

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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 CLUB RETIREE MEDICAL AND DENTAL PLAN 1b Three-digit plan number (PN) 516 1c Effective date of plan 01/01/1999 2a Plan sponsor's name (employer, if for a single-employer plan) AUTOMOBILE CLUB OF SO CALIFORNIA 2b Employer Identification Number (EIN) 95-0514585 2c Plan Sponsor's telephone number 714-885-2400 2d Business code (see instructions) 488990

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2493
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	2571
	6c	0
	6d	2571
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>
---	--	--

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

<p>A Name of plan CLUB RETIREE MEDICAL AND DENTAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>516</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE CLUB OF SO CALIFORNIA</p>	<p>D Employer Identification Number (EIN) 95-0514585</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
KAISER FOUNDATION HEALTH PLAN, INC - CALIFORNIA

(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
94-1340523	0	101791-0001/5	119	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

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

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (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)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1019703
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>
---	--	--

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

<p>A Name of plan CLUB RETIREE MEDICAL AND DENTAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>516</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE CLUB OF SO CALIFORNIA</p>	<p>D Employer Identification Number (EIN) 95-0514585</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
ARMADA ADMINISTRATORS, LLC

(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
47-3938530	0	NA	99	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	396553
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan CLUB RETIREE MEDICAL AND DENTAL PLAN	B Three-digit plan number (PN) ▶ 516
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE CLUB OF SO CALIFORNIA	D Employer Identification Number (EIN) 95-0514585

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
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES

(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
59-1031071	67369	3332270	361	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
--	---

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. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	650562
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>
---	--	--

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

<p>A Name of plan CLUB RETIREE MEDICAL AND DENTAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>516</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE CLUB OF SO CALIFORNIA</p>	<p>D Employer Identification Number (EIN) 95-0514585</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
VISION SERVICE PLAN

(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
94-1632821	0	00108250	171	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	20817
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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.
--	--	---

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

A Name of plan CLUB RETIREE MEDICAL AND DENTAL PLAN	B Three-digit plan number (PN) ▶	516
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE CLUB OF SO CALIFORNIA	D Employer Identification Number (EIN) 95-0514585	

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

(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

(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

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)

CVSHEALTH

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN	972800	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)

WEBTPA EMPLOYER SERVICES, LLC

75-2611444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	CLAIMS PROCESSOR	62603	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)

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INVESTMT MGMT	58206	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

ALIGHT HOLIDING COMPANY, LLC

82-1061233

(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?
14	PLAN ADMINISTRATOR	51594	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)

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 19 62	TRUSTEE	7000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1784	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CLUB RETIREE MEDICAL AND DENTAL PLAN	B Three-digit plan number (PN) 516
C Plan sponsor's name as shown on line 2a of Form 5500 AUTOMOBILE CLUB OF SO CALIFORNIA	D Employer Identification Number (EIN) 95-0514585

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	805360
(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)	
(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)	50188064

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	53039276	50993424
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	53039276	50993424

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)	1179290	
(B) Participants.....	2a(1)(B)	1241404	
(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)		2420694
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2213945	
(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)		2213945
(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)	20356778	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	21743322	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1386544
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	300394	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3548489

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3217985	
(2) To insurance carriers for the provision of benefits	2e(2)	2263977	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5481962
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7000	
(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)	105379	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		112379
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5594341

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2045852
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: ERNST & YOUNG, LLP

(2) EIN: 34-6565596

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	838
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
(MODIFIED CASH BASIS)

Club Retiree Medical and Dental Plan
December 31, 2024 and 2023, and
Year Ended December 31, 2024
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



Shape the future
with confidence

Club Retiree Medical and Dental Plan

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023, and Year Ended December 31, 2024

Contents

Report of Independent Auditors.....1

Financial Statements

Statements of Net Assets Available for Benefits (Modified Cash Basis).....6

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)7

Notes to Financial Statements (Modified Cash Basis)8

Supplemental Schedules

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
(Modified Cash Basis)18

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)19

Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)
(Modified Cash Basis)22

Schedule H, Line 4j – Schedule of Reportable Transactions
(Modified Cash Basis)23



Ernst & Young LLP
Suite 500
725 South Figueroa Street
Los Angeles, CA 90017-5418

Tel: +1 213 977 3200
Fax: +1 213 977 3152
ey.com

**Shape the future
with confidence**

Report of Independent Auditors

The Plan Administrator
Club Retiree Medical and Dental Plan

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

We have performed audits of the financial statements of Club Retiree Medical and Dental Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.



**Shape the future
with confidence**

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Modified Cash Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management also is responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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.



**Shape the future
with confidence**

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



**Shape the future
with confidence**

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules (modified cash basis) of assets (held at end of year) as of December 31, 2024, delinquent participant contributions, assets (acquired and disposed of within year), and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



**Shape the future
with confidence**

In our opinion

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

Ernst + Young LLP

October 8, 2025

Club Retiree Medical and Dental Plan

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

	December 31,	
	2024	2023
Assets		
Investments, at fair value:		
Money market funds	\$ 805,360	\$ 3,307,632
Municipal securities	50,188,064	49,731,644
Total investments	<u>50,993,424</u>	<u>53,039,276</u>
Net assets available for benefits	<u>\$ 50,993,424</u>	<u>\$ 53,039,276</u>

See accompanying notes to financial statements (modified cash basis).

Club Retiree Medical and Dental Plan

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year Ended December 31, 2024

Additions

Net investment income (loss):

Net depreciation in fair value of investments	\$ (1,086,150)
Dividends and interest	<u>2,213,945</u>
Net investment income	<u>1,127,795</u>

Contributions:

Participants	1,241,404
Employer	<u>1,179,290</u>
Total contributions	<u>2,420,694</u>
Total additions	<u>3,548,489</u>

Deductions

Premium payments for medical and dental claims to insurance carriers	2,263,977
Payments for health claims, net	3,217,985
Administrative expenses	<u>112,379</u>
Total deductions	<u>5,594,341</u>

Net decrease (2,045,852)

Net assets available for benefits:

Beginning of year	<u>53,039,276</u>
End of year	<u><u>\$ 50,993,424</u></u>

See accompanying notes to financial statements (modified cash basis).

Club Retiree Medical and Dental Plan

Notes to Financial Statements (Modified Cash Basis)

December 31, 2024

1. Description of the Plan

The following description of the Club Retiree Medical and Dental Plan (the Plan) provides general information about the Plan's provisions. Participants should refer to the plan document and summary plan description for a more complete description of the Plan provisions.

General

The Plan provides medical and dental benefits to retired employees of the Automobile Club of Southern California (the Plan Sponsor), its wholly controlled subsidiaries, certain related employers and their eligible dependents. The Plan is a health and welfare plan and is subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA). The assets of the Plan are held in a Voluntary Employees' Beneficiary Association Trust (VEBA). The Plan was established in January 1999. JP Morgan Chase Bank, N.A. (the Trustee) is responsible for the custody of the Plan assets as Trustee under a trust agreement. The Plan is administered by the Benefits Administration Committee of the Company.

Effective January 1, 2018, the Plan replaced the group health plan coverage provided to Medicare eligible retirees and dependents with individual coverage offered through a private retiree exchange and subsidizes retiree medical coverage and established a Health Reimbursement Arrangement (HRA) for Medicare eligible retirees and dependents. Non-Medicare eligible participants continue to be offered group health plan coverage.

Regular employees who were hired prior to January 1, 2002, or who have an adjusted service date prior to January 1, 2002, and retire with ten or more years of continuous service (15 years of eligible service for certain employees) with the Plan Sponsor or a participating employer as a regular employee immediately preceding retirement and are age 55 or over, are eligible for retiree medical and dental benefits for themselves and their eligible dependents subject to certain limitations.

Contributions

Non-Medicare Eligible Participants

Retiree benefits are funded by the Plan Sponsor and the participating employers, if necessary, and by the Plan participants. Any deficiency of the Plan's net assets over the benefit obligations is funded on a pay-as-you-go basis by the Plan Sponsor and the participating employers.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

1. Description of the Plan (continued)

Participants and their dependents' contributions toward the premium total amount vary based on the years of service at the Plan Sponsor or a participating employer.

Medicare Eligible Participants

Premiums, if any, are paid by Medicare eligible participants directly to the insurance carrier for the coverage obtained through the private retiree exchange. If enrolled in a medical plan through the private retiree exchange, Medicare eligible participants will be able to be reimbursed for all or a portion of the premium from an HRA account. HRA accounts are funded by the Plan Sponsor via the VEBA. Participants enrolled in dental and/or vision coverage only under the exchange are not eligible for an HRA account. The Plan Sponsor has the sole discretion to determine the amount to be contributed to each eligible participant's HRA account.

Payment of Benefits

Non-Medicare Eligible Participants

The Plan is generally fully insured with respect to its medical and dental coverage by various health insurance companies (insurers) in accordance with terms specified in related contractual agreements between the Plan and each insurer. Therefore, the responsibility for the related payments to the Plan participants is retained by these insurers and not by the Plan. The Plan also offers a self-insured medical option, the benefits of which are processed, administered and paid by WebTPA, a third-party administrator.

Additionally, the Plan is self-insured with respect to its prescription drug coverage for certain medical plan options available under the Plan, whereby the Plan makes payments to the provider of the prescription drug benefit program for services provided under the program including the processing, fulfillment, and payment of claims for prescription drugs furnished through established networks of participating retail pharmacies. The Plan received claim rebates of \$376,236 during the year ended December 31, 2024, which is included in net payments for health claims in the accompanying statement of changes in net assets available for benefits.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

1. Description of the Plan (continued)

Medicare Eligible Participants

If enrolled in a medical plan through the private retiree exchange, Medicare eligible participants may obtain reimbursement from their HRA account for all or a portion of the monthly premium for medical coverage. Any remaining balance in the participant's HRA account may be used to reimburse the participant for other "qualified medical expenses" under Section 213(d) of the Internal Revenue Code (the Code).

Administrative Expenses

The Plan pays only direct expenses relating to the operation of the trust account, such as investment management fees, custodian fees, benefits administration fees, and investment-related taxes. All other expenses are paid by the Plan Sponsor.

2. Summary of Accounting Policies

Basis of Presentation

The accompanying financial statements and supplemental schedules have been prepared on the modified cash basis, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles (U.S. GAAP). Consequently, investments are stated at fair value, interest income and contributions are recognized when received rather than when earned, and distributions and administrative expenses are recognized when paid rather than when the obligation is incurred. Accordingly, the financial statements are not intended to present the financial status of the Plan or changes in the financial status of the Plan in accordance with U.S. GAAP.

Valuation of Investments and Revenue Recognition

Investments are stated at fair value using inputs based upon observable market data provided by the Trustee. These include financial models such as matrix pricing and estimates using the net asset value (NAV) per share. See Note 5 for further discussion and disclosures related to fair value measurements.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

2. Summary of Accounting Policies (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when received. Dividends are recorded on the payment date. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Cost of investments is determined using the historical cost method.

Use of Estimates

In preparing the financial statements in conformity with the modified cash basis of accounting, management is required to make estimates and assumptions that affect the investment amounts and benefit obligations reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ materially from those estimates.

Risks and Uncertainties

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

The amount of estimated claims incurred but not reported at year-end is reported in Note 3 based on certain assumptions based on claims activity. Additionally, the actuarial present value of the postretirement benefit obligation is reported in Note 3 based on certain assumptions pertaining to interest rates, health care inflation rates, and employee 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 materially affect the amounts reported and disclosed in the financial statements.

3. Benefit Obligations

The current claims payable and claims incurred but not reported under the Plan's prescription drug programs and self-insured medical option to retirees were \$230,000 and \$225,000 as of December 31, 2024 and 2023, respectively.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

3. Benefit Obligations (continued)

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee services rendered through December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Plan Sponsor subject to certain limitations as described in Note 1. 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 through the valuation date.

The actuarial present value of the expected postretirement benefit obligation 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 claim costs per participant. These estimates are adjusted for the time value of money (through discounts for interest), 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, and to reflect the application of the terms of medical and dental insurance plans, including the effects of established employee contributions together with relevant actuarial assumptions and health care cost escalation rates projected at annual rates. The health care cost trend rate is estimated to range from 7.5% in 2025 to 5.0% in 2035 and thereafter at December 31, 2024, and 7.1% in 2024 to 5.0% in 2031 and thereafter at December 31, 2023. The actuarial calculations also considered the Patient Protection and Affordable Care Act (the PPACA) and the companion Health Care and Education Reconciliation Act, which made certain changes and adjustments to the PPACA.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) applies to employers that sponsor postretirement health care plans that provide prescription drug benefits. The Act introduced a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provides a benefit that is at least actuarially equivalent to Medicare Part D. The Medicare subsidy amount is paid to the Plan Sponsor, and the Plan is not directly entitled to the Medicare subsidy. The Plan Sponsor is not required to use the subsidy amount to fund the postretirement benefits and may use the subsidy for any valid business purpose.

The Plan's determination of its postretirement benefit obligation does not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy. The Plan Sponsor has included the effects of the Medicare subsidy in measuring its postretirement benefit obligation in the Plan Sponsor's financial statements.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

3. Benefit Obligations (continued)

Measurement of the accumulated postretirement benefit obligation was based on an assumed discount rate of 5.68% and 5.21% as of December 31, 2024 and 2023, respectively.

The actuarial present value of the accumulated postretirement benefit obligation was as follows:

	December 31,	
	2024	2023
Accumulated postretirement benefit obligation		
Retirees	\$ 30,233,000	\$ 29,890,000
Fully eligible active plan participants	7,264,000	8,783,000
Other active plan participants	12,525,000	15,511,000
Total accumulated postretirement benefit obligation	\$ 50,022,000	\$ 54,184,000

The components of the change in the actuarial present value of the accumulated postretirement benefit obligation for the year ended December 31, 2024, are summarized as follows:

Actuarial present value of accumulated postretirement benefit obligation as of December 31, 2023	\$ 54,184,000
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions and other gains and losses	(3,106,000)
Benefits reclassified to currently payable	(4,208,000)
Service cost	456,000
Interest cost	2,696,000
Net decrease	(4,162,000)
Actuarial present value of accumulated postretirement benefit obligation as of December 31, 2024	\$ 50,022,000

For the year ended December 31, 2024, the decrease in the postretirement benefit obligation was due primarily to an increase in the discount rate from 5.21% to 5.68% and adjustments to healthcare per capita costs and contributions at December 31, 2024. The mortality table used for the accumulated postretirement benefit obligation was Pri-2012 separate Annuitant and Contingent Annuitant Mortality Table for males and females, with white-collar adjustments, projected generationally with the mortality improvement scale (MMP-2021) as of December 31, 2024 and 2023.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

4. Investments

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the supplemental Schedules: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year), and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024; the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

5. Fair Value Measurements

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The following are the levels of the hierarchy and a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

- **Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets where the specific security is traded.
- **Level 2** – Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates, credit risks, etc.), and inputs that are derived from, or corroborated by, observable markets. Financial models are often used to develop these prices.
- **Level 3** – Developed from unobservable data, reflecting the Plan's assumptions.

The following is a description of the valuation methodologies used for financial assets measured at fair value, including the general classification of such assets pursuant to the valuation hierarchy:

- Money market fund is a trust that invests in money market instruments and are valued at net asset value (NAV) of the underlying assets of the funds and therefore are not classified in the hierarchy table.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

5. Fair Value Measurements (continued)

- Municipal securities are classified as Level 2 because the fair value is determined using models such as matrix pricing, which uses quoted market prices of debt securities with similar characteristics or discounted cash flows to estimate fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as follows:

	Total	Level 1	Level 2	Level 3
December 31, 2024				
Municipal securities	\$ 50,188,064	\$ —	\$ 50,188,064	\$ —
		\$ —	\$ 50,188,064	\$ —
Investment measured at NAV ^(a)	805,360			
Total investments	\$ 50,993,424			
	Total	Level 1	Level 2	Level 3
December 31, 2023				
Municipal securities	\$ 49,731,644	\$ —	\$ 49,731,644	\$ —
		\$ —	\$ 49,731,644	\$ —
Investment measured at NAV ^(a)	3,307,632			
Total investments	\$ 53,039,276			

- (a) An investment that is measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts present in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

5. Fair Value Measurements (continued)

The following table sets forth a summary of the Plan's investments for which fair value is estimated using NAV (or its equivalent) as of December 31, 2024:

	Fair Value as of December 31, 2024	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Money market funds	\$ 805,360	None	Daily	None	None

The following table sets forth a summary of the Plan's investments for which fair value is estimated using NAV (or its equivalent) as of December 31, 2023:

	Fair Value as of December 31, 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Money market funds	\$ 3,307,632	None	Daily	None	None

6. Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided to individuals, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. If the Plan Sponsor terminates or partially terminates the Plan, the trust will pay benefits that participants are entitled to receive under the terms of the Plan.

7. Income Taxes

The VEBA established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Code and Section 23701(i) of the California Revenue and Taxation Code (California Code). The VEBA has obtained favorable tax exemption letters from the Internal Revenue Service (IRS) and from the State of California's Franchise Tax Board. Accordingly, the VEBA's net investment income is generally exempt from income taxes. The Plan Sponsor believes that the VEBA, as amended, continues to qualify and to operate in accordance with applicable provisions of the Code and California Code.

Club Retiree Medical and Dental Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

7. Income Taxes (continued)

However, the VEBA is subject to unrelated business income taxes. During the year ended December 31, 2024, the VEBA had \$99,476 of unrelated business income after net operating losses. The Plan did not receive any tax refunds in 2024. As of December 31, 2024 and 2023, the Plan had a cumulative capital loss carryforward of \$4,772,370 and \$3,388,825, respectively.

The Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Transactions With Parties-in-Interest

The Plan's investment in the money market funds is held by JP Morgan. JP Morgan is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions but are exempt from the prohibited transaction rules under ERISA. Fees paid by the Plan to the Trustee amounted to \$7,000 for the year ended December 31, 2024.

9. Subsequent Events

The Plan management has determined that there were no subsequent events that would require disclosure or adjustments to the accompanying financial statements through October 8, 2025, the date the financial statements were available to be issued.

Supplemental Schedules

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
(Modified Cash Basis)

Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Contributions Pending Correction in VFCP*	Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP*			
\$ 838	\$ -	\$ 838		\$ -	-

* Department of Labor Voluntary Fiduciary Correction Program

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)

December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Rate of Interest	Face Value/ Shares	Cost	Current Value
Money market funds					
* JP Morgan US Treas Plus MMF - Capital Shares				\$ 805,360	\$ 805,360
Total money market funds				805,360	805,360
Municipal securities					
Calif State Ref G O	08/01/2036	5.000%	\$ 500,000	\$ 589,070	\$ 528,321
Chino Vy Uni Sch Dist Calif Election 2016	02-08-2054	3.375%	1,000,000	770,340	862,319
Clovis Calif Uni Sch Dist Election 2020	02-08-2052	4.000%	250,000	246,930	250,387
Desert Calif Cmnty College Dist	02-08-2055	4.000%	500,000	498,509	500,078
Kern Calif Cmnty College Dist Election	02-08-2050	3.000%	750,000	608,993	625,917
Los Angeles Calif Uni Sch Dis G O	02-07-2038	4.000%	1,000,000	1,002,500	1,001,591
Los Angeles Calif Uni Sch Dis Ppty Tax	02-07-2048	4.000%	500,000	502,675	503,292
Oakland Calif Uni Sch Dist Alameda Elec 2020	02-08-2052	5.250%	500,000	529,965	551,747
Ravenswood Calif City Sch Dist Gen Elect 2022	02-08-2057	5.250%	725,000	755,428	790,943
San Diego Calif Uni Sch Dist GO Election 2022	02-07-2058	4.000%	125,000	123,491	124,545
San Francisco Calif Bay Area Rapid Trans Dist G O	02-08-2040	5.000%	790,000	832,636	825,780
San Jose Evergreen Calif Cmnty College	02-09-2049	4.000%	500,000	484,835	502,775
San Mateo Foster City Calif Sch Dist Elementary	02-08-2052	4.000%	1,000,000	987,400	1,000,456
Sequoia Union High Sch Dist	02-07-2056	4.000%	750,000	750,000	746,069
Washington CA Health Care Dist G O	02-08-2057	5.500%	250,000	269,138	279,648
Alameda Corridor Transn Auth Calif Rev	02-10-2040	5.000%	300,000	360,444	306,868
Bay Area Toll Auth Calif Toll Brdg Rev	02-04-2058	3.000%	1,000,000	758,435	783,154
Bay Area Toll Auth Calif Toll Brdg Rev	02-04-2059	1.950%	500,000	500,000	500,000
Calif Edl Facs Auth Rev - Chapman Univ	02-04-2040	5.000%	375,000	414,709	376,092
Calif Edl Facs Auth Rev - Santa Clara Univ	02-04-2044	5.000%	200,000	236,204	206,200
Calif Edl Facs Auth Rev	02-12-2048	5.000%	500,000	568,738	506,693
Calif Health Facs Fing Auth Rev	02-11-2051	5.000%	500,000	594,960	579,800
Calif Health Facs Fing Auth Rev	16-11-2052	5.000%	1,000,000	1,112,051	1,026,132
Calif Health Facs Fing Auth Rev	16-11-2040	5.000%	300,000	355,761	313,928
Calif Housing Fin Agy Mun Ctfs 2019-1	16-01-2039	4.250%	96,200	110,988	98,078
Calif Housing Fin Agy Mun Ctfs 2019-2	21-03-2037	4.000%	392,834	426,835	392,367
Calif Housing Fin Agy Mun Ctfs 2023-1	21-09-2040	4.375%	370,447	365,579	378,816
Calif Infrastructure & Econ Dev	02-08-2033	3.250%	775,000	772,283	772,921
Calif Infrastructure & Econ Dev	02-07-2054	3.000%	1,000,000	763,080	769,188
Calif Housing Fin Agy Ltd Oblig	02-07-2044	4.100%	675,000	675,000	669,235
Calif Infrastructure & Econ Dev	02-11-2056	4.125%	240,000	235,714	229,816
Calif Infrastructure & Econ Dev	02-11-2058	5.000%	320,000	346,212	342,675
Calif Muni Fin Auth Rev Bds	02-08-2044	4.200%	1,000,000	1,000,000	984,227
Calif Mun Fin Auth Rev Rfdg	16-08-2042	5.000%	360,000	410,969	370,781
Calif Muni Fin Auth Rev Retirement Hsg	16-11-2034	5.000%	320,000	389,556	355,358
Calif Muni Fin Auth Rev Retirement Hsg	16-11-2036	5.000%	175,000	206,880	199,145

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
(Modified Cash Basis)

December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Rate of Interest	Face Value/ Shares	Cost	Current Value
Calif Mun Fin Auth Rev Insd Bds	16-05-2051	5.000%	\$ 300,000	\$ 342,663	\$ 306,604
Calif Muni Fin Auth Rev Bds	02-06-2057	5.250%	455,000	481,859	490,860
Calif Mun Fin Auth Rev Insd Bds	02-01-2037	5.000%	450,000	526,293	474,599
Calif Mun Fin Auth Ctfs Partn COPs	02-11-2031	5.000%	110,000	113,454	114,907
Calif Mun Fin Auth Ctfs Partn COPs	02-11-2033	5.000%	150,000	154,799	160,869
Calif Mun Fin Auth Ctfs Partn COPs	02-11-2056	5.250%	260,000	250,130	277,235
Calif Muni Fin Auth Mobile Home Pk Rev	16-08-2057	5.250%	135,000	140,534	140,743
Calif Mun Fin Auth Lease Rev	02-06-2047	5.000%	250,000	281,280	261,200
Calif Muni Fin Auth Student Housing Rev	16-05-2052	5.000%	475,000	513,974	486,275
Calif Pub Fin Auth Rev Henry Mayo Newhall	16-10-2051	5.000%	525,000	557,787	527,585
Calif State Enterprise Dev Auth Studen Hsg Rev	16-01-2043	5.000%	250,000	274,463	264,687
Calif Statewide Cmnty Dev Auth Rev	16-05-2044	5.000%	400,000	453,868	405,047
Calif Statewide Cmnty Dev Auth Rev	16-05-2046	5.000%	300,000	345,972	305,009
Calif Statewide Cmnty Dev Auth Rev	02-04-2042	4.000%	210,000	233,417	205,168
Calif Statewide Cmnty Dev Auth Rev	02-04-2055	4.000%	315,000	267,426	279,947
Calif Statewide Cmnty Dev Auth Rev	16-08-2056	5.250%	430,000	405,314	457,282
Calif Statewide Cmnty Dev Auth Rev	02-04-2051	5.000%	250,000	282,870	252,084
Calif Statewide Cmnty Dev Auth Rev	02-07-2052	5.000%	1,000,000	1,129,824	1,032,997
Calif Statewide Cmnty Dev Auth Rev	02-12-2057	5.000%	200,000	215,926	204,469
Calif Statewide Cmnty Dev Auth Rev	02-01-2042	5.000%	250,000	268,830	260,533
Calif Statewide Cmnty Dev Auth Rev	02-01-2047	5.000%	200,000	213,340	206,488
Garden Grove Calif Pub Fing Auth	02-04-2058	4.000%	145,000	142,020	143,238
Inland Valley Dev Agy Calif Successor Agy	02-09-2041	5.250%	250,000	276,518	251,881
Inland Valley Dev Agy Calif Successor Agy	02-09-2048	5.000%	900,000	965,296	906,578
Irvine Calif Facs Fin Auth Rev	02-09-2057	5.250%	775,000	882,260	854,587
Long Beach Calif Arpt Rev AMT Sr Bds	02-06-2051	5.250%	750,000	816,623	795,094
Los Angeles Calif Dept Arpts Rev	16-05-2045	5.000%	500,000	569,675	500,950
Los Angeles Calif Dept Arpts Rev	16-05-2046	5.000%	200,000	232,268	206,897
Los Angeles Calif Dept Arpts Rev	16-05-2052	5.250%	500,000	575,210	514,161
Los Angeles Calif Dept Arpts Rev	16-05-2053	5.000%	400,000	475,432	407,956
Los Angeles Calif Dept Arpts Rev	16-05-2046	4.000%	200,000	191,388	194,143
Los Angeles Calif Dept Arpts Rev	16-05-2049	5.000%	130,000	158,826	135,321
Los Angeles Calif Dept Wtr & Pwr Wtrwks	02-07-2056	5.000%	575,000	631,551	622,538
Los Angeles Calif Hbr Dept Rev AMT Ref Bds 2024	02-08-2042	5.000%	700,000	784,029	757,653
Los Angeles Calif Muni Impt Corp Lease Rev	02-11-2041	4.000%	500,000	549,130	502,911
Los Angeles Cnty Calif Facs Inc Lease Rev	02-12-2047	5.000%	1,100,000	1,285,195	1,154,768
Mesa Calif Wtr Dist Ctrs Partn	16-03-2043	4.000%	400,000	475,840	413,199
Mesa Calif Wtr Dist Ctrs Partn	16-03-2044	4.000%	500,000	592,835	512,805
Ontario Calif Intl Arpt Auth Rev AMT Bonds	16-05-2041	4.000%	355,000	416,965	350,588
Rancho Cucamonga Calif Redev Agy	02-09-2034	5.000%	500,000	565,750	500,491
Riverside Cnty Calif Transn Commn Toll Rds	02-06-2050	4.000%	900,000	781,596	884,877

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
(Modified Cash Basis)

December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Rate of Interest	Face Value/ Shares	Cost	Current Value
Sacramento Calif City Fing Auth Rev Rfdg	02-12-2035	5.000%	\$ 630,000	\$ 719,813	\$ 640,236
Sacramento Calif Transient Occupancy Tax	02-06-2047	5.000%	800,000	890,459	835,841
Sacramento Cnty Calif Arpt Sys Rev Rfdg	02-07-2045	5.000%	300,000	330,312	306,339
Sacramento Cnty Calif Arpt Sys Rev Rfdg	02-07-2042	5.000%	1,115,000	1,158,953	1,144,063
Sacramento Cnty Calif Arpt Sys Rev Rfdg	02-07-2039	5.000%	500,000	579,875	530,870
San Diego Assn Govts South Bay	02-07-2046	5.000%	1,050,000	1,229,241	1,082,742
San Diego Cnty Calif Regl Arpt Auth	02-07-2046	5.000%	1,040,000	1,078,366	1,076,247
San Diego Cnty Calif Regl Arpt Auth	02-07-2051	5.000%	200,000	232,578	205,984
San Diego Cnty Calif Regl Arpt Auth	02-07-2042	5.000%	125,000	154,445	129,365
San Diego Cnty Calif Regl Arpt Auth	02-07-2057	5.000%	250,000	240,995	259,204
San Francisco Calif City & Cnty Pub Utils	02-11-2054	3.000%	500,000	390,360	396,172
San Francisco Calif Bay Area Rapid Transit	02-07-2043	4.000%	100,000	112,482	100,994
San Francisco Calif City & Cnty Arpts	02-05-2051	5.000%	600,000	695,862	616,776
San Francisco Calif City & Cnty Arpts	02-05-2053	5.000%	400,000	455,644	418,110
San Francisco Calif City & Cnty Arpts	02-05-2054	5.000%	500,000	542,905	510,283
San Francisco Calif City & Cnty Arpts	02-05-2054	4.000%	15,000	16,821	15,061
San Francisco Calif City & Cnty Arpts	02-05-2054	4.000%	185,000	207,459	174,546
San Marcos Calif Redev Agy Successor Agy	02-10-2034	5.000%	450,000	513,333	455,767
Successor Agy Pittsburg Calif Redev Agency	02-09-2033	5.000%	480,000	576,427	493,224
Transbay JT Powers Auth Tax Allocation	02-10-2053	5.000%	800,000	965,161	808,133
Tustin Calif Cmnty Facs Dist Spl Tax Rfd	02-09-2041	5.000%	500,000	553,455	503,729
Univ Calif Regts Med Ctr Pooled Rev	16-05-2051	5.000%	1,050,000	1,155,935	1,130,147
Univ Calif Regts Med Ctr Pooled Rev	16-05-2058	3.500%	300,000	231,876	270,216
Univ Calif Gen Rev Bds 2017	16-05-2041	5.000%	200,000	237,776	207,639
Univ Calif Gen Rev Bds 2018	16-05-2052	5.000%	200,000	204,504	208,184
Univ Calif Revs Ltd Proj Bds 2018	16-05-2062	5.500%	250,000	298,170	264,274
Washington TWP Calif Heath Care Dist Rev	02-07-2052	4.000%	500,000	520,935	423,352
Total municipal securities				<u>52,672,880</u>	<u>50,188,064</u>
Total				<u>\$ 53,478,240</u>	<u>\$ 50,993,424</u>

*Party-in-interest

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)
(Modified Cash Basis)

Year Ended December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party/Description of Investment	Rate of Interest	Maturity Date	Face Value/ Shares	Cost of Acquisitions	Proceeds of Dispositions
Bay Area Toll Auth Calif Toll Brdg Rev	Floating	01-04-2055	\$ 1,250,000	\$ 1,250,000	\$ 1,250,000
Calif Health Facs Fing Auth Rev	Floating	01-03-2041	2,050,000	2,050,000	2,050,000
Los Angeles Calif Dept Wtr & Pwr Wtrwks	Floating	01-07-2035	300,000	300,000	300,000
Los Angeles Calif Dept Wtr & Pwr Wtrwks	Floating	01-07-2035	1,200,000	1,200,000	1,200,000
Univ Calif Regents Med Ctr Pooled Rev	Floating	15-05-2045	100,000	100,000	100,000
Univ Calif Regts Med Ctr Pooled Rev	Floating	15-05-2047	200,000	200,000	200,000
Univ Calif Gen Rev Bds 2013	Floating	15-05-2048	300,000	300,000	300,000

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

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

Year Ended December 31, 2024

Identity of Party Involved/Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) – Series of transactions in excess of 5% of net assets					
** Bay Area Toll Auth Calif Toll Brdg Rev	\$ 2,400,000	\$ –	\$ 2,400,000	\$ 2,400,000	\$ –
** Bay Area Toll Auth Calif Toll Brdg Rev	–	2,300,000	2,300,000	2,300,000	–
** Calif Health Facs Fing Auth Rev	2,050,000	–	2,050,000	2,050,000	–
** Calif Health Facs Fing Auth Rev	–	2,050,000	2,050,000	2,050,000	–
** JP Morgan US Treas Plus MMF - Capital Shares	6,627,387	–	6,627,387	6,627,387	–
** JP Morgan US Treas Plus MMF - Capital Shares	–	9,129,657	9,129,657	9,129,657	–
** Univ Calif Gen Rev Bds 2013	1,600,000	–	1,600,000	1,600,000	–
** Univ Calif Gen Rev Bds 2013	–	1,900,000	1,900,000	1,900,000	–

The Plan did not have any category (i, ii, or iv) reportable transactions during the year ended December 31, 2024. Columns for "Lease rental" and "Expense incurred with transaction" are not applicable.

**Transactions made through an active market.

EY | Building a better working world

EY is building a better working world by creating new value for clients, people, society and the planet, while building trust in capital markets.

Enabled by data, AI and advanced technology, EY teams help clients shape the future with confidence and develop answers for the most pressing issues of today and tomorrow.

EY teams work across a full spectrum of services in assurance, consulting, tax, strategy and transactions. Fueled by sector insights, a globally connected, multidisciplinary network and diverse ecosystem partners, EY teams can provide services in more than 150 countries and territories.

All in to shape the future with confidence.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2025 Ernst & Young LLP.

All Rights Reserved.

ey.com

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
(Modified Cash Basis)

Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
\$ 838	\$ -	\$ 838	\$ -	\$ -

* Department of Labor Voluntary Fiduciary Correction Program

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)
(Modified Cash Basis)

Year Ended December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party/Description of Investment	Rate of Interest	Maturity Date	Face Value/ Shares	Cost of Acquisitions	Proceeds of Dispositions
Bay Area Toll Auth Calif Toll Brdg Rev	Floating	04/01/2055	1,250,000	1,250,000	1,250,000
Calif Health Facs Fing Auth Rev	Floating	03/01/2041	2,050,000	2,050,000	2,050,000
Los Angeles Calif Dept Wtr & Pwr Wtrwks	Floating	07/01/2035	300,000	300,000	300,000
Los Angeles Calif Dept Wtr & Pwr Wtrwks	Floating	07/01/2035	1,200,000	1,200,000	1,200,000
Univ Calif Regents Med Ctr Pooled Rev	Floating	05/15/2045	100,000	100,000	100,000
Univ Calif Regts Med Ctr Pooled Rev	Floating	05/15/2047	200,000	200,000	200,000
Univ Calif Gen Rev Bds 2013	Floating	05/15/2048	300,000	300,000	300,000

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

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

Year Ended December 31, 2024

Identity of Party Involved/Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) – Series of transactions in excess of 5% of net assets					
** Bay Area Toll Auth Calif Toll Brdg Rev	\$ 2,400,000	\$ –	\$ 2,400,000	\$ 2,400,000	\$ –
** Bay Area Toll Auth Calif Toll Brdg Rev	–	2,300,000	2,300,000	2,300,000	–
** Calif Health Facs Fing Auth Rev	2,050,000	–	2,050,000	2,050,000	–
** Calif Health Facs Fing Auth Rev	–	2,050,000	2,050,000	2,050,000	–
** JP Morgan US Treas Plus MMF - Capital Shares	6,627,387	–	6,627,387	6,627,387	–
** JP Morgan US Treas Plus MMF - Capital Shares	–	9,129,657	9,129,657	9,129,657	–
** Univ Calif Gen Rev Bds 2013	1,600,000	–	1,600,000	1,600,000	–
** Univ Calif Gen Rev Bds 2013	–	1,900,000	1,900,000	1,900,000	–

The Plan did not have any category (I, ii, or iv) reportable transactions during the year ended December 31, 2024.

Columns for "Lease rental" and "Expense incurred with transaction" are not applicable.

**Transactions made on the market.

PRELIMINARY AND TENTATIVE FOR DISCUSSION ONLY

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)

December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Rate of Interest	Face Value/ Shares	Cost	Current Value
Money market funds					
* JP Morgan US Treas Plus MMF - Capital Shares				\$ 805,360	\$ 805,360
Total money market funds				805,360	805,360
Municipal securities					
Calif State Ref G O	08/01/2036	5.000%	\$ 500,000	\$ 589,070	\$ 528,321
Chino Vy Uni Sch Dist Calif Election 2016	02-08-2054	3.375%	1,000,000	770,340	862,319
Clovis Calif Uni Sch Dist Election 2020	02-08-2052	4.000%	250,000	246,930	250,387
Desert Calif Cmnty College Dist	02-08-2055	4.000%	500,000	498,509	500,078
Kern Calif Cmnty College Dist Election	02-08-2050	3.000%	750,000	608,993	625,917
Los Angeles Calif Uni Sch Dis G O	02-07-2038	4.000%	1,000,000	1,002,500	1,001,591
Los Angeles Calif Uni Sch Dis Ppty Tax	02-07-2048	4.000%	500,000	502,675	503,292
Oakland Calif Uni Sch Dist Alameda Elec 2020	02-08-2052	5.250%	500,000	529,965	551,747
Ravenswood Calif City Sch Dist Gen Elect 2022	02-08-2057	5.250%	725,000	755,428	790,943
San Diego Calif Uni Sch Dist GO Election 2022	02-07-2058	4.000%	125,000	123,491	124,545
San Francisco Calif Bay Area Rapid Trans Dist G O	02-08-2040	5.000%	790,000	832,636	825,780
San Jose Evergreen Calif Cmnty College	02-09-2049	4.000%	500,000	484,835	502,775
San Mateo Foster City Calif Sch Dist Elementary	02-08-2052	4.000%	1,000,000	987,400	1,000,456
Sequoia Union High Sch Dist	02-07-2056	4.000%	750,000	750,000	746,069
Washington CA Health Care Dist G O	02-08-2057	5.500%	250,000	269,138	279,648
Alameda Corridor Transn Auth Calif Rev	02-10-2040	5.000%	300,000	360,444	306,868
Bay Area Toll Auth Calif Toll Brdg Rev	02-04-2058	3.000%	1,000,000	758,435	783,154
Bay Area Toll Auth Calif Toll Brdg Rev	02-04-2059	1.950%	500,000	500,000	500,000
Calif Edl Facs Auth Rev - Chapman Univ	02-04-2040	5.000%	375,000	414,709	376,092
Calif Edl Facs Auth Rev - Santa Clara Univ	02-04-2044	5.000%	200,000	236,204	206,200
Calif Edl Facs Auth Rev	02-12-2048	5.000%	500,000	568,738	506,693
Calif Health Facs Fing Auth Rev	02-11-2051	5.000%	500,000	594,960	579,800
Calif Health Facs Fing Auth Rev	16-11-2052	5.000%	1,000,000	1,112,051	1,026,132
Calif Health Facs Fing Auth Rev	16-11-2040	5.000%	300,000	355,761	313,928
Calif Housing Fin Agy Mun Ctfs 2019-1	16-01-2039	4.250%	96,200	110,988	98,078
Calif Housing Fin Agy Mun Ctfs 2019-2	21-03-2037	4.000%	392,834	426,835	392,367
Calif Housing Fin Agy Mun Ctfs 2023-1	21-09-2040	4.375%	370,447	365,579	378,816
Calif Infrastructure & Econ Dev	02-08-2033	3.250%	775,000	772,283	772,921
Calif Infrastructure & Econ Dev	02-07-2054	3.000%	1,000,000	763,080	769,188
Calif Housing Fin Agy Ltd Oblig	02-07-2044	4.100%	675,000	675,000	669,235
Calif Infrastructure & Econ Dev	02-11-2056	4.125%	240,000	235,714	229,816
Calif Infrastructure & Econ Dev	02-11-2058	5.000%	320,000	346,212	342,675
Calif Muni Fin Auth Rev Bds	02-08-2044	4.200%	1,000,000	1,000,000	984,227
Calif Mun Fin Auth Rev Rfdg	16-08-2042	5.000%	360,000	410,969	370,781
Calif Muni Fin Auth Rev Retirement Hsg	16-11-2034	5.000%	320,000	389,556	355,358
Calif Muni Fin Auth Rev Retirement Hsg	16-11-2036	5.000%	175,000	206,880	199,145

Club Retiree Medical and Dental Plan

Plan No. 516 EIN: 95-0514585

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)
(Modified Cash Basis)

December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Maturity Date	Rate of Interest	Face Value/ Shares	Cost	Current Value
Calif Mun Fin Auth Rev Insd Bds	16-05-2051	5.000%	\$ 300,000	\$ 342,663	\$ 306,604
Calif Muni Fin Auth Rev Bds	02-06-2057	5.250%	455,000	481,859	490,860
Calif Mun Fin Auth Rev Insd Bds	02-01-2037	5.000%	450,000	526,293	474,599
Calif Mun Fin Auth Ctfs Partn COPs	02-11-2031	5.000%	110,000	113,454	114,907
Calif Mun Fin Auth Ctfs Partn COPs	02-11-2033	5.000%	150,000	154,799	160,869
Calif Mun Fin Auth Ctfs Partn COPs	02-11-2056	5.250%	260,000	250,130	277,235
Calif Muni Fin Auth Mobile Home Pk Rev	16-08-2057	5.250%	135,000	140,534	140,743
Calif Mun Fin Auth Lease Rev	02-06-2047	5.000%	250,000	281,280	261,200
Calif Muni Fin Auth Student Housing Rev	16-05-2052	5.000%	475,000	513,974	486,275
Calif Pub Fin Auth Rev Henry Mayo Newhall	16-10-2051	5.000%	525,000	557,787	527,585
Calif State Enterprise Dev Auth Studen Hsg Rev	16-01-2043	5.000%	250,000	274,463	264,687
Calif Statewide Cmnty Dev Auth Rev	16-05-2044	5.000%	400,000	453,868	405,047
Calif Statewide Cmnty Dev Auth Rev	16-05-2046	5.000%	300,000	345,972	305,009
Calif Statewide Cmnty Dev Auth Rev	02-04-2042	4.000%	210,000	233,417	205,168
Calif Statewide Cmnty Dev Auth Rev	02-04-2055	4.000%	315,000	267,426	279,947
Calif Statewide Cmnty Dev Auth Rev	16-08-2056	5.250%	430,000	405,314	457,282
Calif Statewide Cmnty Dev Auth Rev	02-04-2051	5.000%	250,000	282,870	252,084
Calif Statewide Cmnty Dev Auth Rev	02-07-2052	5.000%	1,000,000	1,129,824	1,032,997
Calif Statewide Cmnty Dev Auth Rev	02-12-2057	5.000%	200,000	215,926	204,469
Calif Statewide Cmnty Dev Auth Rev	02-01-2042	5.000%	250,000	268,830	260,533
Calif Statewide Cmnty Dev Auth Rev	02-01-2047	5.000%	200,000	213,340	206,488
Garden Grove Calif Pub Fing Auth	02-04-2058	4.000%	145,000	142,020	143,238
Inland Valley Dev Agy Calif Successor Agy	02-09-2041	5.250%	250,000	276,518	251,881
Inland Valley Dev Agy Calif Successor Agy	02-09-2048	5.000%	900,000	965,296	906,578
Irvine Calif Facs Fin Auth Rev	02-09-2057	5.250%	775,000	882,260	854,587
Long Beach Calif Arpt Rev AMT Sr Bds	02-06-2051	5.250%	750,000	816,623	795,094
Los Angeles Calif Dept Arpts Rev	16-05-2045	5.000%	500,000	569,675	500,950
Los Angeles Calif Dept Arpts Rev	16-05-2046	5.000%	200,000	232,268	206,897
Los Angeles Calif Dept Arpts Rev	16-05-2052	5.250%	500,000	575,210	514,161
Los Angeles Calif Dept Arpts Rev	16-05-2053	5.000%	400,000	475,432	407,956
Los Angeles Calif Dept Arpts Rev	16-05-2046	4.000%	200,000	191,388	194,143
Los Angeles Calif Dept Arpts Rev	16-05-2049	5.000%	130,000	158,826	135,321
Los Angeles Calif Dept Wtr & Pwr Wtrwks	02-07-2056	5.000%	575,000	631,551	622,538
Los Angeles Calif Hbr Dept Rev AMT Ref Bds 2024	02-08-2042	5.000%	700,000	784,029	757,653
Los Angeles Calif Muni Impt Corp Lease Rev	02-11-2041	4.000%	500,000	549,130	502,911
Los Angeles Cnty Calif Facs Inc Lease Rev	02-12-2047	5.000%	1,100,000	1,285,195	1,154,768
Mesa Calif Wtr Dist Ctrs Partn	16-03-2043	4.000%	400,000	475,840	413,199
Mesa Calif Wtr Dist Ctrs Partn	16-03-2044	4.000%	500,000	592,835	512,805
Ontario Calif Intl Arpt Auth Rev AMT Bonds	16-05-2041	4.000%	355,000	416,965	350,588
Rancho Cucamonga Calif Redev Agy	02-09-2034	5.000%	500,000	565,750	500,491
Riverside Cnty Calif Transn Commn Toll Rds	02-06-2050	4.000%	900,000	781,596	884,877

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.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 Club Retiree Medical and Dental Plan	1b Three-digit plan number (PN) ▶ 516
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) Automobile Club of So California 3333 Fairview Road A-379 Costa Mesa CA 92626	1c Effective date of plan 01/01/1999 2b Employer Identification Number (EIN) 95-0514585 2c Plan Sponsor's telephone number (714) 885-2400 2d Business code (see instructions) 488990

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

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

SIGN HERE		10/7/25	Nicole H. Bolton, SVP Human Resourc
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311