

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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 COLGATE-PALMOLIVE SAVINGS & INVESTMENT PLANS MASTER TRUST, 1b Three-digit plan number (PN) 102, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) COLGATE-PALMOLIVE COMPANY, 2b Employer Identification Number (EIN) 26-3205775, 2c Plan Sponsor's telephone number 212-310-2000, 2d Business code (see instructions) 325600

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 employer/plan sponsor and DFE.

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

|   |   |
|---|---|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN   |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b><br><b>6a(2)</b><br><b>6b</b><br><b>6c</b><br><b>6d</b><br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>  |

**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:

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

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

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

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**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.

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>COLGATE-PALMOLIVE SAVINGS &amp; INVESTMENT PLANS MASTER TRUST</b></p>     | <p><b>B</b> Three-digit plan number (PN) ▶ <b>102</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>COLGATE-PALMOLIVE COMPANY</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>26-3205775</b></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  
**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|---|-------------------------|-------------------|
|                   |               |                                       |   | (f) From                | (g) To            |
| <b>71-0294708</b> | <b>86509</b>  | <b>14678</b>                          | <b>1567</b>   | <b>01/01/2024</b>       | <b>12/31/2024</b> |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a) Total amount of commissions paid</b> | <b>(b) Total amount of fees paid</b> |
|---|--------------------------------------|

**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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>    | 47666097 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |          |
|  | <b>7c(2)</b> |          |
|  | <b>7c(3)</b> | 1359096  |
|  | <b>7c(4)</b> |          |
|  | <b>7c(5)</b> |          |
| (6) Total additions .....  | <b>7c(6)</b> | 1359096  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 49025193 |
| <b>e</b> Deductions:   |              |          |
|  | <b>7e(1)</b> | 3002624  |
|  | <b>7e(2)</b> |          |
|  | <b>7e(3)</b> |          |
|  | <b>7e(4)</b> |          |
| (5) Total deductions .....   | <b>7e(5)</b> | 3002624  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 46022569 |

**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:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>COLGATE-PALMOLIVE SAVINGS &amp; INVESTMENT PLANS MASTER TRUST</b>     | <b>B</b> Three-digit plan number (PN) ▶ <b>102</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COLGATE-PALMOLIVE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>26-3205775</b> |

**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

**STATE STREET BANK**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>04-1867445</b> | <b>00000</b>         | <b>108021</b>                                | <b>1567</b>  | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 48485288     |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |              |
|   | <b>7c(2)</b>               |              |
|   | <b>7c(3)</b>               | 1368662      |
|   | <b>7c(4)</b>               |              |
|   | <b>7c(5)</b>               |              |
| (6) Total additions .....   | <b>7c(6)</b>               | 1368662      |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  | 49853950     |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               | 3185304      |
|   | <b>7e(2)</b>               |              |
|   | <b>7e(3)</b>               |              |
|   | <b>7e(4)</b>               |              |
|   | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b>                  | 46668646     |

**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:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>COLGATE-PALMOLIVE SAVINGS &amp; INVESTMENT PLANS MASTER TRUST</b></p>     | <p><b>B</b> Three-digit plan number (PN) ▶ <b>102</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>COLGATE-PALMOLIVE COMPANY</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>26-3205775</b></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  
**TRANSAMERICA PREMIER LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 39-0989781 | 86231         | MDA01104TR                            | 1567  | 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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>    | 44375186 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |          |
|  | <b>7c(2)</b> |          |
|  | <b>7c(3)</b> | 1267482  |
|  | <b>7c(4)</b> |          |
|  | <b>7c(5)</b> |          |
| (6) Total additions .....  | <b>7c(6)</b> | 1267482  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 45642668 |
| <b>e</b> Deductions:   |              |          |
|  | <b>7e(1)</b> | 2728467  |
|  | <b>7e(2)</b> |          |
|  | <b>7e(3)</b> |          |
|  | <b>7e(4)</b> |          |
| (5) Total deductions .....   | <b>7e(5)</b> | 2728467  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 42914201 |

**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:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|  |  |   |     |
|--|--|---|-----|
| <b>A</b> Name of plan<br>COLGATE-PALMOLIVE SAVINGS & INVESTMENT PLANS MASTER TRUST         |  | <b>B</b> Three-digit plan number (PN) ▶                     | 102 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COLGATE-PALMOLIVE COMPANY |  | <b>D</b> Employer Identification Number (EIN)<br>26-3205775 |     |

**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  
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| <b>(b)</b> EIN | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |               |
|----------------|----------------------|--|--|--------------------------------|---------------|
|                |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To |
| 22-1211670     | 68241                | 063131                                       | 1567   | 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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

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

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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** 45813120

|   |              |         |
|---|--------------|---------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |         |
|   | <b>7c(2)</b> |         |
|   | <b>7c(3)</b> | 1282433 |
|   | <b>7c(4)</b> |         |
|   | <b>7c(5)</b> |         |

(6) Total additions ..... **7c(6)** 1282433

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 47095553

**e** Deductions:

|   |              |         |
|---|--------------|---------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |         |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |         |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b> |         |
| (4) Other (specify below) .....<br>▶ CASH                                 | <b>7e(4)</b> | 2848627 |

(5) Total deductions ..... **7e(5)** 2848627

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 44246926

**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:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>COLGATE-PALMOLIVE SAVINGS &amp; INVESTMENT PLANS MASTER TRUST</u>            | <b>B</b> Three-digit plan number (PN)                              | <u>102</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COLGATE-PALMOLIVE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-3205775</u> |            |

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

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX RETIREMENT NL FD. F</u>             |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>26-4019464-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2025 NL FD. F</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>26-4020456-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2030 NL FD. F</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>26-4020542-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2035 FD. F</u>                      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>20-5114956-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>153487257</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2035 NL FD. F</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>26-4020637-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2040 NL FD. F</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>26-4020715-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2045 FD. F</u>                      |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>20-5115008-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100962357</u> |

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2045 NL FD. F                   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |   |
| <b>c</b> EIN-PN 26-4020794-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2050 NL FD. F                   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |   |
| <b>c</b> EIN-PN 26-4020887-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2055 FD. F                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |   |
| <b>c</b> EIN-PN 27-2470604-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52139020  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2055 NL FD. F                   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |   |
| <b>c</b> EIN-PN 27-1620812-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX RETIREMENT NL 2060              |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |   |
| <b>c</b> EIN-PN 47-2022883-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX RETIREMENT NL 2065              |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |   |
| <b>c</b> EIN-PN 84-1915237-001  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GLOBAL ACWI EX US INDEX                   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS                |                        |   |
| <b>c</b> EIN-PN 04-0025081-102  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10753315  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSSSGA RUSSELL SMALL/MID CAP INDEX             |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS                |                        |   |
| <b>c</b> EIN-PN 32-6528132-019  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131181229 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX                             |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS                |                        |   |
| <b>c</b> EIN-PN 04-0025081-102  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 431089302 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US BOND INDEX                             |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS                |                        |   |
| <b>c</b> EIN-PN 90-0337987-477  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4131586   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD 1.147%

**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 25-6078093-023 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7145071 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX 2060 FUND F

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 47-1878775-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23019733 |
|--------------------------------|------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX FUND 2065 F

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 84-1770109-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15748858 |
|--------------------------------|------------------------|--|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

**Part II** Information on Participating Plans (to be completed by DFEs, other than DCGs)  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name COLGATE-PALMOLIVE COMPANY EMPLOYEES SAVINGS & INVESTMENT PLAN

**b** Name of plan sponsor COLGATE-PALMOLIVE COMPANY **c** EIN-PN 13-1815595-003

**a** Plan name COLGATE-PALMOLIVE PUERTO RICO SAVINGS AND INVESTMENT PLAN

**b** Name of plan sponsor COLAGTE-PALMOLIVE COMPANY DISTR. LLC **c** EIN-PN 66-0388332-001

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

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

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>COLGATE-PALMOLIVE SAVINGS &amp; INVESTMENT PLANS MASTER TRUST</b>     | <b>B</b> Three-digit plan number (PN) ▶ <b>102</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COLGATE-PALMOLIVE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>26-3205775</b> |

**Part I Asset and Liability Statement**

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 88                    | -606            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 2301688               | 889871          |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 7357399               | 6842800         |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 55709786              | 36839638        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 83156558              | 101799771       |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 36040221              | 30482557        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 1213482308            | 1402836031      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 337551361             | 335139538       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 11022491              | 10276115        |

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) | 316355280             | 333606427       |
| (2) Employer real property.....                                   | 1d(2) | 0                     | 0               |
| e Buildings and other property used in plan operation.....        | 1e    | 0                     | 0               |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 2062977180            | 2258712142      |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    | 0                     | 0               |
| h Operating payables.....   | 1h    | 644646                | 462728          |
| i Acquisition indebtedness.....                                   | 1i    | 0                     | 0               |
| j Other liabilities.....  | 1j    | 0                     | 0               |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | 644646                | 462728          |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 2062332534            | 2258249414      |

**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 |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | 2a(1)(A) | 0          |           |
| (B) Participants.....  | 2a(1)(B) | 0          |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 0          |           |
| (2) Noncash contributions.....   | 2a(2)    | 0          |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 0         |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 5806032    |           |
| (B) U.S. Government securities.....  | 2b(1)(B) | 0          |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) | 0          |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) | 0          |           |
| (E) Participant loans.....   | 2b(1)(E) | 0          |           |
| (F) Other.....   | 2b(1)(F) | 0          |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 5806032   |
| (2) Dividends:   |          |            |           |
| (A) Preferred stock.....   | 2b(2)(A) | 0          |           |
| (B) Common stock.....  | 2b(2)(B) | 7415026    |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) | 5466318    |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 12881344  |
| (3) Rents.....   | 2b(3)    |            | 0         |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) | 87554425   |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) | 77325023   |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) | 0          |           |
| (B) Other.....   | 2b(5)(B) | 33193149   |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            | 33193149  |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 190923307 |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 14334322  |
| <b>c</b> Other income .....   | 2c         | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 267367556 |

**Expenses**

|   |        |   |
|---|--------|---|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |   |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 0 |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  | 0 |
| (3) Other .....   | 2e(3)  | 0 |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  | 0 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     | 0 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     | 0 |
| <b>h</b> Interest expense .....   | 2h     | 0 |
| <b>i</b> Administrative expenses:   |        |   |
| (1) Salaries and allowances .....   | 2i(1)  | 0 |
| (2) Contract administrator fees .....   | 2i(2)  | 0 |
| (3) Recordkeeping fees .....  | 2i(3)  | 0 |
| (4) IQPA audit fees .....   | 2i(4)  | 0 |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 0 |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 0 |
| (7) Actuarial fees .....  | 2i(7)  | 0 |
| (8) Legal fees .....  | 2i(8)  | 0 |
| (9) Valuation/appraisal fees .....  | 2i(9)  | 0 |
| (10) Other trustee fees and expenses .....  | 2i(10) | 0 |
| (11) Other expenses .....   | 2i(11) |   |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 0 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 0 |

**Net Income and Reconciliation**

|   |       |           |
|---|-------|-----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 267367556 |
| <b>l</b> Transfers of assets:                                   |       |           |
| (1) To this plan .....  | 2l(1) | 0         |
| (2) From this plan .....  | 2l(2) | 71450676  |

**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:

(2) EIN:

**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 |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     |    |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     |    |        |
| <b>g</b> 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?   |     |    |        |
| <b>h</b> 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?   |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.



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| <u>SHARES/<br/>PAR VALUE</u>               | <u>SECURITY DESCRIPTION</u>  | <u>COST</u>         | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|--|--|---------------------|--------------|-------------------------|---------------------------------|
| <u>INVESTMENTS CASH EQUIVALENTS</u>        |  |                     |              |                         |                                 |
|  | CAD (CANADIAN DOLLARS)<br>NC9123455  |                     |              |                         |                                 |
| 0.0100                                     | T ROWE LG CAP US PL  | 0.01                | 0.0000       | 0.01                    | 0.00                            |
|  | EUR (EURO)<br>XX9123458  |                     |              |                         |                                 |
| 25.7600                                    | T ROWE LG CAP US PL  | 27.73               | 0.0000       | 26.67                   | 1.06-                           |
|  | DREYFUS GOVT CAS MGMT INST 289<br>VAR RT 12/31/2075 DD 06/03/97<br>996086609 |                     |              |                         |                                 |
| 1,982,603.1800                             | GOLDMANS SACHS AM  | 1,982,603.18        | 100.0000     | 1,982,603.18            | 0.00                            |
|  | EB TEMP INV FD<br>1.147% 12/31/2049 DD 11/01/01<br>996115960                 |                     |              |                         |                                 |
| 4,851,671.0700                             | COMPANY STOCK  | 4,851,671.07        | 1.0000       | 4,851,671.07            | 0.00                            |
| 38,214.1600                                | BRANDYWINE LG VAL MG   | 38,214.16           | 1.0000       | 38,214.16               | 0.00                            |
| 7,296.3600                                 | T ROWE GR STK MANGR  | 7,296.36            | 1.0000       | 7,296.36                | 0.00                            |
| 2,247,889.4600                             | T ROWE LG CAP US PL  | 2,247,889.46        | 1.0000       | 2,247,889.46            | 0.00                            |
| <u>7,145,071.0500</u>                      |  | <u>7,145,071.05</u> |              | <u>7,145,071.05</u>     | <u>0.00</u>                     |
| TOTAL INVESTMENTS CASH EQUIVALENTS         |  | 9,127,701.97        |              | 9,127,700.91            | 1.06-<br>1.06- C<br>0.00 I      |
| <u>INVESTMENTS FIXED INCOME SECURITIES</u> |  |                     |              |                         |                                 |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>   | <u>COST</u>    | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u>            |
|------------------------------|---|----------------|--------------|-------------------------|--|
| 9,174,402.4960               | BAIRD CORE PLUS BOND-INST<br>057071870<br>BAIRD CORE PLUS BD                              | 100,507,806.15 | 10.0100      | 91,835,768.98           | 8,672,037.17-                              |
| 383,833.6610                 | SSGA US BOND INDEX<br>85744W226<br>STATE STREET US BOND                                   | 4,042,666.59   | 10.7640      | 4,131,585.53            | 88,918.94                                  |
| 45,905,997.2200              | VOYA 14678 IN<br>VAR RT 11/15/2025 DD 03/01/24<br>999L16607<br>GOLDMANS SACHS AM          | 45,905,997.22  | 100.0000     | 45,905,997.22           | 0.00                                       |
| 46,550,947.2000              | STATE STREET BANK IN<br>VAR RT 11/15/2025 DD 03/01/24<br>999L16615<br>GOLDMANS SACHS AM   | 46,550,947.20  | 100.0000     | 46,550,947.20           | 0.00                                       |
| 42,805,143.6000              | TRANSAMERICA PREM IN<br>VAR RT 11/15/2025 DD 03/01/24<br>999L16623<br>GOLDMANS SACHS AM   | 42,805,143.60  | 100.0000     | 42,805,143.60           | 0.00                                       |
| 44,135,993.5500              | PRUDENTIAL GA-63131 IN<br>VAR RT 11/15/2025 DD 03/01/24<br>999L16631<br>GOLDMANS SACHS AM | 44,135,993.55  | 100.0000     | 44,135,993.55           | 0.00                                       |
| TOTAL INVESTMENTS            | FIXED INCOME SECURITIES   | 283,948,554.31 |              | 275,365,436.08          | 8,583,118.23-<br>0.00 C<br>8,583,118.23- I |



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| <u>SHARES/<br/>PAR VALUE</u>            | <u>SECURITY DESCRIPTION</u>  | <u>COST</u>  | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u>        |
|---|--|--------------|--------------|-------------------------|--|
| <u>INVESTMENTS PREFERRED SECURITIES</u> |  |              |              |                         |  |
| 8,557.0000                              | GM CRUISE HOLDINGS LLC CLASS G<br>PFD<br>361998941<br>T ROWE LG CAP US PL  | 225,476.95   | 1.0000       | 8,557.00                | 216,919.95-                            |
| 4,254.0000                              | SILA NANOTECHNOLOGIES INC<br>PFD SER F<br>826993198<br>T ROWE LG CAP US PL | 175,574.50   | 19.5538      | 83,181.87               | 92,392.63-                             |
| 13,700.0000                             | GM CRUISE HLDG CL F CVT PFD<br>99VVBX5E1<br>T ROWE LG CAP US PL            | 250,025.00   | 1.0000       | 13,700.00               | 236,325.00-                            |
| 4,204.0000                              | RAPPI INC SER E CVT PFD PP<br>99VVB8Q78<br>T ROWE LG CAP US PL             | 251,172.36   | 21.8100      | 91,689.24               | 159,483.12-                            |
| 22,187.0000                             | NURO SERIES C CVT PFD STOCK<br>99VVB9256<br>T ROWE LG CAP US PL            | 289,642.42   | 7.1400       | 158,415.18              | 131,227.24-                            |
| TOTAL INVESTMENTS PREFERRED SECURITIES  |  | 1,191,891.23 |              | 355,543.29              | 836,347.94-<br>0.00 C<br>836,347.94- I |

INVESTMENTS CONVERTIBLE OR EXCHANGEABLE SECURIT



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| <u>SHARES/<br/>PAR VALUE</u>                       | <u>SECURITY DESCRIPTION</u>   | <u>COST</u>  | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u>      |
|--|---|--------------|--------------|-------------------------|--------------------------------------|
| 1,946.0000   | WAYMO LLC. SERIES A-2 CONV<br>PFD UNITS<br>NA99V5S34<br>T ROWE LG CAP US PL | 167,097.58   | 80.3000      | 156,263.80              | 10,833.78-                           |
| TOTAL INVESTMENTS CONVERTIBLE OR EXCHANGEABLE SECU |   | 167,097.58   |              | 156,263.80              | 10,833.78-<br>0.00 C<br>10,833.78- I |
| <u>INVESTMENTS EQUITY</u>                          |   |              |              |                         |                                      |
| 783.0000   | EPIC GAMES INC PP<br>NA99V6GR2<br>T ROWE LG CAP US PL                       | 518,142.16   | 637.1100     | 498,857.13              | 19,285.03-                           |
| 2,371.0000   | ASML HOLDING NV<br>N07059210<br>T ROWE LG CAP US PL                         | 1,070,633.16 | 693.0800     | 1,643,292.68            | 572,659.52                           |
| 4,468.0000   | ADOBE INC<br>00724F101<br>T ROWE LG CAP US PL                               | 2,301,659.86 | 444.6800     | 1,986,830.24            | 314,829.62-                          |
| 9,702.0000   | ADVANCED MICRO DEVICES INC<br>007903107<br>T ROWE LG CAP US PL              | 1,306,088.46 | 120.7900     | 1,171,904.58            | 134,183.88-                          |
| 5,292.0000   | AFFIRM HOLDINGS INC<br>00827B106<br>T ROWE LG CAP US PL                     | 193,872.42   | 60.9000      | 322,282.80              | 128,410.38                           |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>   | <u>COST</u>    | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|---|----------------|--------------|-------------------------|---------------------------------|
| 99,676.0000                  | ALPHABET INC<br>02079K305<br>T ROWE LG CAP US PL                    | 9,395,544.77   | 189.3000     | 18,868,666.80           | 9,473,122.03                    |
| 99,516.0000                  | AMAZON.COM INC<br>023135106<br>T ROWE LG CAP US PL                  | 10,214,107.81  | 219.3900     | 21,832,815.24           | 11,618,707.43                   |
| 62,839.0000                  | AMPHENOL CORP<br>032095101<br>T ROWE LG CAP US PL                   | 3,628,704.24   | 69.4500      | 4,364,168.55            | 735,464.31                      |
| 99,622.0000                  | APPLE INC<br>037833100<br>T ROWE LG CAP US PL                       | 10,993,837.90  | 250.4200     | 24,947,341.24           | 13,953,503.34                   |
| 2,976.0000                   | ARGENX SE<br>ADR<br>04016X101<br>T ROWE LG CAP US PL                | 1,077,634.42   | 615.0000     | 1,830,240.00            | 752,605.58                      |
| 8,284.0000                   | ATLISSIAN CORP<br>049468101<br>T ROWE LG CAP US PL                  | 1,923,014.31   | 243.3800     | 2,016,159.92            | 93,145.61                       |
| 68,258.0000                  | AURORA INNOVATION INC<br>051774107<br>T ROWE LG CAP US PL           | 190,848.80     | 6.3000       | 430,025.40              | 239,176.60                      |
| 5,171,323.1710               | LIFEPATH INDEX RETIREMENT FUND<br>06739Q818<br>LIFEPATH IND RTMT NL | 136,997,919.99 | 26.6599      | 137,866,958.61          | 869,038.62                      |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>  | <u>COST</u>    | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|--|----------------|--------------|-------------------------|---------------------------------|
| 3,276,814.6130               | LIFEPATH INDEX 2040 FUND F<br>06739Q859<br>LIFEPATH INDEX 2040     | 115,943,769.87 | 37.7949      | 123,846,880.62          | 7,903,110.75                    |
| 4,472,928.3280               | LIFEPATH INDEX 2030 FUND F<br>06739Q883<br>LIFEPATH INDEX 2030     | 136,323,871.67 | 32.1769      | 143,924,967.52          | 7,601,095.85                    |
| 2,520,777.8740               | LIFEPATH INDEX 2050 FD F<br>06739V163<br>LIFEPATH INDEX 2050       | 73,174,295.82  | 31.2666      | 78,816,153.48           | 5,641,857.66                    |
| 2,732,996.5050               | LIFEPATH INDEX 2045 FD F<br>06739V171<br>LIFEPATH INDEX 2045       | 94,072,922.47  | 36.9420      | 100,962,356.89          | 6,889,434.42                    |
| 4,713,012.2720               | LIFEPATH INDEX 2035 FD F<br>06739V445<br>LIFEPATH INDEX 2035       | 144,412,690.63 | 32.5667      | 153,487,256.76          | 9,074,566.13                    |
| 7,332.0000                   | BECTON DICKINSON & CO<br>075887109<br>T ROWE LG CAP US PL          | 1,771,961.10   | 226.8700     | 1,663,410.84            | 108,550.26-                     |
| 1,271,978.1480               | LIFEPATH INDEX 2055 FD F<br>09256V731<br>LIFEPATH INDEX 2055       | 48,358,845.74  | 40.9905      | 52,139,020.28           | 3,780,174.54                    |
| 964,177.2790                 | BLACKROCK INSTL TR CO N A INVT<br>09258C202<br>LIFEPATH INDEX 2060 | 21,468,197.42  | 23.8750      | 23,019,732.54           | 1,551,535.12                    |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>  | <u>COST</u>    | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|--|----------------|--------------|-------------------------|---------------------------------|
| 920,517.4900                 | BLACKROCK INSTL TR CO N A INVT<br>09259D555<br>BROCK LIFEPATH 2065 | 14,681,644.16  | 17.1087      | 15,748,857.58           | 1,067,213.42                    |
| 9,762.0000                   | BOEING CO/THE<br>097023105<br>T ROWE LG CAP US PL                  | 1,623,959.02   | 177.0000     | 1,727,874.00            | 103,914.98                      |
| 839.0000                     | BOOKING HOLDINGS INC<br>09857L108<br>T ROWE LG CAP US PL           | 2,713,840.60   | 4,968.4200   | 4,168,504.38            | 1,454,663.78                    |
| 12,168.0000                  | CIGNA GROUP/THE<br>125523100<br>T ROWE LG CAP US PL                | 3,788,714.17   | 276.1400     | 3,360,071.52            | 428,642.65-                     |
| 30,634.0000                  | CHIPOTLE MEXICAN GRILL INC<br>169656105<br>T ROWE LG CAP US PL     | 955,065.15     | 60.3000      | 1,847,230.20            | 892,165.05                      |
| 3,669,634.0000               | COLGATE-PALMOLIVE CO<br>194162103<br>COMPANY STOCK                 | 281,019,765.44 | 90.9100      | 333,606,426.94          | 52,586,661.50                   |
| 91,964.0000                  | COUPANG INC<br>22266T109<br>T ROWE LG CAP US PL                    | 2,077,453.63   | 21.9800      | 2,021,368.72            | 56,084.91-                      |
| 7,513.0000                   | DANAHER CORP<br>235851102<br>T ROWE LG CAP US PL                   | 1,796,073.60   | 229.5500     | 1,724,609.15            | 71,464.45-                      |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>                                    | <u>COST</u>    | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|--|----------------|--------------|-------------------------|---------------------------------|
| 1,756,556.3480               | DIAMOND HILL LARGE CAP-Y<br>25264S676<br>DIAMOND HILL FD       | 57,278,418.44  | 32.3300      | 56,789,466.73           | 488,951.71-                     |
| 21,808.0000                  | DYNATRACE INC<br>268150109<br>T ROWE LG CAP US PL              | 984,725.66     | 54.3500      | 1,185,264.80            | 200,539.14                      |
| 16,200.0000                  | ENTEGRIS INC<br>29362U104<br>T ROWE LG CAP US PL               | 1,701,201.28   | 99.0600      | 1,604,772.00            | 96,429.28-                      |
| 8,137.0000                   | EQUIFAX INC<br>294429105<br>T ROWE LG CAP US PL                | 2,077,774.18   | 254.8500     | 2,073,714.45            | 4,059.73-                       |
| 2,099,714.4030               | AMER FNDS EUROPAC GROW-R6<br>298706821<br>AMERICAN FD EURO PAC | 109,078,045.47 | 53.7200      | 112,796,657.73          | 3,718,612.26                    |
| 23,252.0000                  | META PLATFORMS INC<br>30303M102<br>T ROWE LG CAP US PL         | 5,542,176.25   | 585.5100     | 13,614,278.52           | 8,072,102.27                    |
| 888.0000                     | FAIR ISAAC CORP<br>303250104<br>T ROWE LG CAP US PL            | 1,124,754.12   | 1,990.9300   | 1,767,945.84            | 643,191.72                      |
| 37,417.0000                  | FISERV INC<br>337738108<br>T ROWE LG CAP US PL                 | 4,922,317.26   | 205.4200     | 7,686,200.14            | 2,763,882.88                    |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>                                    | <u>COST</u>  | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|--|--------------|--------------|-------------------------|---------------------------------|
| 19,057.0000                  | HOWMET AEROSPACE INC<br>443201108<br>T ROWE LG CAP US PL       | 1,297,521.23 | 109.3700     | 2,084,264.09            | 786,742.86                      |
| 3,070.0000                   | HUBSPOT INC<br>443573100<br>T ROWE LG CAP US PL                | 1,623,469.92 | 696.7700     | 2,139,083.90            | 515,613.98                      |
| 22,193.0000                  | INGERSOLL RAND INC<br>45687V106<br>T ROWE LG CAP US PL         | 2,096,905.61 | 90.4600      | 2,007,578.78            | 89,326.83-                      |
| 10,568.0000                  | INTUITIVE SURGICAL INC<br>46120E602<br>T ROWE LG CAP US PL     | 2,734,195.69 | 521.9600     | 5,516,073.28            | 2,781,877.59                    |
| 12,569.0000                  | INTUIT INC<br>461202103<br>T ROWE LG CAP US PL                 | 6,615,804.78 | 628.5000     | 7,899,616.50            | 1,283,811.72                    |
| 15,913.0000                  | LEGEND BIOTECH CORP<br>ADR<br>52490G102<br>T ROWE LG CAP US PL | 966,662.54   | 32.5400      | 517,809.02              | 448,853.52-                     |
| 6,873.0000                   | ELI LILLY & CO<br>532457108<br>T ROWE LG CAP US PL             | 2,298,341.98 | 772.0000     | 5,305,956.00            | 3,007,614.02                    |
| 3,300.0000                   | LULULEMON ATHLETICA INC<br>550021109<br>T ROWE LG CAP US PL    | 1,053,658.62 | 382.4100     | 1,261,953.00            | 208,294.38                      |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>                                | <u>COST</u>    | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|--|----------------|--------------|-------------------------|---------------------------------|
| 283.0000                     | MAGIC LEAP INC CLASS A<br>558990370<br>T ROWE LG CAP US PL | 138,024.00     | 0.0000       | 0.00                    | 138,024.00-                     |
| 17,162.0000                  | MASTERCARD INC<br>57636Q104<br>T ROWE LG CAP US PL         | 5,681,705.93   | 526.5700     | 9,036,994.34            | 3,355,288.41                    |
| 765.0000                     | MERCADOLIBRE INC<br>58733R102<br>T ROWE LG CAP US PL       | 1,267,440.91   | 1,700.4400   | 1,300,836.60            | 33,395.69                       |
| 71,993.0000                  | MICROSOFT CORP<br>594918104<br>T ROWE LG CAP US PL         | 11,983,198.10  | 421.5000     | 30,345,049.50           | 18,361,851.40                   |
| 5,300.0000                   | NATERA INC<br>632307104<br>T ROWE LG CAP US PL             | 682,778.34     | 158.3000     | 838,990.00              | 156,211.66                      |
| 4,914.0000                   | NETFLIX INC<br>64110L106<br>T ROWE LG CAP US PL            | 1,707,804.65   | 891.3200     | 4,379,946.48            | 2,672,141.83                    |
| 1,997,048.3740               | NBRGR BRMN GENESIS-R6<br>64122Q531<br>NEUBERGER BERMAN GEN | 119,640,317.05 | 65.3500      | 130,507,111.24          | 10,866,794.19                   |
| 182,514.0000                 | NVIDIA CORP<br>67066G104<br>T ROWE LG CAP US PL            | 5,040,535.36   | 134.2900     | 24,509,805.06           | 19,469,269.70                   |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>                                  | <u>COST</u>  | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|--|--------------|--------------|-------------------------|---------------------------------|
| 15,824.0000                  | ROSS STORES INC<br>778296103<br>T ROWE LG CAP US PL          | 2,114,908.51 | 151.2700     | 2,393,696.48            | 278,787.97                      |
| 31,070.0000                  | SCHLUMBERGER LTD<br>806857108<br>T ROWE LG CAP US PL         | 1,753,869.45 | 38.3400      | 1,191,223.80            | 562,645.65-                     |
| 21,530.0000                  | CHARLES SCHWAB CORP/THE<br>808513105<br>T ROWE LG CAP US PL  | 1,364,332.25 | 74.0100      | 1,593,435.30            | 229,103.05                      |
| 4,502.0000                   | SERVICENOW INC<br>81762P102<br>T ROWE LG CAP US PL           | 1,651,407.33 | 1,060.1200   | 4,772,660.24            | 3,121,252.91                    |
| 26,633.0000                  | SHOPIFY INC<br>82509L107<br>T ROWE LG CAP US PL              | 1,676,124.78 | 106.3300     | 2,831,886.89            | 1,155,762.11                    |
| 22,219.0000                  | SONOVA HOLDING AG<br>ADR<br>83569C102<br>T ROWE LG CAP US PL | 1,569,387.13 | 65.0400      | 1,445,123.76            | 124,263.37-                     |
| 4,406.0000                   | STRIPE INC CLASS B<br>852992569<br>T ROWE LG CAP US PL       | 69,130.14    | 27.5100      | 121,209.06              | 52,078.92                       |
| 768,533.1070                 | SSGA GLOBAL ACWI EX US INDEX<br>85744A687<br>STATE ST GLOBAL | 9,983,564.49 | 13.9920      | 10,753,315.23           | 769,750.74                      |



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| <u>SHARES/<br/>PAR VALUE</u> | <u>SECURITY DESCRIPTION</u>                                      | <u>COST</u>      | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|------------------------------|--|------------------|--------------|-------------------------|---------------------------------|
| 16,656,593.7290              | SSGA S&P 500 INDEX<br>857444624<br>STATE ST SP 500               | 290,010,478.54   | 25.8810      | 431,089,302.30          | 141,078,823.76                  |
| 7,122,833.7240               | SSGA RUSSELL SMALL/MID CAP<br>INDEX<br>857480552<br>STATE ST SMC | 95,519,912.53    | 18.4170      | 131,181,228.69          | 35,661,316.16                   |
| 9,825.0000                   | STRYKER CORP<br>863667101<br>T ROWE LG CAP US PL                 | 3,149,793.17     | 360.0500     | 3,537,491.25            | 387,698.08                      |
| 8,253.0000                   | TRADEWEB MARKETS INC<br>892672106<br>T ROWE LG CAP US PL         | 869,156.80       | 130.9200     | 1,080,482.76            | 211,325.96                      |
| 12,008.0000                  | UNITEDHEALTH GROUP INC<br>91324P102<br>T ROWE LG CAP US PL       | 5,487,299.32     | 505.8600     | 6,074,366.88            | 587,067.56                      |
| 18,937.0000                  | VISA INC<br>92826C839<br>T ROWE LG CAP US PL                     | 3,214,498.22     | 316.0400     | 5,984,849.48            | 2,770,351.26                    |
| TOTAL INVESTMENTS EQUITY     |  | 1,889,966,718.82 |              | 2,289,063,904.73        | 399,097,185.91                  |
|                              |  |                  |              |                         | 0.00 C                          |
|                              |  |                  |              |                         | 399,097,185.91 I                |

INVESTMENTS UNIT OF PARTICIPATION



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| <u>SHARES/<br/>PAR VALUE</u>            | <u>SECURITY DESCRIPTION</u>     | <u>COST</u>      | <u>PRICE</u> | <u>MARKET<br/>VALUE</u> | <u>UNREALIZED<br/>GAIN/LOSS</u> |
|---|---------------------------------|------------------|--------------|-------------------------|---------------------------------|
|   | BRANDYWINE REC/PAY<br>99VVCBQ21 |                  |              |                         |                                 |
| 230.7650                                | DIAMOND HILL FD                 | 2,307.61         | 181.9505     | 41,987.81               | 39,680.20                       |
| TOTAL INVESTMENTS UNIT OF PARTICIPATION |                                 | 2,307.61         |              | 41,987.81               | 39,680.20                       |
|   |                                 |                  |              |                         | 0.00 C                          |
|   |                                 |                  |              |                         | 39,680.20 I                     |
| TOTAL INVESTMENT                        |                                 | 2,184,404,271.52 |              | 2,574,110,836.62        | 389,706,565.10                  |
|   |                                 |                  |              |                         | 1.06- C                         |
|   |                                 |                  |              |                         | 389,706,566.16 I                |