (1) **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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PFIZER RETIREE MEDICAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>559</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC</p>	<p>D Employer Identification Number (EIN) 13-5315170</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	G-22505	751	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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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	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
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)	3414410	
	(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)		3414410
b	Benefit charges (1) Claims paid	9b(1)	1953611	
	(2) Increase (decrease) in claim reserves	9b(2)	-135868	
	(3) Incurred claims (add (1) and (2))	9b(3)		1817743
	(4) Claims charged	9b(4)		1817743
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)	252854	
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)	37306	
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		290160
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input checked="" type="checkbox"/> credited.)	9c(2)		1306507
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		935142
	(3) Other reserves	9d(3)		500800
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	0
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan PFIZER RETIREE MEDICAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>559</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC</p>	<p>D Employer Identification Number (EIN) 13-5315170</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	G-22570	123	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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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	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
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)	1553384
(2) Increase (decrease) in amount due but unpaid		9a(2)	460754
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	2014138
b Benefit charges (1) Claims paid		9b(1)	1636866
(2) Increase (decrease) in claim reserves		9b(2)	65819
(3) Incurred claims (add (1) and (2))		9b(3)	1702685
(4) Claims charged		9b(4)	1702685
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)	286036	
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)	25417	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		311453
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	723671
(3) Other reserves		9d(3)	723671
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	0
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PFIZER RETIREE MEDICAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>559</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC</p>	<p>D Employer Identification Number (EIN) 13-5315170</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(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
43-0949844	71870	9880675	3272	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(2) Dividends and credits.....			
(3) Interest credited during the year.....			
(4) Transferred from separate account			
(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)
	(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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		116158
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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

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

A Name of plan PFIZER RETIREE MEDICAL PLAN		B Three-digit plan number (PN) ▶	559
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC		D Employer Identification Number (EIN) 13-5315170	

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

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH AND LIFE INSURANCE CO., INC.

(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
94-0734860	71420	H2001	25966	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
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

(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. **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	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PFIZER RETIREE MEDICAL PLAN	B Three-digit plan number (PN) ▶	559
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170	

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

(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

(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)

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 99	NONE	6913098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SILVERSCRIPT INSURANCE COMPANY

20-2833904

(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?
13 99	NONE	3466522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED HEALTHCARE

36-2739571

(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?
13 99	NONE	872149	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HORIZON HEALTHCARE SERVICES, INC.

22-0999690

(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?
13 99	NONE	512726	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PFIZER RETIREE MEDICAL PLAN</u>	B Three-digit plan number (PN)	<u>559</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PFIZER INC</u>	D Employer Identification Number (EIN) <u>13-5315170</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>DOMESTIC BALANCED ACCOUNT</u>	
b Name of sponsor of entity listed in (a):	<u>PRUDENTIAL ASSET MANAGEMENT COMPANY</u>	
c EIN-PN <u>22-1211670-904</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>723946309</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PFIZER RETIREE MEDICAL PLAN	B Three-digit plan number (PN) ▶ 559
C Plan sponsor's name as shown on line 2a of Form 5500 PFIZER INC	D Employer Identification Number (EIN) 13-5315170

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)	6769872
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1557149
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	633488540
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	959634
		0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	642775195	745293446
Liabilities			
g Benefit claims payable.....	1g	9831987	11659154
h Operating payables.....	1h	583952	694994
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1557149	12371907
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11973088	24726055
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	630802107	720567391

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)	142676132	
(B) Participants.....	2a(1)(B)	57100036	
(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)		199776168
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)		
(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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		109682368
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		309458536

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	207812598	
(2) To insurance carriers for the provision of benefits	2e(2)	116159	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		207928757
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)	5416621	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2550800	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	3797074	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11764495
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		219693252

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		89765284
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



PFIZER RETIREE MEDICAL PLAN

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

PFIZER RETIREE MEDICAL PLAN

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Supplemental Schedules*

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*Note: Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.



KPMG LLP
Triad Centre III
Suite 450
6070 Poplar Avenue
Memphis, TN 38119-3901

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Pfizer Retiree Medical Plan:

Opinion

We have audited the financial statements of Pfizer Retiree Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits and of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits and changes in its benefit obligations for the year ended December 31, 2024, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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

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.

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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



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

KPMG LLP

Memphis, Tennessee
September 12, 2025

PFIZER RETIREE MEDICAL PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

(DOLLARS IN THOUSANDS)	As of December 31,	
	2024	2023
<u>Assets</u>		
Investment in Trust Owned Life Insurance contracts, at fair value	\$ 723,946	\$ 633,489
Money market fund	12,372	1,557
Total investments	736,318	635,046
Contributions receivable from Plan Sponsor	8,975	6,770
Other assets	—	960
Total assets	745,293	642,775
<u>Liabilities</u>		
Payable to Plan Sponsor	12,372	1,557
Accrued administrative fees	695	584
Total liabilities	13,067	2,141
Net assets available for plan benefits	\$ 732,227	\$ 640,634

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

PFIZER RETIREE MEDICAL PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

(DOLLARS IN THOUSANDS)	Year ended December 31, 2024
Additions/(reductions) to net assets attributed to:	
Company contributions	\$ 142,676
Participant contributions	57,100
Net increase/(decrease) in fair value of Trust Owned Life Insurance contracts	109,682
Total additions/(reductions)	309,459
Deductions from net assets attributed to:	
Benefit payments	205,985
Insurance premiums paid	116
Administrative expenses	11,764
Total deductions	217,866
Net increase/(decrease)	91,592
Net assets available for plan benefits	
Beginning of year	640,634
End of year	\$ 732,227

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

PFIZER RETIREE MEDICAL PLAN
STATEMENTS OF BENEFIT OBLIGATIONS

(DOLLARS IN THOUSANDS)	As of December 31,	
	2024	2023
Amounts currently payable:		
Current benefits payable	\$ 8,975	\$ 6,770
Claims incurred but not reported	2,684	3,062
	11,659	9,832
Postretirement benefit obligations:		
Retired participants	68,909	33,018
Other participants fully eligible for benefits	(188)	(1,221)
Participants not yet fully eligible for benefits	179,103	154,471
	247,824	186,268
Total benefit obligations	\$ 259,483	\$ 196,100

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

PFIZER RETIREE MEDICAL PLAN
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

(DOLLARS IN THOUSANDS)	Year ended December 31, 2024
Increase (decrease) during the year:	
Amounts currently payable:	
Balance at beginning of year	\$ 9,832
Claims and premiums reported and approved for payment, including benefits reclassified from postretirement benefit obligations	207,929
Claims and premiums paid	(206,102)
Balance at end of year	11,659
Postretirement benefit obligations:	
Balance at beginning of year	186,268
Benefits accumulated	13,669
Interest	9,393
Benefits reclassified to amounts currently payable, net	(23,342)
Plan amendments	(192,363)
Actuarial losses/(gains) and changes in actuarial assumptions	254,199
Balance at end of year	247,824
Total benefit obligations	\$ 259,483

Amounts may not add due to rounding.

See accompanying Notes to Financial Statements.

PFIZER RETIREE MEDICAL PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of the Pfizer Retiree Medical Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The purpose of the Plan is to provide for the welfare of participants through the provision of medical, prescription drug and vision care benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is funded by the Pfizer Retiree Medical Plan Trust (the PRMPT) (the Trust), which is a voluntary employees' beneficiary association (VEBA) trust established to fund payments of benefits for eligible participants. PNC Bank, N.A. (PNC) is the trustee of the PRMPT and State Street Bank & Trust Company is the custodian of the PRMPT's pooled separate account investments. Pfizer Inc. (the Company or Plan Sponsor) is the sponsor of the Plan. On January 1, 2020, the Plan was amended so that the Wyeth Supplemental Group Insurance Plan Trust (Wyeth Trust) is an ancillary funding vehicle for the Plan. Effective December 31, 2024, the Wyeth Trust was terminated. The Wyeth Trust did not hold investments as of December 31, 2024 and 2023.

Effective January 1, 2010, Pfizer Inc. (the Company, Plan Sponsor or Plan Administrator) harmonized several of its United States of America (U.S.) and Puerto Rico postretirement benefit plans. Pursuant to the harmonization, the Plan was amended to include U.S.-based participants who had previously been covered under other Pfizer retiree welfare benefits plans and to transfer Puerto Rico-based participants to the Pfizer Puerto Rico Retiree Medical and Dental Plan (PR Retiree Medical Plan), which was supported by a trust and was sponsored by Pfizer Pharmaceuticals, LLC, a subsidiary of the Company. Pfizer Pharmaceuticals, LLC and the PR Retiree Medical Plan were both subsequently transferred to Viatris Inc. on November 16, 2020. This transfer was a result of Pfizer's spin-off and the combination of the Upjohn Business, Pfizer's former global, primarily off-patent branded and generics business, with Mylan N.V. to form Viatris Inc.

Starting in 2019, the Company began adding up to a total of five points to a participant's age and/or service under certain U.S. separation programs to help those participants age 50 and older as of their termination date reach retirement milestones under certain benefits. Effective June 30, 2023, this "five points" provision expired.

Benefits

Claims administrators are responsible for processing and paying medical and prescription drug claims under a self-insurance arrangement. Claims administrators for the Plan are Horizon Blue Cross Blue Shield, United Healthcare, CVS Caremark and SilverScript.

The Medicare Advantage Plan offered to Medicare-eligible retirees (and their Medicare-eligible dependents) is provided under a fully-insured arrangement with United Healthcare in which the participant contributions fund a portion of the insurance premiums. A premium stabilization reserve (PSR) was established on January 1, 2017. During 2024, the Company requested to withdraw the remaining PSR balance to offset the required retiree plan contributions for those enrolled in the Plan. The PSR balance was approximately \$1.0 million as of December 31, 2023, and is reported within other assets in the statements of net assets available for plan benefits.

Vision care is provided under a fully-insured arrangement with EyeMed for non-Medicare-eligible retirees (and their non-Medicare-eligible dependents) in which the participant contributions fund the full cost of the insurance premiums. For Medicare-eligible retirees (and their Medicare-eligible dependents), vision care is provided under the Medicare Advantage Plan.

Retirees who are eligible to participate in the Plan and choose to live abroad are offered fully-insured medical, prescription drug and dental coverage through another Company-sponsored health and welfare benefits plan.

The Plan provides medical, prescription drug and vision care benefits to eligible retirees and their eligible dependents based on the retirees' elections and the elections of their eligible dependents. As part of the harmonization described above, the Company established Retiree Medical Subsidy (RMS) accounts within the Plan for (i) legacy Pfizer, legacy Pharmacia and legacy Warner-Lambert participants retiring after January 1, 2010, (ii) legacy Wyeth participants retiring after January 1, 2012 and (iii) legacy King participants retiring after January 1, 2014, with 15 years of eligible service after age 40. Benefits

PFIZER RETIREE MEDICAL PLAN
NOTES TO FINANCIAL STATEMENTS

for certain other plan participants retiring before the RMS adoption dates stated above remain subject to annual limits, also known as “caps” or “Defined Dollar Limits,” as established by their legacy companies or successors. Eligible retirees under the Plan as of December 31, 2024 include:

- Pharmacia & Upjohn (P&U) U.S. based retirees who were employed by Pharmacia Corporation (Pharmacia) on December 31, 2001 or on their last day worked (if earlier) and were at least age 50 with 10 years of service at retirement or at least age 65 with five years of service at retirement;
- Former Monsanto U.S. based retirees who were employed by Pharmacia (formerly Monsanto Company) on December 31, 2001 or their last day worked (if earlier) and were at least age 50 with 10 years of vesting service and were eligible for active medical coverage on their last day worked;
- Current and future U.S. based retirees that were participants in the former Warner-Lambert Company Post-1991 Plan who are not otherwise covered by provisions of a collective bargaining or other agreement; and
- Current and future U.S. based retirees of Pfizer Inc., legacy Wyeth (excluding AH Robins retirees and Wyeth Change in Control retirees) and legacy King.

Colleagues who at retirement do not meet the RMS eligibility requirements that became effective on January 1, 2010, but, generally, who are at least age 50, have ten years of service and whose sum of age and years of service at retirement equals at least 65, are also offered access to the Plan, but without the RMS.

Contributions

Contributions are provided by the Company and the Plan participants, with the amount of contributions designed to assist in covering benefit payments, insurance premiums and related administrative expenses.

In most cases, retirees contribute toward a portion of the cost of the Plan’s postretirement benefits.

Since 1987, in addition to the deductibles and copayments, P&U retirees’ contributions for health benefits were based on years of service and age attained. Prior to 1987, such benefits were funded solely by Pharmacia. In addition, the Company set an annual limit on the total amount it will spend toward retiree medical coverage. The limit was set at the equivalent of 140% of the Company’s 1993 cost per covered life, based on the weighted average of pre- and post-age 65 retirees. This limit is adjusted annually by the medical Consumer Price Index (CPI) to account for inflation.

P&U retirees who are age 50 through 54 with at least 10 years of service pay the full cost of health coverage until they reach age 55.

Effective in the second quarter of 2016, a change was approved whereby the medical inflation index applicable to P&U retirees was eliminated in 2021.

For former Monsanto retirees who retired at ages 50 through 54 with at least 10 years of service, the retiree pays rates in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) for the first 18 months and then pays the full cost of medical coverage until they reach age 65. At age 65 or older, the retiree contributes a portion of the medical coverage cost based on years of service and attained age. For former Monsanto retirees who retired at age 55 or older, the retiree contributes a portion of the medical coverage cost based on years of service and age attained. In addition, Defined Dollar Limits (as specified in the Plan document) also apply in determining the Company’s and the former Monsanto retirees’ share of the cost of the medical coverage that the retirees select.

The amount the Company pays toward Warner-Lambert retiree medical coverage was capped at 2008 levels. Incremental cost increases after that point are passed along directly to the retiree.

Pfizer Inc. retirees who are non-Medicare-eligible pay annual contribution rates based on levels of individual to family coverage while those that are Medicare-eligible over age 65 pay annual contribution rates based on levels of coverage ranging from individual prescription-only coverage to family Medicare Advantage coverage. Those that retired on or after January 1, 1994 through December 31, 2009 are subject to a cap that limits Pfizer’s contribution to \$12,000 on average for retirees age 65 and younger and \$3,000 on average for retirees age 65 and older.

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In August 2015, the Plan adopted the following changes:

- An increase of 50% to the contribution cost sharing arrangement for Medicare-eligible retirees and their Medicare-eligible dependents. This increase to the retirees' portion of the contribution cost sharing arrangement became effective January 1, 2016.
- An addition of a retiree medical contribution limit or "cap" for Medicare-eligible and non-Medicare-eligible retiree groups with subsidized coverage that are not currently capped. The cap limits how much the Company contributes toward the cost of retiree medical coverage. The cap limit is based on the Company's actual 2018 retiree medical costs.
- In addition, for the three-year period from 2019 through 2021, annual contribution increases for retirees did not exceed 15% per year. To account for this, the 2018 cap on the Company's cost was further increased as it is expected that the 15% cap on annual contribution increases will increase the Company's contribution toward retiree medical coverage.

Plan Administration

The Plan is administered by the Company. The Plan Administrator has the sole responsibility for the operation and administration of the Plan, including determining eligibility for benefits, whether an expense is covered under the Plan and the amount of any benefits payable from the Plan. For claims administrators supporting fully-insured arrangements, they determine if a benefit is payable. Each claims administrator processes claims for benefits and performs other administrative duties as directed by the Plan Administrator.

401(h) Account

In June 2006, the Pfizer Consolidated Pension Plan (PCPP), another Company-sponsored plan, was amended to include a medical benefit component (401(h) account), in addition to the normal retirement benefits, to fund a portion of the post-retirement health benefit obligations for certain eligible retirees and their beneficiaries in accordance with Section 401(h) of the IRC. This 401(h) account, when funded, provides a source of funding for the Plan.

In accordance with IRC Section 401(h), prior to the satisfaction of all liabilities for medical benefits payable under the medical benefits account, amounts held in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees, their spouses and dependents, or the payment of any necessary or appropriate expenses attributable to the administration of the medical benefits account. Effective January 1, 2013, the 401(h) account could only be used to provide prescription drug benefits for certain eligible retirees and their beneficiaries. As of January 2016, the account was depleted, but was again funded by the Company on December 21, 2021. Effective January 1, 2022, the limitation on the 401(h) account's usage for prescription drugs was eliminated and the account can now be used for all medical expenses incurred by eligible retirees and their beneficiaries on or after this date. In 2023, the account was again depleted.

The related postretirement obligations for health benefits are included in the postretirement benefit obligations in the financial statements of the Plan. Plan participants do not contribute to the 401(h) account. Company contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan Sponsor.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Some amounts in the financial statements, notes to financial statements and supplemental schedules of the Plan may not add due to rounding.

Use of Estimates

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

Payment of Benefits

Benefit payments are recorded upon distribution.

Claims Incurred But Not Reported

Plan obligations for medical and prescription drug claims incurred by participants, but not reported at the date of the financial statements, are estimated based on historical data of claims incurred in the respective plan year but paid in the following plan year. The liability for these amounts is included in amounts currently payable in the statements of benefit obligations.

Investment Valuation and Income Recognition

The Plan invests in Trust Owned Life Insurance (TOLI) contracts, which represent insurance and/or annuity contracts for Plan participants where the Plan is the beneficiary. The underlying invested assets in the TOLI contracts represent units of participation in pooled separate accounts. The TOLI investments are reported by the Plan at a value determined by the units of participation held and the fair value of the underlying securities in the pooled separate accounts, which are generally readily marketable securities. Death benefit proceeds are held by PNC in a money market fund and periodically withdrawn from the Plan by the Plan Sponsor.

The Plan presents in the statement of net assets available for plan benefits the balance of the money market fund as well as a corresponding payable to Plan Sponsor for the same amount, which represents the value of death benefit proceeds held by PNC but not yet requested by the Plan Sponsor at the end of the year. The Plan presents in the statement of changes in net assets available for plan benefits the net increase/(decrease) in value of the TOLI contracts, which represents the net increase/(decrease) of the Plan's interest in the pooled separate accounts, including investment income, realized gains or losses and the unrealized appreciation/(depreciation) on the underlying securities in the pooled separate accounts.

Contributions

Participant contributions are made through pension deductions on a monthly basis, or participants are invoiced directly by a third-party administrator. Company contributions are made that, together with the participant contributions, fund (i) benefit payments to participants as they are reported by each claims administrator, (ii) insurance premiums and (iii) administrative expenses. Company contributions are recorded on an accrual basis. All contributions are made to the Trust, which receives contributions and pays the benefits provided by the Plan.

Plan Expenses

Administrative and investment costs paid by the Plan include fees for services provided by the claims administrators, investment management fees and TOLI management fees. Other expenses of the Plan, including legal, audit, trust/custodian and insurance fees, are borne by the Company.

Rebates

Rebates are generated from certain claims that are processed by the Plan's third-party administrators based on the terms of the contractual agreement between the third-party administrators and the Company. The Company currently considers expected rebates when setting participant contributions. Total rebates received by the Company for claims incurred for the years ended December 31, 2024 and 2023 were approximately \$47.8 million and \$42.5 million, respectively. Rebates receivable on the Company's books were approximately \$24.0 million and \$18.9 million for the years ended December 31, 2024 and 2023, respectively. Per the third-party administrators' contractual agreements, the rebates represent assets of the Company and therefore are not included within the Plan's statements of net assets available for plan benefits as of December 31, 2024 and 2023 or the statement of changes in net assets available for plan benefits for the year ended December 31, 2024.

3. Postretirement Benefit Obligations

The amounts reported as postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered through the earlier of the date of the financial statements or the retirement/termination date, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (i) currently retired or terminated employees and their beneficiaries and dependents and (ii) active employees and their beneficiaries and dependents after retirement from service with the Company. The postretirement benefit obligations represent the amount to be funded by contributions from the Company and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

PFIZER RETIREE MEDICAL PLAN
NOTES TO FINANCIAL STATEMENTS

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

For measurement purposes, the healthcare cost trend rates used in the valuation of the Plan's postretirement benefit obligations as of December 31, 2024 for pre-Medicare claims were 7.10% for 2025, gradually decreasing to 4.00% in 2047; remaining at that level thereafter. For measurement purposes, the healthcare cost trend rates used in the valuation of the Plan's postretirement benefit obligations as of December 31, 2024 for Medicare-eligible claims were 7.50% for 2025, gradually decreasing to 4.00% in 2047; remaining at that level thereafter. Also, for measurement purposes, the healthcare cost trend rates used in the valuation of the Plan's postretirement benefit obligations as of December 31, 2024 for Medicare-eligible claims for colleagues in a prescription-only plan were 8.20% for 2025, gradually decreasing to 4.00% in 2047; remaining at that level thereafter. The healthcare cost trend rates used in the valuation of the Plan's postretirement benefit obligations as of December 31, 2023 for pre-Medicare claims were 7.40% for 2024, gradually decreasing to 4.00% in 2047; remaining at that level thereafter. The healthcare cost trend rates used in the valuation of the Plan's postretirement benefit obligations as of December 31, 2023 for Medicare-eligible claims were 7.90% for 2024, gradually decreasing to 4.00% in 2047; remaining at that level thereafter. Also, the healthcare cost trend rates used in the valuation of the Plan's postretirement benefit obligations as of December 31, 2023 for Medicare-eligible claims for colleagues in a prescription-only plan were 8.80% for 2024, gradually decreasing to 4.00% in 2047; remaining at that level thereafter.

The healthcare cost trend rate has a moderate effect on the amounts reported. For example, increasing the rate by one percentage point would increase the Plan's postretirement benefit obligations by approximately \$12.5 million as of December 31, 2024 and \$7.3 million as of December 31, 2023 due to capped Plan claim costs.

The discount rates used to develop the Plan's postretirement benefit obligations were 5.59% and 5.38% as of December 31, 2024 and 2023, respectively. The separate static annuitant and non-annuitant mortality tables for the plan year as set forth in the sex-distinct Pri-2012 mortality tables, without collar adjustment, with generational projection scale MMP-2021 were used as of December 31, 2024 and December 31, 2023.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's postretirement benefit obligations.

The Plan's net assets exceeded its postretirement benefit obligations at December 31, 2024 and 2023. The Plan is a nonqualified plan and, therefore, no legal or regulatory funding is required. The Plan's net assets have been funded by the Company and participants on a voluntary basis. The Plan's postretirement benefit obligations in excess of net assets, if any, are expected to be funded by the Company and future participant contributions.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) provides a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree healthcare benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan's postretirement benefit obligations and the changes in the benefit obligations do not reflect any amounts associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy. Under the Act, for single employer plans, the Medicare subsidy was received directly by the Plan Sponsor in 2024 and 2023 and recorded in the corporate ledger.

4. Plan Termination

The Company reserves the right to amend or terminate the Plan at any time. The Company also reserves the right to amend or terminate the Trust at any time. In the event of termination of the Trust, the trustees will dispose of all Plan assets to the participants and those persons entitled to benefits under the Plan in accordance with the terms of the trust agreements and the Plan document.

5. Tax Status

On September 9, 1993, the PRMPT received a favorable tax determination letter from the Internal Revenue Service (IRS) stating that the PRMPT, as designed, qualifies for tax-exempt status under Section 501(c)(9) of the Internal Revenue Code of 1986, as amended (IRC). On February 2, 1988, the Wyeth Trust received a favorable tax determination letter from the IRS stating that the Wyeth Trust, as designed, qualifies for tax-exempt status under Section 501(c)(9) of the IRC.

PFIZER RETIREE MEDICAL PLAN
NOTES TO FINANCIAL STATEMENTS

The Plan, PRMPT and the Wyeth Trust have been amended subsequent to receipt of the determination letters. Although the Wyeth Trust was available as a funding vehicle for the Plan, it never received Plan assets, was not used for Plan operations, and received a letter from the IRS that it was no longer tax-exempt as of May 15, 2023, due to inactivity. The Company has terminated the Wyeth Trust as of December 31, 2024. The Plan Administrator believes that the PRMPT has been designed and operates in compliance with the applicable requirements of the IRC and that since the Wyeth Trust was not used for Plan functions, the IRS's determination with respect to the Wyeth Trust had no effect on the taxation for the Plan. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

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 confirmed that there are no uncertain tax positions 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; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes that the Plan is generally no longer subject to income tax examinations for years prior to 2021.

6. 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. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. There are three levels of inputs to fair value measurements – Level 1 meaning the use of quoted prices for identical assets or liabilities in active markets; Level 2 meaning quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are directly or indirectly observable, or inputs that are derived principally from, or corroborated by, observable market data by correlation or other means; and Level 3 meaning the use of unobservable inputs that reflect estimates and assumptions.

See Note 2 for information regarding the methods used to determine the fair value of the Plan's investments. These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

(DOLLARS IN THOUSANDS)	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investment in Trust Owned Life Insurance contracts	\$ —	\$ 723,946	\$ —	\$ 723,946
Money market fund	—	12,372	—	12,372
Total investments at fair value	\$ —	\$ 736,318	\$ —	\$ 736,318

(DOLLARS IN THOUSANDS)	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investment in Trust Owned Life Insurance contracts	\$ —	\$ 633,489	\$ —	\$ 633,489
Money market fund	—	1,557	—	1,557
Total investments at fair value	\$ —	\$ 635,046	\$ —	\$ 635,046

7. Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Contributions to the Plan and the actuarial present value of the postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

PFIZER RETIREE MEDICAL PLAN
NOTES TO FINANCIAL STATEMENTS

8. Related Party and Party-In-Interest Transactions

Plan assets were managed during 2024 and 2023 by PNC. PNC is the trustee of the PRMPT; therefore, transactions involving this entity qualify as party-in-interest transactions. Prudential Insurance Company of America holds the TOLI contracts in the PRMPT for which the Plan is the beneficiary, and thus any transactions involving this entity would qualify as party-in-interest transactions. The Northern Trust Company was the custodian of the Wyeth Trust and is currently the trustee of the Pfizer Master Trust; therefore, any transactions involving this entity would qualify as party-in-interest transactions.

The Company does not bill the Plan for any of the internal administrative costs that it incurs in administering the Trust and the Plan. This in-kind contribution is not recorded on the financial statements of the Plan as there is no reasonable estimate of the dollar amount.

9. Subsequent Events

The Plan Sponsor has evaluated subsequent events from the statement of net assets available for plan benefits date through September 12, 2025, the date at which the financial statements were available to be issued, and no events were noted which warrant adjustments to, or disclosure in, the financial statements.

10. Reconciliation of Financial Statements to Form 5500

U.S. GAAP requires the Plan to record a liability for benefits currently payable and claims incurred but not reported for financial statement purposes in the statements of benefit obligations. However, this current benefit obligation is not deducted from the net assets available for plan benefits. In accordance with the terms of the Plan, these obligations are funded by participant and Company contributions. However, in the Form 5500 these amounts are deducted from the net assets available for plan benefits.

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500:

(DOLLARS IN THOUSANDS)	As of December 31,	
	2024	2023
Net assets available for plan benefits per the financial statements	\$ 732,227	\$ 640,634
Amounts currently payable	(11,659)	(9,832)
Net assets available for plan benefits per Form 5500 – Schedule H, Line 11	\$ 720,567	\$ 630,802

The following is a reconciliation of benefit payments per the financial statements to the Form 5500:

(DOLLARS IN THOUSANDS)	Year ended December 31, 2024
Benefit payments per the financial statements	\$ 205,985
Amounts currently payable at beginning of year	(9,832)
Amounts currently payable at end of year	11,659
Benefit payments and payments to provide benefits directly to participants or beneficiaries per Form 5500 - Schedule H, Line 2e(1)	\$ 207,813

The following is a reconciliation of total deductions per the financial statements to the Form 5500:

(DOLLARS IN THOUSANDS)	Year ended December 31, 2024
Total deductions per the financial statements	\$ 217,866
Benefit payment amounts currently payable at beginning of year	(9,832)
Benefit payment amounts currently payable at end of year	11,659
Net deductions per Form 5500 - Schedule H, Line 2j	\$ 219,693

PFIZER RETIREE MEDICAL PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024
(DOLLARS IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current Value
*	Prudential Insurance Company of America Trust Owned Life Insurance Jennison Active Balanced Fund	Pooled separate account	\$ 330,107	\$ 723,946
	Federated Hermes Government Obligation Premium Shares	Money market fund	12,372	12,372
	Total investment assets		<u>\$ 342,479</u>	<u>\$ 736,318</u>

* Party-in-interest as defined by ERISA

See accompanying Independent Auditors' Report.