

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] 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: SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
1b Three-digit plan number (PN): 528
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHERN CALIFORNIA GAS COMPANY
2b Employer Identification Number (EIN): 95-1240705
2c Plan Sponsor's telephone number: 619-696-2000
2d Business code (see instructions): 221210

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SEMPRO P&B COMMITTEE C/O SEMPRO 488 8TH AVENUE, MAILSTOP HQ04N5 SAN DIEGO, CA 92101	3b Administrator's EIN 33-0732627
	3c Administrator's telephone number 619-696-2000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	3498
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	3364
c Other retired or separated participants entitled to future benefits	6c	132
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3496
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>7</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM</p>	<p>B Three-digit plan number (PN) ▶ 528</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY</p>	<p>D Employer Identification Number (EIN) 95-1240705</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
ANTHEM BLUE CROSS LIFE AND HEALTH 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
95-4331852	62825	174217	185	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

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

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	321986
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM</p>	<p>B Three-digit plan number (PN) ▶ 528</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY</p>	<p>D Employer Identification Number (EIN) 95-1240705</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
BLUE CROSS OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-3760980	00000	C19393	139	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

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

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

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

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	140115
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM	B Three-digit plan number (PN) ▶ 528
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY	D Employer Identification Number (EIN) 95-1240705

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	104236	853	01/01/2024	12/31/2024

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

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

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	7097993
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM	B Three-digit plan number (PN) ▶ 528
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY	D Employer Identification Number (EIN) 95-1240705

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
METROPOLITAN 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
13-5581829	65978	0140046/0220158	3364	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2921883
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM</p>	<p>B Three-digit plan number (PN) ▶ 528</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY</p>	<p>D Employer Identification Number (EIN) 95-1240705</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
METROPOLITAN 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
13-5581829	65978	0220159/160/161	133	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

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

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

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

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	12654
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM	B Three-digit plan number (PN) ▶ 528
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY	D Employer Identification Number (EIN) 95-1240705

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
SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORPORATION

(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
95-2879515	96030	0140055/0140056	298	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	87722
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM	B Three-digit plan number (PN) ▶ 528
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY	D Employer Identification Number (EIN) 95-1240705

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
UNITEDHEALTHCARE OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-2931460	00000	900149/900152	1598	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	8918906
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM	B Three-digit plan number (PN) ▶	528
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY	D Employer Identification Number (EIN) 95-1240705	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	563279	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGAL & GENERAL INVEST MGMT AMERICA

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	414508	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	213757	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANTHEM BLUE CROSS LIFE AND HEALTH I

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE	150411	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF CALIFORNIA

94-1461312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50 65	NONE	130421	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUE CROSS OF CALIFORNIA

95-3760980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE	80448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	79968	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELLON INVESTMENTS

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	42135	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON HEWITT INVESTMENT

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	14957	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM</u>	B Three-digit plan number (PN)	<u>528</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN CALIFORNIA GAS COMPANY</u>	D Employer Identification Number (EIN) <u>95-1240705</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CF SL BROAD MARKET STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>BNY MELLON</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>25-6774884-001</u>	<u>C</u>		<u>96481437</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CF SL ACWI EX-U.S. IMI FUND</u>		
b Name of sponsor of entity listed in (a):	<u>BNY MELLON</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>45-6800208-001</u>	<u>C</u>		<u>49741297</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM	B Three-digit plan number (PN) ▶ 528
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA GAS COMPANY	D Employer Identification Number (EIN) 95-1240705

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
Assets			
a Total noninterest-bearing cash	1a	174541	184938
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2850646	3051333
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2257636	0
(2) U.S. Government securities	1c(2)	96681426	66278812
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	78783384	80741968
(B) All other	1c(3)(B)	75221352	69319627
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	125160997	146222734
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	156728343	163234457
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11124769	12878015

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	548983094	541911884
Liabilities			
g Benefit claims payable.....	1g	800643	706117
h Operating payables.....	1h	920584	939427
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	567394	955866
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2288621	2601410
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	546694473	539310474

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	8073129	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8073129
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-1156	
(B) U.S. Government securities.....	2b(1)(B)	2615130	
(C) Corporate debt instruments.....	2b(1)(C)	8010633	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	758134	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11382741
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8169457	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8169457
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	336496090	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	342717989	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-6221899
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-12685964	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		21072134
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4837157
c Other income	2c		58870
d Total income. Add all income amounts in column (b) and enter total	2d		25011311

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	19501259	
(3) Other	2e(3)	11215421	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		30716680
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	858755	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	670052	
(6) Bank or trust company trustee/custodial fees	2i(6)	34764	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	115059	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1678630
j Total expenses. Add all expense amounts in column (b) and enter total	2j		32395310

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7383999
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SIMPSON & SIMPSON**

(2) EIN: **95-3683803**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		125000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Southern California Gas Company Represented Retiree Health and Welfare Program

Employer ID Number: 95-1240705
Plan Number: 528

Financial Statements as of December 31, 2024 and 2023, and
for the Year Ended December 31, 2024, Supplemental Schedules
as of and for the Year Ended December 31, 2024, and
Independent Auditor's Report

SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required.	



SIMPSON & SIMPSON
CERTIFIED PUBLIC ACCOUNTANTS

FOUNDING PARTNERS
BRAINARD C. SIMPSON, CPA
MELBA W. SIMPSON, CPA

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Southern California Gas Company
Represented Retiree Health and Welfare Program
San Diego, California

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

We have performed audits of the accompanying financial statements of the Southern California Gas Company Represented Retiree Health and Welfare Program (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103 (a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and Plan's benefit obligations as of December 31, 2024, and 2023, and the related statements of changes in net assets available for benefits and of changes in Plan's benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024, and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information





prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024; Form 5500, Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2024; and Form 5500, Schedule H, Line 4j – Schedule of Series of Transactions in Excess of 5% for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion—

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

A handwritten signature in black ink that reads "Simpson & Simpson".

Los Angeles, California
September 24, 2025

SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

GLOSSARY

The following terms and abbreviations appearing in these financial statements have the meanings indicated below.

GLOSSARY	
Anthem	Anthem Blue Cross Life and Health Insurance Company and/or Blue Cross of California
Company	Southern California Gas Company
Delta	Delta Dental of California
DMO	dental maintenance organization
Employer	Southern California Gas Company
ERISA	Employee Retirement Income Security Act of 1974
HMO	health maintenance organization
HRA	health reimbursement account
IRC	U.S. Internal Revenue Code
Kaiser	Kaiser Foundation Health Plan Inc.
MetLife	Metropolitan Life Insurance Company
MPP	minimum premium plan
NAV	net asset value
Plan	Southern California Gas Company Represented Retiree Health and Welfare Program
Plan Sponsor	Southern California Gas Company
PPO	preferred provider organization
SafeGuard	SafeGuard Health Plans, Inc., A California Corporation
Sempra P&B Committee	Sempra Pension and Benefits Committee
Trust	Southern California Gas Company Voluntary Employee Beneficiary Association Retiree Medical Trust
Trustee	Bank of New York Mellon/BNY Mellon, N.A.
UnitedHealthcare	UnitedHealthcare of California
U.S. GAAP	generally accepted accounting principles in the United States of America
VEBA	voluntary employees' beneficiary association
VREP	Voluntary Retirement Enhancement Program

SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023
(Dollars in thousands)

	<u>December 31,</u> <u>2024</u>	<u>December 31,</u> <u>2023</u>
ASSETS:		
Noninterest-bearing cash	\$ 185	\$ 175
Investments, at NAV:		
Common/collective trusts	<u>146,223</u>	<u>125,161</u>
Investments, at fair value:		
Interest-bearing cash	—	2,258
Fixed income investments:		
U. S. government and government agency securities	66,279	96,681
Corporate bonds	150,062	154,005
Municipal bonds	7,334	8,522
Foreign government bonds	5,468	4,740
Registered investment companies	163,234	156,728
Futures contracts	<u>75</u>	<u>(2,138)</u>
Total investments, at fair value	<u>392,452</u>	<u>420,796</u>
Receivables:		
Interest	<u>3,051</u>	<u>2,851</u>
Total assets	<u>541,911</u>	<u>548,983</u>
LIABILITIES:		
Accrued administrative expenses	250	281
Due to broker—futures contracts	90	—
Due to broker—investments purchased	866	567
Payable to plan sponsor	<u>689</u>	<u>640</u>
Total liabilities	<u>1,895</u>	<u>1,488</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 540,016</u></u>	<u><u>\$ 547,495</u></u>

See Notes to Financial Statements.

SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024
(Dollars in thousands)

ADDITIONS:

Participant contributions	\$ 8,073
Net investment income:	
Net depreciation in fair value of investments	(2,614)
Interest and dividends	19,552
Net investment income	16,938
Total additions	25,011

DEDUCTIONS:

Premiums paid	19,501
Claims and capitation paid	11,310
Administrative expenses	1,679
Total deductions	32,490

DECREASE IN NET ASSETS (7,479)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	547,495
End of year	\$ 540,016

See Notes to Financial Statements.

SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
AS OF DECEMBER 31, 2024 AND 2023
(Dollars in thousands)

	<u>December 31,</u> <u>2024</u>	<u>December 31,</u> <u>2023</u>
AMOUNTS CURRENTLY PAYABLE:		
Claims incurred but not reported	\$ 706	\$ 800
Total amounts currently payable	<u>706</u>	<u>800</u>
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Participants currently receiving benefits	221,416	225,419
Other fully eligible participants	44,623	46,510
Other participants	<u>91,340</u>	<u>92,166</u>
Total postretirement benefit obligations	<u>357,379</u>	<u>364,095</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 358,085</u>	<u>\$ 364,895</u>

See Notes to Financial Statements.

SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEAR ENDED DECEMBER 31, 2024
(Dollars in thousands)

AMOUNTS CURRENTLY PAYABLE:

Balance—beginning of year	\$ 800
Claims and premiums incurred, including claims and premiums reclassified from postretirement benefit obligations	22,644
Net claims and insurance premiums paid	<u>(22,738)</u>
Balance—end of year	<u>706</u>

POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:

Balance—beginning of year	364,095
Benefits accumulated, increased (decreased) by actuarial experience losses (gains)	(14,518)
Interest due to a decrease in the discount period	18,880
Benefits paid, net of participant contributions	(22,686)
Assumption changes	<u>11,608</u>
Balance—end of year	<u>357,379</u>

PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 358,085</u></u>
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See Notes to Financial Statements.

SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 AND FOR THE YEAR ENDED DECEMBER 31, 2024

1. DESCRIPTION OF PLAN

The following brief description of the Plan is provided for general information purposes only. Participants in the Plan should refer to the Plan document for a more complete description of the Plan's provisions.

General—The Plan is a single-employer health and welfare benefit plan that provides health (medical, prescription drugs, mental health, dental, and vision) and basic life insurance benefits to eligible collectively bargained (represented) retirees of the Company and their qualified covered dependents. The Plan is subject to the provisions of ERISA. Sempra is the indirect parent company of the Employer. The Sempra P&B Committee oversees and manages the operation and administration of the Plan. The Bank of New York Mellon/BNY Mellon, N.A. serves as trustee of the Plan.

Eligibility—The Plan provides health and basic life insurance benefits to represented retirees of the Company who are eligible to participate after age 65 with a minimum of 5 years of service, or after age 55 with a minimum of 15 years of service, and health benefits to their qualified dependents. The Plan also provides an HRA to employees that retire on or after December 1, 2009 with eligible unused vacation and sick hours (2009 HRA). An HRA also was provided to certain eligible employees who were age 65 or older with 5 years of service or age 55 to 64 with 15 years of service, and who elected to retire under the VREP offered by the Company in 2025 and 2017 (each a VREP HRA).

Trusts—The Plan is funded by the Trust, a VEBA trust established in May 1993. The Trust is funded through participant contributions in accordance with the provisions of the plan document and through actuarially determined portions of the total employer contributions described below, when necessary. At December 31, 2024 and 2023, the Trust includes all the investments of the Plan.

Benefits—The Plan provides health and basic life insurance benefits, as discussed in the following. Medical benefits for participants that are not Medicare eligible (meaning they are not age 65 or older, or otherwise meet Medicare eligibility criteria sooner due to disability) are offered through a fully insured HMO, an MPP HMO (see “Minimum Premium Plan” section below), or two self-insured PPOs. Medical benefits for Medicare eligible participants are offered through a fully insured Medicare Advantage PPO and HMO. All self-insured HMO and PPO benefits are administered by Anthem. All mental health components are administered as part of the major medical plans by the applicable insurer or administrator. Dental benefits are offered by the Plan through a fully insured DMO, and through a self-insured indemnity group insurance contract which is administrated by Delta. The claims for self-insured medical, prescription drug, dental and mental health benefits are paid by the respective administrator and the Plan provides reimbursement for these payments. The Plan also provides basic life insurance coverage to eligible participants through MetLife. The Plan pays the premiums for medical coverage to Kaiser and UnitedHealthcare, for dental coverage to SafeGuard (a subsidiary of MetLife), and for life insurance coverage to MetLife.

The HRA provided by the Plan to eligible participants is an account that can be used by the participant to pay for qualified medical expenses as defined by the IRC. No participant contributions are permitted. The initial amount credited to a participant's 2009 HRA is equal to the participant's eligible unused vacation hours plus a percentage of their unused sick hours multiplied by their straight-time hourly wage rate on their last date of work. In addition, the 2009 HRA also accrues a monthly interest credit on the unused balance. The initial amount credited to a participant's VREP HRA was \$100,000 and there are no additional accruals or interest credits applied to a VREP HRA. All HRAs terminate when the account has been depleted by qualified health benefit reimbursements or upon the death of the participant and all eligible dependents. WageWorks, Inc. (a subsidiary of HealthEquity, Inc.) pays HRA claims that are initially funded from the general assets of the Company, which are reimbursed accordingly from the Trust.

Minimum Premium Plan—The MPP HMO is an arrangement with Anthem that is regulated as insurance, but in which the Company self-funds non-capitated and pharmacy claims on a pay-as-you-go basis with Anthem covering amounts that exceed a pre-determined maximum (pooled stop-loss). The Plan pays a fixed monthly premium that includes capitation fees, retention costs (administrative fees, a paid claims fund, and coverage for prefunded claims run-out) and pooled stop-loss coverage. Late in the subsequent year following the year of coverage, Anthem determines if there is a surplus or a deficit from capitation paid versus capitation premium received for the year of coverage. Any surplus is returned to the Plan and deficits are recuperated by Anthem from the surpluses or premiums in future years.

Stop-Loss Coverage—The Company has entered into a stop-loss insurance arrangement to limit its catastrophic risk exposure for the self-insured medical benefits (individual participant claims over a specific dollar amount). The stop-loss provider in 2024 and 2023 was Anthem.

Contributions—Employer contributions to the Plan are determined by the Company's independent actuary based on generally accepted actuarial principles and practices and the Company's current agreement with the California Public Utilities Commission.

Represented participants, pursuant to the current collective bargaining agreement between the Company and the union and the decisions of the Sempra P&B Committee, contribute a percentage of the estimated cost of providing their postretirement benefits depending on years of service, date of retirement, age, type of coverage, and the number of covered dependents.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with U.S. GAAP.

Use of Estimates—The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan invests in various investment instruments. Investments, in general, are exposed to various risks and uncertainties, such as interest rate risk, credit risk and market risk. Market risks include global events which could impact the value of investments, such as a pandemic or international conflict. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near-term and that such changes could materially affect the amounts reported in the financial statements.

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

Payment of Benefits—Premiums are recorded when paid and are included in premiums paid in the accompanying statement of changes in net assets available for benefits, net of any associated rebates which are recorded when received. Claims and capitation payments are recorded when paid to third-party claims processors and are included in claims and capitation paid in the accompanying statement of changes in net assets available for benefits, net of any associated rebates which are recorded when received. Amounts paid to third-party claims processors by the Plan Sponsor that have yet to be reimbursed by the Plan are recorded within payable to plan sponsor in the accompanying statements of net assets available for benefits.

Stop-Loss—Premiums for stop-loss insurance are included in premiums paid in the accompanying statement of changes in net assets available for benefits.

Claims Incurred but Not Reported—The Plan's liability for active participant health claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. The estimated liabilities for retired participants' health claims incurred but unreported as of December 31, 2024 and 2023 are included in the Plan's postretirement benefit obligations. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Investment Valuation and Income/Loss Recognition—The Plan's investments are reported at fair value. See Note 3 for discussion of fair value measurements.

Net investment income consists of net appreciation (depreciation) in the fair value of investments, interest income and dividend income. Net appreciation (depreciation) includes realized gains and losses on investments sold during the year and unrealized gains and losses on investments held as of year-end. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date.

Administrative Expenses—The Plan pays for administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, investment managers, Plan administrators, and the Trustee. These expenses are reported on the statement of changes in net assets available for benefits within administrative expenses, net of any associated rebates which are recorded when received. All other costs of administering the Plan are paid by the Company on behalf of the Plan.

Health Reimbursement Account—The remaining balances in the HRAs (see Note 1) available to participants and eligible dependents for qualifying medical expenses included in the accompanying statements of Plan's benefit obligations as of December 31, 2024 and 2023 are \$44,358,000 and \$46,425,000, respectively.

Postretirement Benefit Obligation—The Plan's postretirement benefit obligation represents the actuarial present value of expected future benefit payments that are attributable to employee service rendered as of the valuation date, which coincides with the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected future benefit payments that is attributed to that employee's service rendered as of the valuation date.

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

The following are the health care cost trend rate assumptions used in the actuarial valuation as of December 31, 2024*:

Coverage under age 65

- Medical and mental health benefits—6.50% in 2025; 6.25% in 2026; 6.00% in 2027; 5.50% in 2028; 5.00% in 2029; and 4.75% per year thereafter

Coverage age 65 and older

- Medical and mental health benefits—4.50% in 2025 and the years thereafter

The following are the health care cost trend rate assumptions used in the actuarial valuation as of December 31, 2023*:

Coverage under age 65

- Medical and mental health benefits—6.00% in 2024; 5.50% in 2025; 5.25% in 2026; 5.00% in 2027; and 4.75% per year thereafter

Coverage age 65 and older

- Medical and mental health benefits—4.50% in 2024 and the years thereafter

*Effective 2023, most participants receive a fixed employer subsidy for dental benefits and are responsible for any excess dental costs; therefore, no dental cost trend rate assumptions are included in the actuarial valuations as of December 31, 2024 and 2023.

The following are the other significant assumptions used in the actuarial valuations as of December 31, 2024 and 2023:

	December 31,	
	2024	2023
Discount rate for post-retirement benefit cost	5.75%	5.35%
Mortality:		
Pre-retirement mortality	Pri-2012 Employees table with MP-2021 generational projection scale	
Post-retirement mortality	Sempra specific table, base year of 2021, with MP-2021 generational projection scale from 2021	Sempra specific table, base year of 2016, with MP-2021 generational projection scale from 2016
Weighted average retirement age	63	63
Weighted average long-term rate of return on assets	5.87%	5.86%

The health care cost trend rate assumptions have a significant effect on the postretirement benefit obligation. If the assumed rates increased by one-percentage point in each year, it would increase the obligation by \$18,802,000 and \$19,258,000 as of December 31, 2024 and 2023, respectively.

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

Subsequent Events—Subsequent events were evaluated through September 24, 2025, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

Plan management applies recurring fair value measurements to certain assets and liabilities. “Fair value” is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). A fair value measurement reflects the assumptions market participants would use in pricing an asset or liability based on the best available information. These assumptions include the risk inherent in a particular valuation technique (such as a pricing model) and the risks inherent in the inputs to the model.

The fair value hierarchy used by Plan management prioritizes the inputs used to measure fair value, with the highest priority given to observable inputs and the lowest priority given to unobservable inputs, as follows:

Level 1—Quoted prices are available in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis. The Plan’s Level 1 investments primarily consist of interest-bearing cash, fixed income investments such as U.S. government and government agency securities, investments in registered investment companies such as mutual funds, and exchange-traded derivatives such as futures contracts.

Level 2—Pricing inputs are other than quoted prices in active markets included in Level 1, which are either directly or indirectly observable as of the reporting date. Level 2 includes those financial instruments that are valued using models or other valuation methodologies. These models are primarily industry-standard models that consider various assumptions, including:

- time value
- current market and contractual prices for the underlying instruments
- volatility factors
- other relevant economic measures

Substantially all of these assumptions are observable in the marketplace throughout the full term of the instrument, can be derived from observable data or are supported by observable levels at which transactions are executed in the marketplace. The Plan's Level 2 investments primarily consist of fixed income investments such as U.S. government and government agency securities, corporate bonds, municipal bonds, and foreign government bonds; and investments in registered investment companies such as mutual funds.

Level 3—Pricing inputs include significant inputs that are generally less observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value from the perspective of a market participant. There were no investments classified as Level 3 in the Plan as of December 31, 2024 or 2023.

The following is a description of the valuation methodologies and assumptions used to estimate the fair values of the Plan's investments:

Interest-bearing Cash—Interest-bearing cash is valued at cost, which approximates fair value, and is classified within Level 1 of the fair value hierarchy.

Fixed Income Investments—Fixed income investments include U.S. government and government agency securities, corporate bonds, municipal bonds, and foreign government bonds. Certain fixed income investments are valued at the closing price reported in the active market in which the security is traded. Such investments are classified within Level 1 of the fair value hierarchy. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks. Certain high yield fixed-income securities are valued by applying a price adjustment to the bid side to calculate a mean and ask value. Adjustments can vary based on maturity, credit standing, and reported trade frequencies. The bid to ask spread is determined by the investment manager based on the review of the available market information. Such investments are classified within Level 2 of the fair value hierarchy.

Registered Investment Companies—Investments in mutual funds sponsored by a registered investment company are valued based on exchange listed prices. Where the value is a quoted price in an active market, the investment is classified within Level 1 of the fair value hierarchy. Investments in certain fixed income securities are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks for the remaining fixed income securities. Such investments are classified within Level 2 of the fair value hierarchy.

Derivative Financial Instruments—Fixed income futures are marked to market daily and classified within Level 1 of the fair value hierarchy.

Common/Collective Trusts—Investments in common/collective trust funds are valued based on the NAV of units owned, which is based on the current fair value of the funds' underlying assets. The NAV, as provided by the trustee of the fund, is used as a practical expedient to estimate fair value.

The valuation methods described above are intended to produce a fair value calculation that is indicative of net realizable value or reflective of future fair values. However, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on recurring basis as of December 31, 2024 and 2023 (dollars in thousands):

	December 31, 2024		
	Level 1	Level 2	Total
Investments measured at fair value:			
Interest-bearing cash	\$ —	\$ —	\$ —
Fixed income investments:			
U. S. government and government agency securities	64,852	1,427	66,279
Corporate bonds	—	150,062	150,062
Municipal bonds	—	7,334	7,334
Foreign government bonds	—	5,468	5,468
Registered investment companies	60,142	103,092	163,234
Futures contracts	75	—	75
	<u>75</u>	<u>—</u>	<u>75</u>
Total investments, at fair value	<u>\$ 125,069</u>	<u>\$ 267,383</u>	<u>\$ 392,452</u>
Investments measured at NAV:			
Common/collective trusts			<u>146,223</u>
Total investments			<u>\$ 538,675</u>
	December 31, 2023		
	Level 1	Level 2	Total
Investments measured at fair value:			
Interest-bearing cash	\$ 2,258	\$ —	\$ 2,258
Fixed income investments:			
U. S. government and government agency securities	95,291	1,390	96,681
Corporate bonds	—	154,005	154,005
Municipal bonds	—	8,522	8,522
Foreign government bonds	—	4,740	4,740
Registered investment companies	53,983	102,745	156,728
Futures contracts	(2,138)	—	(2,138)
	<u>(2,138)</u>	<u>—</u>	<u>(2,138)</u>
Total investments, at fair value	<u>\$ 149,394</u>	<u>\$ 271,402</u>	<u>\$ 420,796</u>
Investments measured at NAV:			
Common/collective trusts			<u>125,161</u>
Total investments			<u>\$ 545,957</u>

Fair Value of Investments that Calculate NAV:

Below is a summary of the Plan's investments at December 31, 2024 and 2023 for which fair value is estimated based on the NAV (dollars in thousands):

	Fair Value Estimated Using NAV per Share			
	December 31,		Redemption Frequency	Redemption Notice Period
	2024	2023		
Investments measured at NAV ^(a) :				
Common/collective trusts ^(b) :				
BNYM Mellon CF SL Broad Market Stock Index Fund	\$ 96,482	\$ 77,920	Daily	None
BNYM Mellon CF SL ACWI Ex-U.S. IMI Fund	49,741	47,241	Daily	None
Total investments measured at NAV	<u>\$ 146,223</u>	<u>\$ 125,161</u>		

^(a) The investments for which fair value is estimated based on the NAV have no unfunded commitments.

^(b) These common/collective trusts discuss their investment strategies in their individual Forms 5500 (annual return/report of Employee Benefit Plan) filed with the Department of Labor (DOL).

4. FEDERAL INCOME TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify as exempt from federal income taxes pursuant to IRC Section 501(c)(9) and the Company has applied for and received recognition of tax-exempt status from the Internal Revenue Service dated May 19, 1993 that confirms the Trust was designed in accordance with the applicable regulations of the IRC. Accordingly, the Trust's net investment income is generally exempt from income taxes; however, the Trust is subject to taxation on unrelated business taxable income, as defined in IRC Section 512(a)(3). The Trust and Plan have been amended since receiving the recognition of exemption; however, the Company and Plan management believe that the Trust and Plan, as amended, continue to maintain their tax-exempt statuses.

The Plan did not recognize any tax expense for the year ended December 31, 2024.

5. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the information regarding the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included in the Plan's financial statements that was prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee for the Plan that this information is complete and accurate (dollars in thousands):

	<u>December 31,</u> <u>2024</u>	<u>December 31,</u> <u>2023</u>
Noninterest-bearing cash	\$ 185	\$ 175
Investments, at NAV	146,223	125,161
Investments, at fair value	392,452	420,796
Interest receivable	3,051	2,851
Due to broker—futures contracts	(90)	—
Due to broker—investments purchased	<u>(866)</u>	<u>(567)</u>
Total	<u>\$ 540,955</u>	<u>\$ 548,416</u>
	Year Ended December 31, 2024	
Net investment income	<u>\$ 16,938</u>	

The Trustee certified all investment balances and investment information in Note 3, excluding the classification of investments by level within the fair value hierarchy in Note 3.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan, subject to the provisions of ERISA and contractual obligations, to change any or all parts of the Plan, or to terminate the Plan at any time. In the event the Plan is terminated, the remaining net assets available for benefits are to be set aside for participants and are to be used to pay for benefit claims outstanding and benefit claims which arise prior to termination.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of common/collective trusts managed by The Bank of New York Mellon Corporation, an affiliate of the Trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. For certain of these investments, fees paid by the Plan for the investment management services are included as a reduction of the return on the common/collective trust. For the remainder of the trusts, fees paid by the Plan for the investment management services for the year ended December 31, 2024 were \$44,000 and are included within administrative expenses in the accompanying statement of changes in net assets available for benefits.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net assets available for benefits per the financial statements	\$ 540,016	\$ 547,495
Benefit obligations currently payable	<u>(706)</u>	<u>(800)</u>
Net assets available for benefits per the Form 5500	<u>\$ 539,310</u>	<u>\$ 546,695</u>

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2024 as reported in the financial statements compared to the Form 5500 (dollars in thousands):

Decrease in net assets per the financial statements	\$ (7,479)
Add: Benefit obligations currently payable as of December 31, 2023	800
Less: Benefit obligations currently payable as of December 31, 2024	<u>(706)</u>
Net loss per the Form 5500	<u>\$ (7,385)</u>

SUPPLEMENTAL SCHEDULES

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value	Cost	Current value
COMMON/COLLECTIVE TRUSTS						
*	999698921	BNYM MELLON CF SL BROAD MARKET STOCK INDEX FUND		186,830	\$ 27,117,771	\$ 96,481,437
*	99VVAM6P0	BNYM MELLON CF SL ACWI EX-U.S. IMI FUND		357,057	41,432,802	49,741,297
TOTAL COMMON/COLLECTIVE TRUSTS					68,550,573	146,222,734
U. S. GOVERNMENT AND GOVERNMENT AGENCY SECURITIES						
	91282CLW9	U S TREASURY NOTE	11/15/2034	4.250%	1,135,000	1,131,472
	912810UF3	U S TREASURY BOND	11/15/2044	4.625%	1,960,000	1,970,489
	912810UC0	U S TREASURY BOND	8/15/2054	4.250%	8,375,000	7,974,697
	91282CLU3	U S TREASURY NOTE	10/31/2031	4.125%	1,700,000	1,689,382
	91282CEP2	U S TREASURY NOTE	5/15/2032	2.875%	450,000	450,334
	912828ZQ6	U S TREASURY NOTE	5/15/2030	0.625%	60,000	59,741
	912810UC0	U S TREASURY BOND	8/15/2054	4.250%	35,020,000	33,344,554
	912810TR9	U S TREASURY BOND	5/15/2053	3.625%	485,000	432,587
	912810TN8	U S TREASURY BOND	2/15/2053	3.625%	605,000	587,577
	912810TL2	U S TREASURY BOND	11/15/2052	4.000%	255,000	265,263
	912810TJ7	U S TREASURY BOND	8/15/2052	3.000%	1,395,000	1,135,554
	912810TG3	U S TREASURY BOND	5/15/2052	2.875%	2,520,000	2,306,325
	912810TD0	U S TREASURY BOND	2/15/2052	2.250%	2,865,000	2,394,012
	912810QL5	U S TREASURY BOND	11/15/2040	4.250%	1,500,000	2,029,688
	912810QB7	U S TREASURY BOND	5/15/2039	4.250%	1,100,000	1,519,683
	9128334Z0	U S TREASURY BD CPN STRIP	2/15/2035	0.000%	12,000,000	8,885,040
	9128334X5	U S TREASURY BD CPN STRIP	2/15/2034	0.000%	7,000,000	5,314,823
	76116FAC1	RESOLUTION FDG CORP PRIN STRIP	4/15/2030	0.000%	1,520,000	1,291,785

**SOUTHERN CALIFORNIA GAS COMPANY
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AS OF DECEMBER 31, 2024
(UNAUDITED)**

(a)	(b)	(c)			(d)	(e)
		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/ maturity value	Cost	Current value
76116FAB3	RESOLUTION FDG CORP PRIN STRIP	1/15/2030	0.000%	300,000	257,757	237,474
TOTAL U. S. GOVERNMENT AND GOVERNMENT AGENCY SECURITIES					73,040,763	66,278,812
REGISTERED INVESTMENT COMPANIES						
72201W337	PIMCO INFLATION RES M/A-INS			3,487,676	31,208,963	28,424,554
72201F490	PIMCO INCOME FUND-INS			2,377,379	28,447,191	25,010,023
996232120	JP MORGAN US TRES INC IJPM199	12/31/2049		1	1	1
996232120	JP MORGAN US TRES INC IJPM199	12/31/2049		3,898,738	3,898,738	3,898,738
996232120	JP MORGAN US TRES INC IJPM199	12/31/2049		697,296	697,296	697,296
996232120	JP MORGAN US TRES INC IJPM199	12/31/2049		305,494	305,494	305,494
996232120	JP MORGAN US TRES INC IJPM199	12/31/2049		1,803,028	1,803,028	1,803,028
996232120	JP MORGAN US TRES INC IJPM199	12/31/2049		557	557	557
996232120	JP MORGAN US TRES INC IJPM199	12/31/2049		2,539	2,539	2,539
72201P878	PAPS LONG DURATION CREDIT BOND			11,193,510	117,127,519	103,092,227
TOTAL REGISTERED INVESTMENT COMPANIES					183,491,326	163,234,457
CORPORATE BONDS						
00206RLJ9	AT&T INC	9/15/2055	3.550%	3,176,000	2,770,391	2,142,878
83444MAJ0	SOLVENTUM CORP 144A	4/30/2054	5.900%	1,125,000	1,164,167	1,095,974
716973AF9	PFIZER INVESTMENT ENTERPRISES	5/19/2043	5.110%	1,295,000	1,268,443	1,217,403
95000U2M4	WELLS FARGO & CO	4/4/2051	5.013%	75,000	74,114	66,668
71644EAJ1	SUNCOR ENERGY INC	5/15/2038	6.800%	11,000	15,356	11,713
13645RAX2	CANADIAN PACIFIC RAILWAY CO	9/15/2115	6.125%	240,000	330,048	240,539
92857WCB4	VODAFONE GROUP PLC	6/28/2064	5.875%	315,000	315,623	305,432
92857WCA6	VODAFONE GROUP PLC	6/28/2054	5.750%	1,100,000	1,103,009	1,061,961
92857WBY5	VODAFONE GROUP PLC	2/10/2053	5.625%	165,000	164,312	157,142
92857WBU3	VODAFONE GROUP PLC	9/17/2050	4.250%	185,000	187,747	143,870

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value					
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value	Cost	Current value
92343VGK4	VERIZON COMMUNICATIONS INC	3/22/2041	3.400%	650,000	636,689	492,127
92343VGB4	VERIZON COMMUNICATIONS INC	3/22/2051	3.550%	830,000	847,921	587,481
92343VFW9	VERIZON COMMUNICATIONS INC	10/30/2056	2.987%	976,000	936,520	580,046
92343VCV4	VERIZON COMMUNICATIONS INC	1/15/2036	4.272%	280,000	295,994	251,895
87264ABL8	T-MOBILE USA INC	2/15/2041	3.000%	425,000	393,767	303,504
17275RBU5	CISCO SYSTEMS INC	2/26/2054	5.300%	380,000	378,877	369,652
02364WAW5	AMERICA MOVIL SAB DE CV	3/30/2040	6.125%	390,000	513,868	400,354
00206RMN9	AT&T INC	12/1/2057	3.800%	711,000	670,072	491,542
00206RLV2	AT&T INC	9/15/2059	3.650%	465,000	361,574	308,815
00206RKJ0	AT&T INC	9/15/2053	3.500%	275,000	196,840	185,272
00206RKA9	AT&T INC	6/1/2051	3.650%	340,000	225,530	240,393
00206RJZ6	AT&T INC	6/1/2041	3.500%	55,000	38,405	42,184
00206RCP5	AT&T INC	5/15/2035	4.500%	220,000	229,010	203,499
03040WAX3	AMERICAN WATER CAPITAL CORP	5/1/2050	3.450%	70,000	69,856	48,396
03040WAV7	AMERICAN WATER CAPITAL CORP	6/1/2049	4.150%	155,000	174,690	122,452
03040WAR6	AMERICAN WATER CAPITAL CORP	9/1/2047	3.750%	35,000	37,355	25,970
65473QBF9	NISOURCE INC	5/15/2047	4.375%	695,000	751,653	568,822
927804GS7	VIRGINIA ELECTRIC AND POWER CO	8/15/2054	5.550%	85,000	84,630	82,288
927804GL2	VIRGINIA ELECTRIC AND POWER CO	4/1/2053	5.450%	339,000	337,350	323,108
927804GD0	VIRGINIA ELECTRIC AND POWER CO	12/15/2050	2.450%	166,000	163,357	93,526
906548CZ3	UNION ELECTRIC CO	3/15/2055	5.125%	105,000	104,875	96,353
906548CJ9	UNION ELECTRIC CO	9/15/2042	3.900%	550,000	587,622	440,204
898813AR1	TUCSON ELECTRIC POWER CO	6/15/2050	4.000%	45,000	44,612	33,975
842400GG2	SOUTHERN CALIFORNIA EDISON CO	4/1/2047	4.000%	545,000	579,220	419,901
837004CJ7	DOMINION ENERGY SOUTH CAROLINA	6/1/2065	5.100%	45,000	56,337	40,306
744448CJ8	PUBLIC SERVICE CO OF COLORADO	3/15/2043	3.950%	695,000	759,468	540,974

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

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AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
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744448BZ3	PUBLIC SERVICE CO OF COLORADO	9/1/2037	6.250%	205,000	286,559	216,619
737679DB3	POTOMAC ELECTRIC POWER CO	11/15/2037	6.500%	100,000	140,816	109,577
695114DE5	PACIFICORP	1/15/2055	5.800%	397,000	393,592	386,551
695114DA3	PACIFICORP	5/15/2054	5.500%	266,000	252,551	248,718
695114CX4	PACIFICORP	3/15/2051	3.300%	160,000	158,682	104,272
694308KT3	PACIFIC GAS AND ELECTRIC CO	10/1/2054	5.900%	210,000	208,990	207,627
694308KK2	PACIFIC GAS AND ELECTRIC CO	4/1/2053	6.700%	175,000	174,372	189,658
694308KH9	PACIFIC GAS AND ELECTRIC CO	1/15/2053	6.750%	1,238,000	1,284,252	1,351,166
694308KD8	PACIFIC GAS AND ELECTRIC CO	3/1/2052	5.250%	20,000	17,964	17,945
694308JU2	PACIFIC GAS AND ELECTRIC CO	6/1/2041	4.200%	200,000	199,416	163,180
694308JQ1	PACIFIC GAS AND ELECTRIC CO	7/1/2040	4.500%	382,000	311,051	330,082
694308JN8	PACIFIC GAS AND ELECTRIC CO	7/1/2050	4.950%	745,000	630,114	645,922
694308JJ7	PACIFIC GAS AND ELECTRIC CO	8/1/2050	3.500%	300,000	286,683	205,911
694308JH1	PACIFIC GAS AND ELECTRIC CO	8/1/2040	3.300%	270,000	251,646	202,279
69351UAV5	PPL ELECTRIC UTILITIES CORP	6/15/2048	4.150%	305,000	338,457	246,629
693304BE6	PECO ENERGY CO	8/15/2052	4.375%	170,000	169,298	140,563
097023AX3	BOEING CO/THE	3/15/2039	6.875%	220,000	323,864	231,867
097023CJ2	BOEING CO/THE	5/1/2034	3.600%	175,000	184,906	146,500
097023CQ6	BOEING CO/THE	2/1/2050	3.750%	425,000	278,342	290,921
097023CV5	BOEING CO/THE	5/1/2040	5.705%	1,900,000	1,892,125	1,809,275
097023CW3	BOEING CO/THE	5/1/2050	5.805%	1,480,000	1,550,158	1,373,810
097023CX1	BOEING CO/THE	5/1/2060	5.930%	180,000	241,200	166,815
097023DT9	BOEING CO/THE	5/1/2054	6.858%	205,000	207,570	218,309
097023DU6	BOEING CO/THE	5/1/2064	7.008%	275,000	289,569	292,322
369550BH0	GENERAL DYNAMICS CORP	4/1/2040	4.250%	60,000	61,627	52,417
369550BJ6	GENERAL DYNAMICS CORP	4/1/2050	4.250%	45,000	38,745	37,210
369550BQ0	GENERAL DYNAMICS CORP	6/1/2041	2.850%	130,000	133,115	92,759
539830BN8	LOCKHEED MARTIN CORP	9/15/2052	4.090%	70,000	62,164	55,441
539830CB3	LOCKHEED MARTIN CORP	2/15/2055	5.200%	85,000	84,354	80,114
666807BH4	NORTHROP GRUMMAN CORP	6/1/2043	4.750%	490,000	575,843	439,515
666807BP6	NORTHROP GRUMMAN CORP	10/15/2047	4.030%	525,000	557,689	412,461
666807BT8	NORTHROP GRUMMAN CORP	5/1/2040	5.150%	205,000	200,892	196,298
75513EAC5	RTX CORP	7/1/2050	3.125%	75,000	54,499	49,208
75513ECS8	RTX CORP	2/27/2053	5.375%	60,000	56,071	57,062

**SOUTHERN CALIFORNIA GAS COMPANY
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Employer ID No: 95-1240705; Plan Number: 528

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AS OF DECEMBER 31, 2024
(UNAUDITED)**

(a)	(b)	(c)			(d)	(e)
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75513ECX7	RTX CORP	3/15/2054	6.400%	137,000	137,785	149,245
913017BT5	RTX CORP	6/1/2042	4.500%	1,480,000	1,679,723	1,282,316
913017CW7	RTX CORP	11/16/2038	4.450%	170,000	191,772	151,319
37045VAF7	GENERAL MOTORS CO	10/2/2043	6.250%	250,000	317,637	248,023
37045VAK6	GENERAL MOTORS CO	4/1/2036	6.600%	160,000	179,534	167,994
37045VAP5	GENERAL MOTORS CO	4/1/2038	5.150%	130,000	143,983	119,738
00774MAZ8	AERCAP IRELAND CAPITAL DAC / A	10/29/2041	3.850%	1,350,000	1,135,232	1,058,292
00774MBH7	AERCAP IRELAND CAPITAL DAC / A	1/19/2034	5.300%	260,000	254,095	255,117
00774MBM6	AERCAP IRELAND CAPITAL DAC / A	9/10/2034	4.950%	325,000	319,920	309,806
025816DW6	AMERICAN EXPRESS CO	7/26/2035	5.284%	515,000	522,792	509,387
03769MAC0	APOLLO GLOBAL MANAGEMENT INC	5/21/2054	5.800%	485,000	486,811	487,541
06051GHU6	BANK OF AMERICA CORP	4/23/2040	4.078%	910,000	982,240	774,246
06051GJE0	BANK OF AMERICA CORP	6/19/2041	2.676%	1,130,000	1,052,799	785,723
06051GJW0	BANK OF AMERICA CORP	4/22/2042	3.311%	295,000	279,201	220,810
06051GLU1	BANK OF AMERICA CORP	9/15/2034	5.872%	320,000	319,530	328,621
06051GMA4	BANK OF AMERICA CORP	1/23/2035	5.468%	555,000	562,613	555,749
06051GMB2	BANK OF AMERICA CORP	8/15/2035	5.425%	775,000	775,000	756,385
06738ECV5	BARCLAYS PLC	9/10/2035	5.335%	680,000	680,000	653,303
09290DAC5	BLACKROCK FUNDING INC	3/14/2054	5.250%	310,000	306,313	293,319
09290DAK7	BLACKROCK FUNDING INC	1/8/2055	5.350%	290,000	289,515	277,371
11271LAL6	BROOKFIELD FINANCE INC	3/4/2054	5.968%	145,000	147,447	146,765
14040HDH5	CAPITAL ONE FINANCIAL CORP	7/26/2035	5.884%	120,000	124,789	120,731
172967HS3	CITIGROUP INC	5/6/2044	5.300%	31,000	37,771	29,213
172967LU3	CITIGROUP INC	1/24/2039	3.878%	350,000	370,466	291,967
172967NF4	CITIGROUP INC	11/3/2042	2.904%	290,000	290,000	203,328
172967PG0	CITIGROUP INC	2/13/2035	5.827%	520,000	521,148	518,201
172967PL9	CITIGROUP INC	6/11/2035	5.449%	310,000	310,000	307,514
17327CAU7	CITIGROUP INC	9/19/2039	5.411%	275,000	275,000	262,254
251526CY3	DEUTSCHE BANK AG/NEW YORK NY	9/11/2035	5.403%	235,000	235,000	222,933
38141EC31	GOLDMAN SACHS GROUP INC/ THE	7/8/2044	4.800%	475,000	546,688	420,252

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38141GB78	GOLDMAN SACHS GROUP INC/ THE	10/23/2035	5.016%	270,000	270,000	258,568
38141GB86	GOLDMAN SACHS GROUP INC/ THE	11/19/2045	5.561%	1,345,000	1,350,187	1,300,104
38141GXA7	GOLDMAN SACHS GROUP INC/ THE	4/23/2039	4.411%	115,000	123,595	101,474
38141GYC2	GOLDMAN SACHS GROUP INC/ THE	4/22/2042	3.210%	240,000	240,000	175,116
38141GZN7	GOLDMAN SACHS GROUP INC/ THE	2/24/2043	3.436%	360,000	341,992	268,160
38148LAF3	GOLDMAN SACHS GROUP INC/ THE	5/22/2045	5.150%	270,000	306,215	249,075
38148YAA6	GOLDMAN SACHS GROUP INC/ THE	10/31/2038	4.017%	435,000	454,192	368,489
4042Q1AD9	HSBC BANK USA NA	1/15/2039	7.000%	115,000	156,126	128,166
446150BF0	HUNTINGTON BANCSHARES INC/ OH	11/18/2039	6.141%	180,000	180,000	179,894
46647PAA4	JPMORGAN CHASE & CO	2/22/2048	4.260%	30,000	33,692	24,859
46647PAK2	JPMORGAN CHASE & CO	7/24/2048	4.032%	300,000	326,137	236,859
46647PBM7	JPMORGAN CHASE & CO	4/22/2041	3.109%	470,000	467,131	348,745
46647PBN5	JPMORGAN CHASE & CO	4/22/2051	3.109%	40,000	46,120	26,537
46647PBV7	JPMORGAN CHASE & CO	11/19/2041	2.525%	40,000	28,202	27,124
46647PCD6	JPMORGAN CHASE & CO	4/22/2042	3.157%	175,000	130,598	128,620
46647PCE4	JPMORGAN CHASE & CO	4/22/2052	3.328%	245,000	234,372	168,129
46647PEK8	JPMORGAN CHASE & CO	7/22/2035	5.294%	615,000	622,036	608,438
46647PER3	JPMORGAN CHASE & CO	10/22/2035	4.946%	455,000	452,353	438,311
48126BAA1	JPMORGAN CHASE & CO	1/6/2042	5.400%	81,000	102,373	80,000
55261FAV6	M&T BANK CORP	1/16/2036	5.385%	365,000	365,000	353,908
61744YAL2	MORGAN STANLEY	7/22/2038	3.971%	350,000	371,959	297,787
61746BEG7	MORGAN STANLEY	1/22/2047	4.375%	30,000	22,861	25,081
61747YDY8	MORGAN STANLEY	1/27/2045	4.300%	215,000	235,797	177,373
61747YFB6	MORGAN STANLEY	1/19/2038	5.948%	105,000	105,000	105,287
61747YFT7	MORGAN STANLEY	7/19/2035	5.320%	265,000	265,000	260,752
61747YFV2	MORGAN STANLEY	11/19/2055	5.516%	565,000	565,000	545,700
63111XAK7	NASDAQ INC	8/15/2053	5.950%	25,000	25,524	25,247
63111XAL5	NASDAQ INC	6/28/2063	6.100%	155,000	152,531	157,965
668444AQ5	NORTHWESTERN UNIVERSITY	12/1/2057	3.662%	85,000	93,613	62,451

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693475BU8	PNC FINANCIAL SERVICES GROUP I	10/20/2034	6.875%	75,000	83,432	82,015
693475BZ7	PNC FINANCIAL SERVICES GROUP I	7/23/2035	5.401%	350,000	349,992	347,669
89788MAM4	TRUIST FINANCIAL CORP	1/26/2034	5.122%	165,000	163,715	160,364
89788MAP7	TRUIST FINANCIAL CORP	6/8/2034	5.867%	365,000	363,924	371,698
89788MAS1	TRUIST FINANCIAL CORP	1/24/2035	5.711%	765,000	770,818	771,013
902674A26	UBS AG/LONDON	6/26/2048	4.500%	260,000	300,604	221,315
91159HJB7	US BANCORP	11/3/2036	2.491%	455,000	455,000	368,564
91159HJR2	US BANCORP	1/23/2035	5.678%	65,000	65,107	65,593
92826CAF9	VISA INC	12/14/2045	4.300%	570,000	665,037	488,137
92826CAK8	VISA INC	4/15/2040	2.700%	40,000	39,706	29,179
949746RF0	WELLS FARGO & CO	1/15/2044	5.606%	65,000	80,734	62,254
94974BGE4	WELLS FARGO & CO	11/4/2044	4.650%	290,000	319,255	243,719
94974BGQ7	WELLS FARGO & CO	11/17/2045	4.900%	290,000	338,824	251,633
94974BGT1	WELLS FARGO & CO	6/14/2046	4.400%	310,000	334,876	249,212
94974BGU8	WELLS FARGO & CO	12/7/2046	4.750%	440,000	498,101	371,963
95000U2Q5	WELLS FARGO & CO	4/30/2041	3.068%	60,000	44,518	43,713
95000U2Z5	WELLS FARGO & CO	4/25/2053	4.611%	1,550,000	1,442,624	1,297,986
95000U3K7	WELLS FARGO & CO	1/23/2035	5.499%	225,000	229,349	224,359
961214EY5	WESTPAC BANKING CORP	11/18/2041	3.133%	230,000	230,000	165,119
961214FW8	WESTPAC BANKING CORP	11/20/2035	5.618%	290,000	290,000	285,090
15089QAY0	CELANESE US HOLDINGS LLC	11/15/2033	6.950%	340,000	368,266	353,066
459506AL5	INTERNATIONAL FLAVORS & FRAGRA	9/26/2048	5.000%	140,000	151,254	120,288
914886AA4	UNIVERSITY OF SOUTHERN CALIFOR	10/1/2011	5.250%	480,000	675,406	442,920
023135BF2	AMAZON.COM INC	8/22/2037	3.875%	300,000	329,415	265,044
023135BT2	AMAZON.COM INC	6/3/2050	2.500%	585,000	535,292	349,614
023135CA2	AMAZON.COM INC	5/12/2041	2.875%	205,000	204,227	150,632
023135CB0	AMAZON.COM INC	5/12/2051	3.100%	420,000	399,686	283,702
023135CJ3	AMAZON.COM INC	4/13/2052	3.950%	480,000	477,994	379,133
161175BL7	CHARTER COMMUNICATIONS OPERATI	5/1/2047	5.375%	115,000	91,818	94,492
161175BN3	CHARTER COMMUNICATIONS OPERATI	4/1/2048	5.750%	295,000	259,566	252,411

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161175BS2	CHARTER COMMUNICATIONS OPERATI	7/1/2049	5.125%	285,000	217,503	224,147
161175BT0	CHARTER COMMUNICATIONS OPERATI	3/1/2050	4.800%	135,000	103,229	101,623
161175BV5	CHARTER COMMUNICATIONS OPERATI	4/1/2051	3.700%	170,000	105,967	106,357
161175BZ6	CHARTER COMMUNICATIONS OPERATI	6/1/2041	3.500%	195,000	185,319	133,749
161175CA0	CHARTER COMMUNICATIONS OPERATI	6/1/2052	3.900%	510,000	354,976	327,945
161175CC6	CHARTER COMMUNICATIONS OPERATI	12/1/2061	4.400%	150,000	96,471	100,065
161175CL6	CHARTER COMMUNICATIONS OPERATI	4/1/2063	5.500%	550,000	420,595	438,389
20030NAF8	COMCAST CORP	6/15/2035	5.650%	100,000	125,767	102,104
20030NCC3	COMCAST CORP	11/1/2047	3.969%	801,000	855,874	607,430
20030NCJ8	COMCAST CORP	3/1/2038	3.900%	290,000	308,596	244,041
20030NCZ2	COMCAST CORP	2/1/2050	3.450%	55,000	40,645	37,729
20030NDS7	COMCAST CORP	11/1/2051	2.887%	397,000	370,737	239,232
20030NDU2	COMCAST CORP	11/1/2056	2.937%	1,559,000	1,380,777	910,690
20030NDW8	COMCAST CORP	11/1/2063	2.987%	321,000	290,503	181,468
20030NEG2	COMCAST CORP	5/15/2064	5.500%	60,000	60,364	56,053
254687ET9	WALT DISNEY CO/THE	10/1/2043	5.400%	80,000	107,293	78,641
254687FM3	WALT DISNEY CO/THE	9/1/2049	2.750%	520,000	501,787	324,958
254687FY7	WALT DISNEY CO/THE	5/13/2040	3.500%	545,000	497,359	437,390
254687FZ4	WALT DISNEY CO/THE	1/13/2051	3.600%	240,000	219,560	176,798
25468PDB9	TWDC ENTERPRISES 18 CORP	6/1/2044	4.125%	50,000	43,811	41,147
30303M8J4	META PLATFORMS INC	8/15/2052	4.450%	393,000	376,287	331,786
30303M8Q8	META PLATFORMS INC	5/15/2053	5.600%	1,530,000	1,515,808	1,532,647
30303M8R6	META PLATFORMS INC	5/15/2063	5.750%	90,000	89,732	91,034
30303M8V7	META PLATFORMS INC	8/15/2054	5.400%	305,000	303,783	295,554
30303M8W5	META PLATFORMS INC	8/15/2064	5.550%	605,000	602,386	592,307
88732JAJ7	TIME WARNER CABLE LLC	5/1/2037	6.550%	85,000	103,325	82,154
88732JAN8	TIME WARNER CABLE LLC	7/1/2038	7.300%	260,000	315,774	264,841
88732JAU2	TIME WARNER CABLE LLC	6/15/2039	6.750%	275,000	321,036	269,709
88732JAY4	TIME WARNER CABLE LLC	11/15/2040	5.875%	275,000	294,711	246,117
88732JBD9	TIME WARNER CABLE LLC	9/15/2042	4.500%	205,000	191,924	153,500

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value					
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value	Cost	Current value
03522AAH3	ANHEUSER-BUSCH COS LLC / ANHEU	2/1/2036	4.700%	1,390,000	1,538,975	1,317,678
03522AAJ9	ANHEUSER-BUSCH COS LLC / ANHEU	2/1/2046	4.900%	1,718,000	1,964,233	1,563,621
03523TBT4	ANHEUSER-BUSCH INBEV WORLDWIDE	10/6/2048	4.439%	75,000	65,478	63,587
03523TBU1	ANHEUSER-BUSCH INBEV WORLDWIDE	1/23/2039	5.450%	205,000	270,809	205,541
03523TBV9	ANHEUSER-BUSCH INBEV WORLDWIDE	1/23/2049	5.550%	424,000	430,002	418,730
035240AG5	ANHEUSER-BUSCH INBEV WORLDWIDE	1/15/2042	4.950%	60,000	69,928	55,823
054989AC2	BAT CAPITAL CORP	8/2/2043	7.079%	250,000	249,704	270,370
05526DBD6	BAT CAPITAL CORP	8/15/2037	4.390%	290,000	285,617	250,444
05526DBF1	BAT CAPITAL CORP	8/15/2047	4.540%	181,000	176,310	143,919
05526DBK0	BAT CAPITAL CORP	9/6/2049	4.758%	235,000	231,992	190,507
05526DBQ7	BAT CAPITAL CORP	4/2/2050	5.282%	345,000	345,000	302,882
191216DS6	COCA-COLA CO/THE	5/13/2054	5.300%	25,000	25,485	24,157
191216DT4	COCA-COLA CO/THE	5/13/2064	5.400%	220,000	221,560	212,080
191216DZ0	COCA-COLA CO/THE	1/14/2055	5.200%	550,000	549,461	523,028
21036PAT5	CONSTELLATION BRANDS INC	5/9/2047	4.500%	115,000	124,742	95,091
21036PAZ1	CONSTELLATION BRANDS INC	2/15/2048	4.100%	39,000	37,954	30,286
21036PBD9	CONSTELLATION BRANDS INC	11/15/2048	5.250%	20,000	23,678	18,286
713448FF0	PEPSICO INC	10/21/2041	2.625%	39,000	38,123	27,093
713448FZ6	PEPSICO INC	7/17/2054	5.250%	465,000	465,200	450,557
718172AU3	PHILIP MORRIS INTERNATIONAL IN	8/21/2042	3.875%	150,000	150,333	118,752
718172AW9	PHILIP MORRIS INTERNATIONAL IN	3/4/2043	4.125%	77,000	79,572	62,624
718172BD0	PHILIP MORRIS INTERNATIONAL IN	11/15/2043	4.875%	71,000	81,136	63,647
761713BB1	REYNOLDS AMERICAN INC	8/15/2045	5.850%	330,000	343,258	314,691
46590XAQ9	JBS USA HOLDING LUX SARL/ JBS	2/2/2052	4.375%	440,000	440,488	331,606
46590XAX4	JBS USA HOLDING LUX SARL/ JBS	12/1/2052	6.500%	935,000	920,031	951,101
47214BAD0	JBS USA HOLDING LUX SARL/ JBS	11/15/2053	7.250%	540,000	555,656	594,977
50077LAM8	KRAFT HEINZ FOODS CO	7/15/2045	5.200%	450,000	432,187	407,007

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

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50077LAZ9	KRAFT HEINZ FOODS CO	10/1/2049	4.875%	174,000	161,416	148,956
50077LBJ4	KRAFT HEINZ FOODS CO	6/1/2050	5.500%	155,000	148,352	145,618
002824BH2	ABBOTT LABORATORIES	11/30/2046	4.900%	326,000	397,373	304,624
00287YAS8	ABBVIE INC	5/14/2045	4.700%	480,000	418,450	424,075
00287YAW9	ABBVIE INC	5/14/2046	4.450%	345,000	317,446	293,643
00287YCA5	ABBVIE INC	11/21/2039	4.050%	486,000	496,348	415,681
00287YCB3	ABBVIE INC	11/21/2049	4.250%	409,000	432,798	333,032
00287YDA4	ABBVIE INC	6/15/2044	4.850%	190,000	226,459	172,463
00287YDV8	ABBVIE INC	3/15/2044	5.350%	160,000	159,779	156,150
00287YDX4	ABBVIE INC	3/15/2064	5.500%	320,000	318,803	306,230
031162BZ2	AMGEN INC	5/1/2045	4.400%	305,000	282,928	253,181
031162CR9	AMGEN INC	2/21/2040	3.150%	425,000	426,895	317,020
031162DS6	AMGEN INC	3/2/2043	5.600%	510,000	506,963	497,627
031162DT4	AMGEN INC	3/2/2053	5.650%	540,000	532,554	520,900
031162DU1	AMGEN INC	3/2/2063	5.750%	320,000	320,814	307,926
036752AK9	ELEVANCE HEALTH INC	9/15/2049	3.700%	85,000	66,932	60,632
036752AS2	ELEVANCE HEALTH INC	3/15/2051	3.600%	282,000	288,860	196,644
036752BE2	ELEVANCE HEALTH INC	2/15/2055	5.700%	320,000	318,250	308,829
072722AE1	BAYCARE HEALTH SYSTEM INC	11/15/2050	3.831%	75,000	75,000	57,475
072863AJ2	BAYLOR SCOTT & WHITE HOLDINGS	11/15/2050	2.839%	245,000	213,262	155,962
125523CW8	CIGNA GROUP/THE	2/15/2054	5.600%	260,000	252,847	243,823
126650CN8	CVS HEALTH CORP	7/20/2045	5.125%	839,000	824,751	706,354
126650CY4	CVS HEALTH CORP	3/25/2038	4.780%	460,000	505,430	397,813
126650CZ1	CVS HEALTH CORP	3/25/2048	5.050%	940,000	810,713	775,227
126650DZ0	CVS HEALTH CORP	6/1/2053	5.875%	80,000	82,298	73,394
126650EE6	CVS HEALTH CORP	6/1/2044	6.000%	235,000	233,613	222,395
126650EF3	CVS HEALTH CORP	6/1/2054	6.050%	340,000	347,673	319,835
23291KAJ4	DH EUROPE FINANCE II SARL	11/15/2039	3.250%	295,000	294,453	230,132
23291KAK1	DH EUROPE FINANCE II SARL	11/15/2049	3.400%	55,000	54,866	38,976
235851AV4	DANAHER CORP	10/1/2050	2.600%	60,000	53,234	35,755
235851AW2	DANAHER CORP	12/10/2051	2.800%	535,000	533,285	330,486
375558BA0	GILEAD SCIENCES INC	2/1/2045	4.500%	115,000	129,019	98,671
375558BD4	GILEAD SCIENCES INC	3/1/2046	4.750%	60,000	63,411	52,916
375558BK8	GILEAD SCIENCES INC	3/1/2047	4.150%	50,000	45,061	40,126

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

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AS OF DECEMBER 31, 2024
(UNAUDITED)

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375558CD3	GILEAD SCIENCES INC	11/15/2054	5.500%	900,000	924,634	877,041
375558CE1	GILEAD SCIENCES INC	11/15/2064	5.600%	115,000	118,019	111,169
404119BV0	HCA INC	6/15/2047	5.500%	55,000	51,308	50,096
404119CL1	HCA INC	3/15/2052	4.625%	200,000	166,902	155,832
404119CS6	HCA INC	3/15/2042	4.375%	75,000	73,820	61,269
404119CV9	HCA INC	4/1/2054	6.000%	295,000	300,820	281,439
404119CW7	HCA INC	4/1/2064	6.100%	55,000	57,754	52,542
404121AL9	HCA INC	9/15/2054	5.950%	440,000	453,049	419,148
444859BX9	HUMANA INC	3/15/2053	5.500%	360,000	341,159	321,822
444859CB6	HUMANA INC	4/15/2054	5.750%	675,000	664,707	626,515
478160BV5	JOHNSON & JOHNSON	3/1/2046	3.700%	50,000	41,217	39,552
48305QAD5	KAISER FOUNDATION HOSPITALS	5/1/2047	4.150%	115,000	133,256	93,895
48305QAE3	KAISER FOUNDATION HOSPITALS	11/1/2049	3.266%	225,000	225,000	156,188
48305QAF0	KAISER FOUNDATION HOSPITALS	6/1/2041	2.810%	415,000	416,843	293,998
48305QAG8	KAISER FOUNDATION HOSPITALS	6/1/2051	3.002%	545,000	547,611	354,479
532457BU1	ELI LILLY & CO	3/15/2059	4.150%	55,000	48,443	43,117
532457CG1	ELI LILLY & CO	2/27/2053	4.875%	423,000	420,692	383,720
532457CH9	ELI LILLY & CO	2/27/2063	4.950%	410,000	405,631	368,471
532457CM8	ELI LILLY & CO	2/9/2054	5.000%	265,000	263,492	243,699
532457CN6	ELI LILLY & CO	2/9/2064	5.100%	645,000	643,484	590,588
532457CS5	ELI LILLY & CO	8/14/2054	5.050%	190,000	189,069	176,309
532457CT3	ELI LILLY & CO	8/14/2064	5.200%	225,000	226,323	209,734
58933YBA2	MERCK & CO INC	6/24/2040	2.350%	70,000	62,394	47,433
58933YBF1	MERCK & CO INC	12/10/2051	2.750%	175,000	117,721	106,250
58933YBL8	MERCK & CO INC	5/17/2044	4.900%	540,000	536,776	499,106
58933YBN4	MERCK & CO INC	5/17/2063	5.150%	230,000	228,995	210,744
649322AH7	NEW YORK AND PRESBYTERIAN HOSP	8/1/2040	2.256%	100,000	100,000	66,047
649322AJ3	NEW YORK AND PRESBYTERIAN HOSP	8/1/2060	2.606%	65,000	65,000	35,270
667274AC8	NORTHWELL HEALTHCARE INC	11/1/2047	4.260%	85,000	91,664	68,029
66989HAH1	NOVARTIS CAPITAL CORP	5/6/2044	4.400%	240,000	277,338	210,715

**SOUTHERN CALIFORNIA GAS COMPANY
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716973AH5	PFIZER INVESTMENT ENTERPRISES	5/19/2063	5.340%	215,000	211,874	197,680
717081EZ2	PFIZER INC	5/28/2040	2.550%	150,000	139,050	103,982
86944BAJ2	SUTTER HEALTH	8/15/2050	3.361%	165,000	165,000	116,160
883556CM2	THERMO FISHER SCIENTIFIC INC	10/15/2041	2.800%	290,000	288,741	204,192
91324PBN1	UNITEDHEALTH GROUP INC	10/15/2040	5.700%	70,000	89,639	70,046
91324PBQ4	UNITEDHEALTH GROUP INC	2/15/2041	5.950%	30,000	32,459	30,760
91324PCA8	UNITEDHEALTH GROUP INC	10/15/2042	3.950%	115,000	119,986	92,391
91324PCR1	UNITEDHEALTH GROUP INC	7/15/2045	4.750%	50,000	46,376	44,092
91324PCZ3	UNITEDHEALTH GROUP INC	4/15/2047	4.250%	30,000	35,477	24,338
91324PDF6	UNITEDHEALTH GROUP INC	10/15/2047	3.750%	190,000	198,061	141,784
91324PDL3	UNITEDHEALTH GROUP INC	6/15/2048	4.250%	410,000	448,976	329,427
91324PDY5	UNITEDHEALTH GROUP INC	5/15/2040	2.750%	135,000	131,063	95,522
91324PDZ2	UNITEDHEALTH GROUP INC	5/15/2050	2.900%	110,000	106,573	68,395
91324PEE8	UNITEDHEALTH GROUP INC	5/15/2041	3.050%	365,000	346,141	264,085
91324PEF5	UNITEDHEALTH GROUP INC	5/15/2051	3.250%	150,000	155,636	99,183
91324PEK4	UNITEDHEALTH GROUP INC	5/15/2052	4.750%	270,000	258,948	231,738
91324PEL2	UNITEDHEALTH GROUP INC	5/15/2062	4.950%	65,000	64,363	56,109
91324PES7	UNITEDHEALTH GROUP INC	2/15/2053	5.875%	95,000	95,672	95,390
91324PET5	UNITEDHEALTH GROUP INC	2/15/2063	6.050%	185,000	182,817	189,157
91324PEW8	UNITEDHEALTH GROUP INC	4/15/2053	5.050%	160,000	159,750	144,309
91324PEX6	UNITEDHEALTH GROUP INC	4/15/2063	5.200%	195,000	191,662	175,716
91324PFD9	UNITEDHEALTH GROUP INC	4/15/2064	5.500%	390,000	389,099	365,028
91324PFK3	UNITEDHEALTH GROUP INC	7/15/2044	5.500%	635,000	629,164	617,112
91324PFM9	UNITEDHEALTH GROUP INC	7/15/2064	5.750%	160,000	159,035	156,026
94973VBB2	ELEVANCE HEALTH INC	1/15/2043	4.650%	20,000	25,188	17,379
49177JAM4	KENVUE INC	3/22/2043	5.100%	80,000	79,103	76,815
03938LBH6	ARCELORMITTAL SA	6/17/2054	6.350%	115,000	114,223	113,737
149123CE9	CATERPILLAR INC	5/15/2064	4.750%	265,000	315,680	228,496
04316JAE9	ARTHUR J GALLAGHER & CO	3/2/2053	5.750%	325,000	325,765	319,504
04316JAG4	ARTHUR J GALLAGHER & CO	2/15/2054	6.750%	305,000	313,577	338,288
04316JAJ8	ARTHUR J GALLAGHER & CO	7/15/2054	5.750%	105,000	103,807	103,971
04316JAP4	ARTHUR J GALLAGHER & CO	2/15/2055	5.550%	675,000	672,770	651,510
04686JAJ0	ATHENE HOLDING LTD	10/15/2054	6.625%	555,000	555,000	551,898
084664BV2	BERKSHIRE HATHAWAY FINANCE COR	5/15/2043	4.300%	100,000	112,507	86,605

**SOUTHERN CALIFORNIA GAS COMPANY
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084664CQ2	BERKSHIRE HATHAWAY FINANCE COR	8/15/2048	4.200%	325,000	361,898	269,305
084664CV1	BERKSHIRE HATHAWAY FINANCE COR	10/15/2050	2.850%	130,000	76,631	81,727
084664DB4	BERKSHIRE HATHAWAY FINANCE COR	3/15/2052	3.850%	50,000	39,764	37,887
571748BC5	MARSH & MCLENNAN COS INC	1/30/2047	4.350%	115,000	89,370	96,087
571748BJ0	MARSH & MCLENNAN COS INC	3/15/2049	4.900%	125,000	109,164	112,040
571748BV3	MARSH & MCLENNAN COS INC	9/15/2053	5.700%	40,000	39,907	40,151
571748BX9	MARSH & MCLENNAN COS INC	3/15/2054	5.450%	40,000	39,650	38,680
59156RAY4	METLIFE INC	2/6/2041	5.875%	220,000	221,665	224,774
59156RBD9	METLIFE INC	8/13/2042	4.125%	190,000	205,849	157,749
59156RBL1	METLIFE INC	12/15/2044	4.721%	215,000	239,817	190,006
59156RBN7	METLIFE INC	3/1/2045	4.050%	175,000	187,522	140,247
59156RCC0	METLIFE INC	7/15/2052	5.000%	65,000	60,848	58,921
59156RCD8	METLIFE INC	1/15/2054	5.250%	695,000	679,215	651,667
744320AY8	PRUDENTIAL FINANCIAL INC	12/7/2047	3.905%	85,000	97,713	64,850
744320BA9	PRUDENTIAL FINANCIAL INC	12/7/2049	3.935%	120,000	132,349	90,600
744320BP6	PRUDENTIAL FINANCIAL INC	3/15/2054	6.500%	140,000	140,080	143,996
89417EAS8	TRAVELERS COS INC/THE	5/25/2053	5.450%	355,000	364,447	345,926
55903VBD4	WARNERMEDIA HOLDINGS INC	3/15/2042	5.050%	1,050,000	954,527	845,754
55903VBE2	WARNERMEDIA HOLDINGS INC	3/15/2052	5.141%	1,755,000	1,385,737	1,310,178
55903VBF9	WARNERMEDIA HOLDINGS INC	3/15/2062	5.391%	215,000	170,737	158,747
14448CAR5	CARRIER GLOBAL CORP	4/5/2040	3.377%	485,000	459,266	374,944
76720AAP1	RIO TINTO FINANCE USA PLC	3/9/2053	5.125%	40,000	38,443	37,070
10373QBG4	BP CAPITAL MARKETS AMERICA INC	2/24/2050	3.000%	170,000	132,860	108,261
10373QBN9	BP CAPITAL MARKETS AMERICA INC	11/10/2050	2.772%	255,000	249,896	153,214
10373QBP4	BP CAPITAL MARKETS AMERICA INC	6/4/2051	2.939%	185,000	127,032	114,733
10373QBR0	BP CAPITAL MARKETS AMERICA INC	6/17/2041	3.060%	560,000	491,795	404,415
10373QBS8	BP CAPITAL MARKETS AMERICA INC	3/17/2052	3.001%	460,000	424,220	287,629
198280AH2	COLUMBIA PIPELINE GROUP INC	6/1/2045	5.800%	180,000	217,310	173,623
20826FAV8	CONOCOPHILLIPS CO	3/15/2052	3.800%	270,000	269,565	197,429
20826FBC9	CONOCOPHILLIPS CO	3/15/2042	3.758%	335,000	331,650	264,228

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20826FBE5	CONOCOPHILLIPS CO	5/15/2053	5.300%	75,000	73,165	69,461
20826FBG0	CONOCOPHILLIPS CO	3/15/2054	5.550%	185,000	184,528	178,501
20826FBH8	CONOCOPHILLIPS CO	9/15/2063	5.700%	200,000	199,454	192,090
20826FBM7	CONOCOPHILLIPS CO	1/15/2055	5.500%	855,000	858,705	813,208
20826FBN5	CONOCOPHILLIPS CO	1/15/2065	5.650%	170,000	169,929	160,781
27636AAA0	EASTERN ENERGY GAS HOLDINGS LL	10/15/2054	5.650%	115,000	114,916	108,631
28370TAF6	KINDER MORGAN ENERGY PARTNERS	11/1/2042	4.700%	60,000	61,326	50,462
29250NBZ7	ENBRIDGE INC	11/15/2053	6.700%	290,000	289,623	315,163
29273RAR0	ENERGY TRANSFER LP	2/1/2042	6.500%	40,000	44,122	41,458
29273RAT6	ENERGY TRANSFER LP	2/1/2043	5.150%	50,000	48,828	44,135
29273RAZ2	ENERGY TRANSFER LP	10/1/2043	5.950%	375,000	399,249	364,196
29273RBE8	ENERGY TRANSFER LP	3/15/2035	4.900%	320,000	315,153	301,405
29273RBJ7	ENERGY TRANSFER LP	12/15/2045	6.125%	260,000	270,354	256,906
29273RBL2	ENERGY TRANSFER LP	4/15/2047	5.300%	520,000	534,883	460,559
29278NAD5	ENERGY TRANSFER LP	6/15/2038	5.800%	35,000	36,512	34,400
29278NAR4	ENERGY TRANSFER LP	5/15/2050	5.000%	155,000	135,176	131,680
29379VAQ6	ENTERPRISE PRODUCTS OPERATING	9/1/2040	6.450%	60,000	64,930	64,628
29379VAV5	ENTERPRISE PRODUCTS OPERATING	2/15/2042	5.700%	210,000	215,739	209,987
29379VBA0	ENTERPRISE PRODUCTS OPERATING	3/15/2044	4.850%	45,000	49,933	40,278
29379VBC6	ENTERPRISE PRODUCTS OPERATING	2/15/2045	5.100%	110,000	119,712	101,479
29379VBF9	ENTERPRISE PRODUCTS OPERATING	10/15/2054	4.950%	30,000	31,920	26,240
29379VBJ1	ENTERPRISE PRODUCTS OPERATING	5/15/2046	4.900%	120,000	117,946	107,083
29379VBQ5	ENTERPRISE PRODUCTS OPERATING	2/15/2048	4.250%	285,000	300,639	228,972
29379VBU6	ENTERPRISE PRODUCTS OPERATING	2/1/2049	4.800%	65,000	58,499	56,019
29379VBY8	ENTERPRISE PRODUCTS OPERATING	1/31/2051	3.700%	70,000	74,024	50,288
29379VCA9	ENTERPRISE PRODUCTS OPERATING	2/15/2052	3.200%	460,000	326,959	299,290

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
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29379VCH4	ENTERPRISE PRODUCTS OPERATING	2/16/2055	5.550%	80,000	79,730	77,087
30231GAZ5	EXXON MOBIL CORP	8/16/2049	3.095%	150,000	147,131	100,097
30231GBF8	EXXON MOBIL CORP	3/19/2040	4.227%	475,000	505,087	417,112
30231GBM3	EXXON MOBIL CORP	4/15/2051	3.452%	525,000	470,520	368,582
42809HAC1	HESS CORP	1/15/2040	6.000%	50,000	51,035	52,097
42809HAH0	HESS CORP	4/1/2047	5.800%	360,000	420,740	360,803
494550BH8	KINDER MORGAN ENERGY PARTNERS	3/1/2041	6.375%	200,000	198,863	204,508
494550BU9	KINDER MORGAN ENERGY PARTNERS	3/1/2044	5.500%	150,000	140,704	139,076
494550BW5	KINDER MORGAN ENERGY PARTNERS	9/1/2044	5.400%	85,000	72,914	77,626
49456BAH4	KINDER MORGAN INC	6/1/2045	5.550%	15,000	15,216	14,015
49456BAJ0	KINDER MORGAN INC	2/15/2046	5.050%	210,000	208,613	182,771
49456BAQ4	KINDER MORGAN INC	3/1/2048	5.200%	105,000	107,410	92,846
55336VAM2	MPLX LP	4/15/2038	4.500%	570,000	578,941	496,949
56585AAF9	MARATHON PETROLEUM CORP	3/1/2041	6.500%	75,000	98,026	77,756
56585AAH5	MARATHON PETROLEUM CORP	9/15/2044	4.750%	105,000	120,789	87,225
674599CJ2	OCCIDENTAL PETROLEUM CORP	4/15/2046	4.400%	50,000	36,953	37,101
674599DH5	OCCIDENTAL PETROLEUM CORP	6/15/2039	7.950%	20,000	21,396	22,812
674599DJ1	OCCIDENTAL PETROLEUM CORP	3/15/2040	6.200%	155,000	151,575	152,777
674599DL6	OCCIDENTAL PETROLEUM CORP	3/15/2046	6.600%	35,000	35,017	35,359
674599EM3	OCCIDENTAL PETROLEUM CORP	10/1/2054	6.050%	140,000	142,479	132,831
822582AD4	SHELL INTERNATIONAL FINANCE BV	12/15/2038	6.375%	160,000	175,787	174,200
822582AT9	SHELL INTERNATIONAL FINANCE BV	8/21/2042	3.625%	45,000	46,038	35,069
822582CL4	SHELL INTERNATIONAL FINANCE BV	11/26/2051	3.000%	35,000	33,595	22,191
822905AE5	SHELL FINANCE US INC	5/10/2046	4.000%	109,000	94,181	85,458
822905AG0	SHELL FINANCE US INC	4/6/2050	3.250%	105,000	77,912	70,742
822905AH8	SHELL FINANCE US INC	9/12/2046	3.750%	100,000	82,525	75,211
85771PAL6	EQUINOR ASA	5/15/2043	3.950%	260,000	284,873	213,177
86765BAQ2	ENERGY TRANSFER LP	5/15/2045	5.350%	765,000	771,240	689,418
86765BAV1	ENERGY TRANSFER LP	10/1/2047	5.400%	250,000	273,966	224,765
89153VAV1	TOTALENERGIES CAPITAL INTERNAT	5/29/2050	3.127%	795,000	801,537	521,607

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89153VAX7	TOTALENERGIES CAPITAL INTERNAT	6/29/2041	2.986%	295,000	294,389	212,005
89157XAB7	TOTALENERGIES CAPITAL SA	4/5/2054	5.488%	235,000	235,365	225,619
89157XAC5	TOTALENERGIES CAPITAL SA	4/5/2064	5.638%	650,000	648,866	622,759
89157XAE1	TOTALENERGIES CAPITAL SA	9/10/2054	5.275%	140,000	139,681	129,643
89157XAF8	TOTALENERGIES CAPITAL SA	9/10/2064	5.425%	330,000	331,883	306,398
96950FAF1	WILLIAMS COS INC/THE	4/15/2040	6.300%	465,000	557,740	484,637
96950FAK0	WILLIAMS COS INC/THE	11/15/2043	5.800%	100,000	98,884	97,714
034863AY6	ANGLO AMERICAN CAPITAL PL 144A	9/10/2050	3.950%	525,000	400,789	389,167
034863BC3	ANGLO AMERICAN CAPITAL PL 144A	3/16/2052	4.750%	295,000	252,984	246,428
034863BF6	ANGLO AMERICAN CAPITAL PL 144A	4/5/2054	6.000%	685,000	692,548	676,958
07274EAL7	BAYER US FINANCE LLC 144A	11/21/2033	6.500%	60,000	60,391	61,031
07274EAM5	BAYER US FINANCE LLC 144A	11/21/2053	6.875%	320,000	331,897	323,136
07274NAQ6	BAYER US FINANCE II LLC 144A	6/25/2048	4.875%	35,000	29,637	27,306
11135FBJ9	BROADCOM INC 144A	2/15/2041	3.500%	365,000	354,591	285,160
33767BAA7	FIRSTENERGY TRANSMISSION 144A	7/15/2044	5.450%	180,000	183,709	172,501
37959GAF4	GLOBAL ATLANTIC FIN CO 144A	3/15/2054	6.750%	420,000	429,084	426,888
459506AR2	INTERNATIONAL FLAVORS & F 144A	11/15/2040	3.268%	835,000	743,197	596,332
459506AS0	INTERNATIONAL FLAVORS & F 144A	12/1/2050	3.468%	1,089,000	912,639	715,179
60284MAB8	MINERA MEXICO SA DE CV 144A	1/26/2050	4.500%	405,000	390,055	307,411
610202BP7	MONONGAHELA POWER CO 144A	12/15/2043	5.400%	485,000	620,355	458,490
771196BY7	ROCHE HOLDINGS INC 144A	12/13/2051	2.607%	249,000	248,507	148,409
78516FAB5	SABAL TRAIL TRANSMISSION 144A	5/1/2038	4.682%	350,000	380,893	308,648
78516FAC3	SABAL TRAIL TRANSMISSION 144A	5/1/2048	4.832%	80,000	86,382	64,800
83444MAL5	SOLVENTUM CORP 144A	5/15/2064	6.000%	445,000	444,575	434,774
84346LAA8	SOUTHERN NATURAL GAS CO L 144A	3/15/2047	4.800%	200,000	219,259	166,828
882384AE0	TEXAS EASTERN TRANSMISSIO 144A	1/15/2048	4.150%	275,000	283,720	211,970
008513AC7	AGREE LP	6/15/2033	2.600%	170,000	168,588	136,695
02401LAB0	AMERICAN ASSETS TRUST LP	10/1/2034	6.150%	340,000	338,965	338,450

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30225VAS6	EXTRA SPACE STORAGE LP	2/1/2034	5.400%	240,000	239,534	237,662
49427RAR3	KILROY REALTY LP	11/15/2033	2.650%	30,000	23,202	22,955
49427RAS1	KILROY REALTY LP	1/15/2036	6.250%	35,000	35,392	34,733
74340XCF6	PROLOGIS LP	6/15/2053	5.250%	175,000	170,359	163,567
74340XCK5	PROLOGIS LP	3/15/2054	5.250%	470,000	455,291	439,074
74460WAH0	PUBLIC STORAGE OPERATING CO	8/1/2053	5.350%	120,000	117,899	114,264
756109CQ5	REALTY INCOME CORP	9/1/2054	5.375%	220,000	216,423	209,172
75884RAW3	REGENCY CENTERS LP	2/1/2047	4.400%	35,000	38,137	28,840
75884RAY9	REGENCY CENTERS LP	3/15/2049	4.650%	415,000	473,118	351,414
828807CZ8	SIMON PROPERTY GROUP LP	11/30/2046	4.250%	40,000	43,454	32,664
828807DH7	SIMON PROPERTY GROUP LP	9/13/2049	3.250%	210,000	133,836	141,290
828807DJ3	SIMON PROPERTY GROUP LP	7/15/2050	3.800%	65,000	41,819	47,919
828807DV6	SIMON PROPERTY GROUP LP	3/8/2053	5.850%	310,000	301,834	312,809
828807DX2	SIMON PROPERTY GROUP LP	1/15/2054	6.650%	280,000	290,423	312,091
866677AH0	SUN COMMUNITIES OPERATING LP	4/15/2032	4.200%	440,000	432,493	401,535
866677AJ6	SUN COMMUNITIES OPERATING LP	1/15/2033	5.700%	140,000	139,621	139,556
925650AE3	VICI PROPERTIES LP	5/15/2052	5.625%	515,000	472,863	479,156
437076BD3	HOME DEPOT INC/THE	2/15/2044	4.875%	465,000	571,935	425,717
437076BH4	HOME DEPOT INC/THE	4/1/2046	4.250%	50,000	42,820	41,740
437076BS0	HOME DEPOT INC/THE	6/15/2047	3.900%	310,000	329,719	242,696
437076BX9	HOME DEPOT INC/THE	12/6/2048	4.500%	35,000	43,635	29,933
437076BZ4	HOME DEPOT INC/THE	12/15/2049	3.125%	381,000	297,846	255,487
437076CC4	HOME DEPOT INC/THE	4/15/2040	3.300%	190,000	189,663	148,166
437076CD2	HOME DEPOT INC/THE	4/15/2050	3.350%	240,000	201,893	167,597
437076CG5	HOME DEPOT INC/THE	3/15/2051	2.375%	80,000	49,223	45,357
437076CQ3	HOME DEPOT INC/THE	4/15/2052	3.625%	657,000	577,244	476,778
437076DF6	HOME DEPOT INC/THE	6/25/2054	5.300%	200,000	203,050	191,838
437076DG4	HOME DEPOT INC/THE	6/25/2064	5.400%	115,000	113,831	110,408
548661EF0	LOWE'S COS INC	4/1/2062	4.450%	55,000	54,959	42,675
548661EJ2	LOWE'S COS INC	4/1/2052	4.250%	390,000	341,307	304,964
548661EN3	LOWE'S COS INC	9/15/2062	5.800%	50,000	49,903	48,411
87612EBN5	TARGET CORP	1/15/2052	2.950%	150,000	137,023	95,732
931142EU3	WALMART INC	9/22/2041	2.500%	570,000	548,438	392,673

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677052AA0	OGLETHORPE POWER CORP	11/1/2040	5.375%	1,030,000	1,243,775	974,967
677050AU0	OGLETHORPE POWER CORP	12/1/2053	6.200%	120,000	118,234	123,773
677050AS5	OGLETHORPE POWER CORP	4/1/2047	4.500%	255,000	253,868	209,148
677050AQ9	OGLETHORPE POWER CORP	8/1/2050	3.750%	210,000	206,917	149,657
677050AN6	OGLETHORPE POWER CORP	10/1/2048	5.050%	440,000	488,303	387,847
67021CAT4	NSTAR ELECTRIC CO	9/15/2052	4.950%	200,000	199,226	179,498
665772CX5	NORTHERN STATES POWER CO/ MN	5/15/2053	5.100%	220,000	218,359	203,848
665772CV9	NORTHERN STATES POWER CO/ MN	6/1/2052	4.500%	170,000	167,782	142,909
665772CU1	NORTHERN STATES POWER CO/ MN	4/1/2052	3.200%	120,000	119,555	80,620
665772CR8	NORTHERN STATES POWER CO/ MN	3/1/2050	2.900%	215,000	209,409	137,785
665772CJ6	NORTHERN STATES POWER CO/ MN	8/15/2042	3.400%	320,000	322,193	243,197
641423CF3	NEVADA POWER CO	5/1/2053	5.900%	160,000	159,075	160,758
641423CA4	NEVADA POWER CO	5/15/2041	5.450%	610,000	804,068	589,486
641423BU1	NEVADA POWER CO	7/1/2037	6.750%	15,000	21,337	16,457
032654AW5	ANALOG DEVICES INC	10/1/2041	2.800%	305,000	296,393	216,022
032654AX3	ANALOG DEVICES INC	10/1/2051	2.950%	265,000	262,808	168,596
037833AL4	APPLE INC	5/4/2043	3.850%	745,000	792,685	617,955
037833BA7	APPLE INC	2/9/2045	3.450%	485,000	489,853	372,087
037833BX7	APPLE INC	2/23/2046	4.650%	455,000	546,120	417,026
037833CD0	APPLE INC	8/4/2046	3.850%	105,000	115,069	84,764
037833DD9	APPLE INC	9/12/2047	3.750%	120,000	136,035	94,512
037833EE6	APPLE INC	2/8/2041	2.375%	390,000	381,618	268,574
037833EF3	APPLE INC	2/8/2051	2.650%	150,000	149,015	92,663
11135FCD1	BROADCOM INC	10/15/2034	4.800%	445,000	444,079	429,465
438516CT1	HONEYWELL INTERNATIONAL INC	3/1/2054	5.250%	250,000	249,322	234,533
438516CU8	HONEYWELL INTERNATIONAL INC	3/1/2064	5.350%	210,000	209,483	197,270
449276AF1	IBM INTERNATIONAL CAPITAL PTE	2/5/2044	5.250%	30,000	29,372	28,449
458140BM1	INTEL CORP	3/25/2050	4.750%	135,000	112,277	104,448
458140CB4	INTEL CORP	8/5/2052	4.900%	375,000	359,995	296,524
458140CC2	INTEL CORP	8/5/2062	5.050%	180,000	179,600	140,612

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458140CH1	INTEL CORP	2/10/2043	5.625%	70,000	69,958	64,299
46124HAH9	INTUIT INC	9/15/2053	5.500%	130,000	130,190	127,495
482480AM2	KLA CORP	7/15/2052	4.950%	240,000	241,759	218,458
594918CC6	MICROSOFT CORP	6/1/2050	2.525%	650,000	559,974	401,219
594918CE2	MICROSOFT CORP	3/17/2052	2.921%	343,000	328,901	227,375
67066GAG9	NVIDIA CORP	4/1/2040	3.500%	230,000	230,402	190,339
68389XBF1	ORACLE CORP	5/15/2045	4.125%	435,000	467,749	343,446
68389XBH7	ORACLE CORP	7/15/2036	3.850%	75,000	82,829	64,276
68389XBJ3	ORACLE CORP	7/15/2046	4.000%	145,000	156,540	111,708
68389XBP9	ORACLE CORP	11/15/2037	3.800%	365,000	363,622	305,005
68389XBQ7	ORACLE CORP	11/15/2047	4.000%	105,000	80,288	80,105
68389XBX2	ORACLE CORP	4/1/2050	3.600%	175,000	132,987	122,714
68389XBZ7	ORACLE CORP	3/25/2041	3.650%	465,000	396,925	362,965
68389XCA1	ORACLE CORP	3/25/2051	3.950%	560,000	424,189	415,134
68389XCK9	ORACLE CORP	11/9/2052	6.900%	350,000	362,063	392,774
68389XCU7	ORACLE CORP	9/27/2054	5.375%	230,000	224,204	211,966
68389XCV5	ORACLE CORP	9/27/2064	5.500%	165,000	162,478	151,249
79466LAK0	SALESFORCE INC	7/15/2041	2.700%	605,000	571,092	427,299
79466LAL8	SALESFORCE INC	7/15/2051	2.900%	295,000	290,074	188,877
79466LAM6	SALESFORCE INC	7/15/2061	3.050%	190,000	189,388	117,431
12189LAC5	BURLINGTON NORTHERN SANTA FE L	3/1/2041	5.050%	100,000	119,106	94,655
12189LAK7	BURLINGTON NORTHERN SANTA FE L	9/1/2042	4.375%	155,000	180,420	134,270
12189LAU5	BURLINGTON NORTHERN SANTA FE L	9/1/2044	4.550%	130,000	154,787	113,376
12189LAW1	BURLINGTON NORTHERN SANTA FE L	4/1/2045	4.150%	375,000	414,775	308,651
12189LBH3	BURLINGTON NORTHERN SANTA FE L	6/15/2052	2.875%	270,000	270,785	168,321
12189LBK6	BURLINGTON NORTHERN SANTA FE L	4/15/2054	5.200%	40,000	39,079	37,727
12189LBL4	BURLINGTON NORTHERN SANTA FE L	3/15/2055	5.500%	240,000	238,728	236,494
12189TAZ7	BURLINGTON NORTHERN SANTA FE L	5/1/2037	6.150%	390,000	525,376	416,863
13645RBG8	CANADIAN PACIFIC RAILWAY CO	12/2/2041	3.000%	85,000	83,297	61,771

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13645RBH6	CANADIAN PACIFIC RAILWAY CO	12/2/2051	3.100%	220,000	199,003	143,273
655844CU0	NORFOLK SOUTHERN CORP	3/15/2064	5.950%	100,000	99,721	102,805
907818EM6	UNION PACIFIC CORP	10/1/2051	3.799%	713,000	755,962	532,697
907818FD5	UNION PACIFIC CORP	8/15/2039	3.550%	85,000	85,703	69,012
907818FG8	UNION PACIFIC CORP	3/20/2060	3.839%	85,000	88,911	60,776
907818FN3	UNION PACIFIC CORP	9/16/2062	2.973%	315,000	315,731	181,594
907818FY9	UNION PACIFIC CORP	2/14/2042	3.375%	75,000	74,903	57,096
907818FZ6	UNION PACIFIC CORP	2/14/2053	3.500%	235,000	216,107	165,851
907818GF9	UNION PACIFIC CORP	5/15/2053	4.950%	40,000	38,047	36,599
911312CA2	UNITED PARCEL SERVICE INC	3/3/2053	5.050%	68,000	67,645	62,439
00108WAF7	AEP TEXAS INC	10/1/2047	3.800%	750,000	795,733	540,000
00108WAK6	AEP TEXAS INC	1/15/2050	3.450%	55,000	62,190	37,027
00115AAM1	AEP TRANSMISSION CO LLC	4/1/2050	3.650%	75,000	74,973	54,260
010392FB9	ALABAMA POWER CO	3/1/2039	6.000%	100,000	135,113	104,364
02361DAR1	AMEREN ILLINOIS CO	12/1/2047	3.700%	20,000	21,807	15,079
02361DAT7	AMEREN ILLINOIS CO	3/15/2049	4.500%	710,000	818,387	600,234
02361DAZ3	AMEREN ILLINOIS CO	12/1/2052	5.900%	135,000	134,583	138,564
025537AP6	AMERICAN ELECTRIC POWER CO INC	3/1/2050	3.250%	25,000	24,957	16,081
059165ELO	BALTIMORE GAS AND ELECTRIC CO	9/15/2049	3.200%	505,000	500,814	334,265
084659AR2	BERKSHIRE HATHAWAY ENERGY CO	1/15/2049	4.450%	215,000	242,286	177,616
084659AX9	BERKSHIRE HATHAWAY ENERGY CO	10/15/2050	4.250%	55,000	44,069	43,487
084659BF7	BERKSHIRE HATHAWAY ENERGY CO	5/1/2053	4.600%	120,000	103,371	99,724
144141DB1	DUKE ENERGY PROGRESS LLC	5/15/2042	4.100%	215,000	236,216	176,908
144141DD7	DUKE ENERGY PROGRESS LLC	3/15/2043	4.100%	70,000	78,240	57,257
15189TAY3	CENTERPOINT ENERGY INC	9/1/2049	3.700%	55,000	58,752	39,164
15189XAY4	CENTERPOINT ENERGY HOUSTON ELE	3/1/2052	3.600%	155,000	152,980	110,926
202795JA9	COMMONWEALTH EDISON CO	10/1/2042	3.800%	160,000	175,069	126,363
202795JG6	COMMONWEALTH EDISON CO	11/15/2045	4.350%	130,000	147,962	109,121
202795JJ0	COMMONWEALTH EDISON CO	6/15/2046	3.650%	20,000	21,388	14,950
202795JS0	COMMONWEALTH EDISON CO	3/1/2050	3.000%	440,000	439,808	284,178

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value					
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value	Cost	Current value
209111GD9	CONSOLIDATED EDISON CO OF NEW	11/15/2052	6.150%	210,000	212,635	220,349
209111GG2	CONSOLIDATED EDISON CO OF NEW	11/15/2053	5.900%	25,000	27,839	25,366
209111GN7	CONSOLIDATED EDISON CO OF NEW	3/15/2055	5.500%	455,000	464,741	437,614
210518DH6	CONSUMERS ENERGY CO	8/1/2051	3.500%	135,000	134,468	98,396
210518DJ2	CONSUMERS ENERGY CO	5/1/2060	2.500%	175,000	163,795	96,572
210518DQ6	CONSUMERS ENERGY CO	9/1/2052	4.200%	100,000	99,929	80,690
25746UDK2	DOMINION ENERGY INC	4/15/2041	3.300%	450,000	455,586	331,686
25746UDQ9	DOMINION ENERGY INC	8/15/2052	4.850%	85,000	83,985	73,096
263901AA8	DUKE ENERGY INDIANA LLC	8/15/2038	6.350%	470,000	665,811	504,343
263901AB6	DUKE ENERGY INDIANA LLC	4/1/2039	6.450%	85,000	120,144	91,829
263901AF7	DUKE ENERGY INDIANA LLC	7/15/2043	4.900%	115,000	139,457	104,502
26441CAT2	DUKE ENERGY CORP	9/1/2046	3.750%	50,000	39,858	36,853
26441CBN4	DUKE ENERGY CORP	6/15/2051	3.500%	155,000	155,964	104,749
26441CBU8	DUKE ENERGY CORP	8/15/2052	5.000%	10,000	8,555	8,741
26442CAM6	DUKE ENERGY CAROLINAS LLC	12/15/2041	4.250%	60,000	66,947	50,917
26442CBL7	DUKE ENERGY CAROLINAS LLC	1/15/2054	5.400%	199,000	202,754	191,516
26442EAG5	DUKE ENERGY OHIO INC	2/1/2049	4.300%	140,000	174,171	112,584
26442EAK6	DUKE ENERGY OHIO INC	4/1/2053	5.650%	180,000	185,801	176,432
29364GAK9	ENTERGY CORP	6/15/2050	3.750%	295,000	337,991	209,415
29364WBD9	ENTERGY LOUISIANA LLC	3/15/2051	2.900%	105,000	101,093	64,662
29364WBJ6	ENTERGY LOUISIANA LLC	6/15/2041	3.100%	515,000	511,725	369,904
29364WBL1	ENTERGY LOUISIANA LLC	9/15/2052	4.750%	95,000	94,484	81,965
29364WBN7	ENTERGY LOUISIANA LLC	3/15/2054	5.700%	270,000	269,611	267,033
29365TAJ3	ENTERGY TEXAS INC	9/30/2049	3.550%	225,000	252,396	158,445
29365TAM6	ENTERGY TEXAS INC	9/15/2052	5.000%	145,000	144,168	129,797
29366MAC2	ENTERGY ARKANSAS LLC	6/15/2052	3.350%	215,000	230,835	144,190
30161NAQ4	EXELON CORP	6/15/2035	4.950%	420,000	477,880	397,891
341081FG7	FLORIDA POWER & LIGHT CO	6/1/2042	4.050%	450,000	498,066	371,241
341099CH0	DUKE ENERGY FLORIDA LLC	9/15/2037	6.350%	770,000	1,078,227	818,872
341099CL1	DUKE ENERGY FLORIDA LLC	6/15/2038	6.400%	100,000	142,486	107,698
373334JW2	GEORGIA POWER CO	3/15/2042	4.300%	635,000	675,394	540,461
373334KN0	GEORGIA POWER CO	1/30/2050	3.700%	35,000	36,497	25,738
45138LBF9	IDAHO POWER CO	3/1/2048	4.200%	175,000	148,872	139,071

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value	Cost	Current value
454889AV8	INDIANA MICHIGAN POWER CO	4/1/2053	5.625%	300,000	306,390	292,737
595620AW5	MIDAMERICAN ENERGY CO	8/1/2052	2.700%	220,000	214,344	133,349
59562EAH8	MIDAMERICAN ENERGY CO	10/15/2036	5.800%	45,000	59,054	46,519
605417CD4	MISSISSIPPI POWER CO	7/30/2051	3.100%	475,000	494,309	308,831
TOTAL CORPORATE BONDS					176,585,065	150,061,595
OTHER INVESTMENTS:						
MUNICIPAL BONDS						
13063A5G5	CALIFORNIA ST	4/1/2039	7.550%	885,000	1,409,440	1,046,096
91514AGU3	UNIV OF TEXAS TX UNIV REVENUES	8/15/2047	3.354%	715,000	749,967	530,880
9151375R0	UNIV OF TEXAS TX	8/15/2046	4.794%	50,000	56,957	46,859
913366EP1	UNIV OF CALIFORNIA CA RGTS MED	5/15/2048	6.548%	255,000	307,902	273,862
882722VN8	TEXAS ST	4/1/2040	4.681%	200,000	229,880	184,770
882667AZ1	TEXAS ST PRIV ACTIVITY BOND SU	12/31/2049	3.922%	190,000	190,000	150,322
796253Z21	SAN ANTONIO TX ELEC & GAS REVE	2/1/2042	4.427%	250,000	273,545	230,338
796253T93	SAN ANTONIO TX ELEC & GAS REVE	2/1/2039	5.985%	385,000	542,477	398,182
73358WJA3	PORT AUTH OF NEW YORK & NEW JE	10/1/2062	4.458%	604,000	741,008	507,354
66285WFB7	N TX TOLLWAY AUTH REVENUE	1/1/2049	6.718%	910,000	1,319,703	1,011,338
646139X83	NEW JERSEY ST TURNPIKE AUTH TU	1/1/2041	7.102%	750,000	1,098,530	837,585
54438CPA4	LOS ANGELES CA CMNTY CLG DIST	8/1/2049	6.750%	850,000	1,298,550	945,634
271014TU6	EAST BAY CA MUNI UTILITY DIST	6/1/2040	5.874%	500,000	708,820	513,535
13063BJC7	CALIFORNIA ST	11/1/2040	7.600%	255,000	425,035	303,664
072024ND0	BAY AREA CA TOLL AUTH TOLL BRI	4/1/2049	6.263%	335,000	511,827	354,062
TOTAL MUNICIPAL BONDS					9,863,641	7,334,481

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/ maturity value	Cost	Current value
FOREIGN GOVERNMENT BONDS						
168863CE6	CHILE GOVERNMENT INTERNATIONAL	6/21/2047	3.860%	65,000	51,095	48,556
168863DQ8	CHILE GOVERNMENT INTERNATIONAL	1/22/2061	3.100%	55,000	35,393	32,418
168863EA2	CHILE GOVERNMENT INTERNATIONAL	1/5/2054	5.330%	560,000	529,529	517,608
455780CE4	INDONESIA GOVERNMENT INTERNATI	1/11/2048	4.350%	67,000	76,162	56,177
455780CN4	INDONESIA GOVERNMENT INTERNATI	10/30/2049	3.700%	61,000	64,287	45,221
455780DP8	INDONESIA GOVERNMENT INTERNATI	9/20/2052	5.450%	205,000	196,842	197,595
455780DV5	INDONESIA GOVERNMENT INTERNATI	2/10/2054	5.100%	540,000	531,797	497,605
46513JB42	ISRAEL GOVERNMENT INTERNATIONALA	7/3/2050	3.875%	314,000	271,744	221,869
46513JXN6	STATE OF ISRAEL	1/15/2050	3.375%	59,000	63,069	38,260
715638EC2	PERUVIAN GOVERNMENT INTERNATIO	8/8/2054	5.875%	360,000	356,792	343,022
718286CB1	PHILIPPINE GOVERNMENT INTERNAT	2/2/2042	3.700%	120,000	147,300	94,423
718286CH8	PHILIPPINE GOVERNMENT INTERNAT	5/5/2045	2.950%	90,000	90,000	60,218
718286CP0	PHILIPPINE GOVERNMENT INTERNAT	7/6/2046	3.200%	530,000	525,490	367,407
731011AW2	REPUBLIC OF POLAND GOVERNMENT	4/4/2053	5.500%	150,000	148,155	138,618
760942BA9	URUGUAY GOVERNMENT INTERNATIONAL	6/18/2050	5.100%	445,000	496,111	407,998
91086QAZ1	MEXICO GOVERNMENT INTERNATIONALA	10/12/2010	5.750%	770,000	849,952	589,320
91087BAL4	MEXICO GOVERNMENT INTERNATIONALA	4/27/2051	5.000%	90,000	100,342	67,542
91087BAQ3	MEXICO GOVERNMENT INTERNATIONALA	8/14/2041	4.280%	278,000	267,004	203,866
91087BAV2	MEXICO GOVERNMENT INTERNATIONALA	2/9/2035	6.350%	265,000	264,025	258,839
91087BBA7	MEXICO GOVERNMENT INTERNATIONALA	5/7/2054	6.400%	565,000	561,175	505,952

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)			(d)	(e)
		Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				
Identity of issue, borrower, lessor, or similar party	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value	Cost	Current value
71567PAT7	PERUSAHAAN PENERBIT SBSN 144A	6/9/2051	3.550%	115,000	115,000	81,475
91087BAX8	MEXICO GOVERNMENT INTERNATIONAL	5/4/2053	6.338%	780,000	779,984	694,060
TOTAL FOREIGN GOVERNMENTS BONDS					6,521,248	5,468,049
FUTURES CONTRACTS						
99F217C5A	US 2YR TREAS NTS FUT (CBT)	3/31/2025		47	—	4,696
99F183C5A	US 5YR TREAS NTS FUTURE (CBT)	3/31/2025		111	—	(77,968)
99F139C5A	US 10YR TREAS NTS FUTURE (CBT)	3/20/2025		98	—	(117,841)
99F106C5A	US 10YR ULTRA FUTURE (CBT)	3/20/2025		(141)	—	216,450
99F700C5A	US ULTRA BOND (CBT)	3/20/2025		122	—	(470,877)
99F133C5A	US TREAS BD FUTURE (CBT)	3/20/2025		(186)	—	521,025
TOTAL FUTURES CONTRACTS					—	75,485
TOTAL OTHER INVESTMENTS					16,384,889	12,878,015
TOTAL INVESTMENTS					\$ 518,052,616	\$ 538,675,613

* Party-in-interest to the Plan.

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

FOR THE YEAR ENDED DECEMBER 31, 2024

(UNAUDITED)

(a)	(b)				(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				Purchase Price	Selling Price
	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value		
756109CD4	REALTY INCOME CORP	2/15/2031	3.200%	725,000	\$ (731,586)	\$ 625,882
87264ABY0	T-MOBILE USA INC	11/15/2060	3.600%	75,000	(48,671)	51,299
25470DBL2	DISCOVERY COMMUNICATIONS LLC	9/15/2055	4.000%	145,000	(94,885)	92,166
25278XAT6	DIAMONDBACK ENERGY INC	3/15/2052	4.250%	30,000	(24,860)	23,490
212015AQ4	CONTINENTAL RESOURCES INC/OK	6/1/2044	4.900%	75,000	(65,404)	65,721
64105MAD3	NESTLE CAPITAL CORP 144A	3/12/2054	5.100%	510,000	(507,532)	493,841
38239EAC6	GOODMAN US FINANCE SIX LL 144A	10/7/2034	5.125%	40,000	(39,821)	40,099
78016HZW3	ROYAL BANK OF CANADA	2/1/2034	5.150%	230,000	(229,531)	228,028
744533BR0	PUBLIC SERVICE CO OF OKLAHOMA	1/15/2035	5.200%	190,000	(189,968)	190,603
771196CM2	ROCHE HOLDINGS INC 144A	3/8/2054	5.218%	210,000	(210,000)	210,779
50222CAB6	LSEG US FIN CORP 144A	3/28/2034	5.297%	115,000	(115,000)	114,258
64110LBA3	NETFLIX INC	8/15/2054	5.400%	110,000	(109,769)	110,371
87264ADG7	T-MOBILE USA INC	1/15/2055	5.500%	25,000	(24,932)	24,572
05523RAM9	BAE SYSTEMS PLC 144A	3/26/2054	5.500%	85,000	(83,590)	84,797
17325FBG2	CITIBANK NA	4/30/2034	5.570%	190,000	(190,000)	195,651
458140CM0	INTEL CORP	2/21/2054	5.600%	40,000	(39,859)	38,547
20030NEK3	COMCAST CORP	6/1/2054	5.650%	520,000	(521,508)	528,419
745332CN4	PUGET SOUND ENERGY INC	6/15/2054	5.685%	80,000	(79,999)	80,264
25278XBA6	DIAMONDBACK ENERGY INC	4/18/2054	5.750%	200,000	(199,914)	203,733
224044CT2	COX COMMUNICATIONS INC 144A	12/15/2053	5.800%	75,000	(69,729)	70,081
25278XBB4	DIAMONDBACK ENERGY INC	4/18/2064	5.900%	130,000	(129,940)	130,546
26874RAP3	ENI SPA 144A	5/15/2054	5.950%	275,000	(271,777)	272,556
224044CV7	COX COMMUNICATIONS INC 144A	9/1/2054	5.950%	365,000	(359,058)	355,177
83007CAG7	6297782 LLC 144A	10/1/2054	6.176%	120,000	(119,988)	120,654
14448CBD5	CARRIER GLOBAL CORP	3/15/2054	6.200%	100,000	(99,835)	111,106
097023DM4	BOEING CO/THE 144A	5/1/2054	6.858%	70,000	(70,000)	70,848
097023DN2	BOEING CO/THE 144A	5/1/2064	7.008%	245,000	(255,066)	261,221
99F106L4A	US 10YR ULTRA FUTURE (CBT)	EXP DEC 24		149	—	835,667
99F133L4A	US TREAS BD FUTURE (CBT)	EXP DEC 24		245	—	1,886,094
99F139L4A	US 10YR TREAS NTS FUTURE (CBT)	EXP DEC 24		161	—	(485,824)
99F183L4A	US 5YR TREAS NTS FUTURE (CBT)	EXP DEC 24		113	—	(271,242)
99F217L4A	US 2YR TREAS NTS FUT (CBT)	EXP DEC 24		55	—	(131,887)
99F700L4A	US ULTRA BOND FUTURE (CBT)	EXP DEC 24		191	—	(1,688,680)
99F106F4A	US 10YR ULTRA FUTURE (CBT)	EXP JUN 24		107	—	162,102

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

FOR THE YEAR ENDED DECEMBER 31, 2024

(UNAUDITED)

(a)	(b)				(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value				Purchase Price	Selling Price
	Description of investment	Maturity date	Interest rate	No. of shares, or par/maturity value		
99F133F4A	US LONG BOND FUTURE (CBT)	EXP JUN 24		252	—	229,622
99F139F4A	US 10YR NOTE FUTURE (CBT)	EXP JUN 24		172	—	(229,304)
99F183F4A	US 5YR NOTE FUTURE (CBT)	EXP JUN 24		134	—	(182,007)
99F217F4A	US 2YR NOTE FUTURE (CBT)	EXP JUN 24		64	—	(114,581)
99F700F4A	US ULTRA BOND (CBT)	EXP JUN 24		19	—	(302,601)
99F106I4A	US 10YR ULTRA FUTURE (CBT)	EXP SEP 24		133	—	(526,653)
99F133I4A	US TREAS BD FUTURE (CBT)	EXP SEP 24		272	—	(1,672,342)
99F139I4A	US 10YR NOTE FUTURE (CBT)	EXP SEP 24		153	—	659,931
99F183I4A	US 5YR NOTE FUTURE (CBT)	EXP SEP 24		123	—	400,905
99F217I4A	US 2YR NOTE FUTURE (CBT)	EXP SEP 24		61	—	180,573
99F700I4A	US ULTRA BOND FUTURE (CBT)	EXP SEP 24		99	—	678,047
61747YFL4	MORGAN STANLEY	1/18/2035	VAR RT	425,000	(425,552)	427,316
83368RBY7	SOCIETE GENERALE SA 144A	1/19/2055	VAR RT	305,000	(305,000)	305,962
693475BW4	PNC FINANCIAL SERVICES GROUP I	1/22/2035	VAR RT	510,000	(511,456)	513,350
46647PEC6	JPMORGAN CHASE & CO	1/23/2035	VAR RT	330,000	(330,350)	336,682
446150BD5	HUNTINGTON BANCSHARES INC/OH	2/2/2035	VAR RT	70,000	(68,628)	69,696
00135TAE4	AIB GROUP PLC 144A	3/28/2035	VAR RT	150,000	(150,000)	157,262
61747YFR1	MORGAN STANLEY	4/19/2035	VAR RT	520,000	(520,000)	521,372
46647PEH5	JPMORGAN CHASE & CO	4/22/2035	VAR RT	500,000	(500,000)	524,031
853254DC1	STANDARD CHARTERED PLC 144A	5/14/2035	VAR RT	230,000	(230,000)	231,709
38141GA53	GOLDMAN SACHS GROUP INC/THE	10/24/2034	VAR RT	40,000	(43,802)	43,464
172967PA3	CITIGROUP INC	11/17/2033	VAR RT	160,000	(174,191)	172,495

**SOUTHERN CALIFORNIA GAS COMPANY
REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM**

Employer ID No: 95-1240705; Plan Number: 528

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF SERIES OF TRANSACTIONS IN EXCESS OF 5%
FOR THE YEAR ENDED DECEMBER 31, 2024
(UNAUDITED)

(a)	(b)	(c)	(d)	(g)	(i)
Identity of Party Involved	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
912810TV0	U S TREASURY BOND	\$ —	\$ 40,042,111	\$ 40,893,601	\$ (851,490)
912810TV0	U S TREASURY BOND	40,893,601	—	—	—
912810TX6	U S TREASURY BOND	53,007,713	—	—	—
912810TX6	U S TREASURY BOND	—	55,433,530	53,007,713	2,425,817
912810UA4	U S TREASURY BOND	—	54,220,232	56,593,651	(2,373,419)
912810UA4	U S TREASURY BOND	56,593,651	—	—	—
912810UC0	U S TREASURY BOND	44,985,526	—	—	—
996232120	JP MORGAN US TRES INC IJPM199	77,339,876	—	—	—
996232120	JP MORGAN US TRES INC IJPM199	—	73,944,345	73,944,345	—

Plan Name	SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
Plan Sponsor EIN	95-1240705
ERISA Plan #	528
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
Plan Sponsor EIN	95-1240705
ERISA Plan #	528
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
Plan Sponsor EIN	95-1240705
ERISA Plan #	528
Plan Year Ending	December 31, 2024

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Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
Plan Sponsor EIN	95-1240705
ERISA Plan #	528
Plan Year Ending	December 31, 2024

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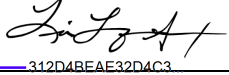
<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee 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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information
<p>1a Name of plan SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM</p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOUTHERN CALIFORNIA GAS COMPANY</p> <p>C/O SEMPRA 488 8TH AVENUE, MAILSTOP HQ04N5 SAN DIEGO CA 92101</p>	<p>1b Three-digit plan number (PN) ▶ 528</p> <p>1c Effective date of plan 01/01/1992</p> <p>2b Employer Identification Number (EIN) 95-1240705</p> <p>2c Plan Sponsor's telephone number (619) 696-2000</p> <p>2d Business code (see instructions) 221210</p>

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

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

SIGN HERE	 <small>312D48EAE32D4C3</small>	10/2/2025	Lisa Larroque Alexander
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SEMPRA P&B COMMITTEE C/O SEMPRA 488 8TH AVENUE, MAILSTOP HQ04N5 SAN DIEGO CA 92101	3b Administrator's EIN 33-0732627 3c Administrator's telephone number (619) 696-2000
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	3,498
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	3,364
c Other retired or separated participants entitled to future benefits	6c	132
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3,496
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

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

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>7</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Critical illness ins, Pld stp-loss, Hlth cre srvc pn

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

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

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

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

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

Receipt Confirmation Code _____
