

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: ROCHE POST EMPLOYMENT HEALTH CARE PLAN
1b Three-digit plan number (PN): 521
1c Effective date of plan: 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): HOFFMANN-LA ROCHE INC.
2b Employer Identification Number (EIN): 22-0994270
2c Plan Sponsor's telephone number: 650-225-1000
2d Business code (see instructions): 325410

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for ALAYNE GATTI and fields 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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7709
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	764
	6a(2)	705
	6b	6740
	6c	0
	6d	7445
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

<p>A Name of plan ROCHE POST EMPLOYMENT HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>521</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOFFMANN-LA ROCHE INC.</p>	<p>D Employer Identification Number (EIN) 22-0994270</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLANS 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	228503	726	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	887385
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.
--	--	---

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

A Name of plan ROCHE POST EMPLOYMENT HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	521
C Plan sponsor's name as shown on line 2a of Form 5500 HOFFMANN-LA ROCHE INC.	D Employer Identification Number (EIN) 22-0994270	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HORIZON BCBS OF NJ

22-0999690

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 65 99	SERVICE PROVIDER	1170938	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

OPTUM RX (UHC)

2300 MAIN STREET
IRVINE, CA 92614

(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 99	SERVICE PROVIDER	205924	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 NJ, INC.

22-1896118

(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 99	SERVICE PROVIDER	69584	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)

GRANT THRONTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	45150	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)

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	7000	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)

ALLSUP

81-5332851

(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 65 99	SERVICE PROVIDER	1400	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.	OMB No. 1210-0110 <hr/> 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 <u>ROCHE POST EMPLOYMENT HEALTH CARE PLAN</u>	B Three-digit plan number (PN)	<u>521</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOFFMANN-LA ROCHE INC.</u>	D Employer Identification Number (EIN) <u>22-0994270</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>ROCHE RETIREE WELFARE BNFTS MSTR TR</u>		
b Name of sponsor of entity listed in (a):	<u>ROCHE RETIREE WELFARE BNFTS MSTR TR</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>22-3078723-519</u>	<u>M</u>		<u>381090113</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

a Plan name	BASIC LIFE PLAN OF HOFFMANN-LAROCHE INC.	
b Name of plan sponsor	HOFFMANN-LAROCHE, INC.	c EIN-PN 22-0994270-501

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

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

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

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

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

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

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

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

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

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

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

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
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ROCHE POST EMPLOYMENT HEALTH CARE PLAN	B Three-digit plan number (PN) ► 521
C Plan sponsor's name as shown on line 2a of Form 5500 HOFFMANN-LA ROCHE INC.	D Employer Identification Number (EIN) 22-0994270

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	900000	900000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	4512068	6053867
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	356148354	381090113
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	361560422	388043980
Liabilities			
g Benefit claims payable.....	1g	1883902	2102000
h Operating payables.....	1h	220084	214555
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	979653	1079653
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3083639	3396208
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	358476783	384647772

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)	37336830	
(B) Participants.....	2a(1)(B)	9385806	
(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)		46722636
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		21959140
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		68681776

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39407967	
(2) To insurance carriers for the provision of benefits	2e(2)	887385	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		40295352
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2215435	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2215435
j Total expenses. Add all expense amounts in column (b) and enter total	2j		42510787

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26170989
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 _____.

Financial Statements and Report of
Independent Certified Public
Accountants

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

December 31, 2024 and 2023

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	6
Statement of changes in net assets available for benefits	7
Statements of plan benefit obligations	8
Statement of changes in plan benefit obligations	9
Notes to financial statements	10

GRANT THORNTON LLP

445 Broadhollow Road, Suite 300
Melville, NY 11747

D +1 631 249 6001

F +1 631 249 6144

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Roche Post-Employment Healthcare Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

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

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

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

Opinion

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

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

Basis for opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

Our audit 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.

Grant Thornton LLP

Melville, New York
October 9, 2025

Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,
(Dollars in thousands)

	2024	2023
ASSETS		
Plan interest in Roche Retiree Welfare Benefits Master Trust	\$ 381,090	\$ 356,148
Cash in noninterest-bearing account	900	900
Pharmacy rebate receivable	6,054	4,512
Total assets	388,044	361,560
LIABILITIES		
Accrued expenses	214	220
Other liabilities	1,080	980
Total liabilities	1,294	1,200
NET ASSETS AVAILABLE FOR BENEFITS	\$ 386,750	\$ 360,360

The accompanying notes are an integral part of these financial statements.

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**Year ended December 31, 2024
(Dollars in thousands)**

Additions to net assets attributed to

Net change in plan interest in Roche Retiree Welfare Benefits Master Trust	
Investment income	\$ 21,959
Contributions	
Employer	37,337
Employee	9,386
	<hr/>
Total additions	68,682

Deductions from net assets attributed to

Medical claims paid, net	7,886
Dental claims paid, net	1,013
Prescription claims paid, net	26,691
Healthcare credits	3,600
Premiums paid	887
Administrative expenses	2,215
	<hr/>
Total deductions	42,292

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 26,390

Net assets available for benefits

Beginning	<hr/> 360,360
End	<hr/> <hr/> \$ 386,750

The accompanying notes are an integral part of this financial statement.

Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

Years ended December 31,
(Dollars in thousands)

	2024	2023
Amounts currently payable for participants		
Claims and premiums payable	\$ 2,102	\$ 1,884
Total amounts currently payable	2,102	1,884
Post-retirement benefit obligation, net of amounts currently payable		
Current retirees	507,889	540,118
Other participants fully eligible for benefits	34,855	43,417
Other participants not yet fully eligible for benefits	19,268	25,555
Total post-employment benefit obligation, net of amounts currently payable	562,012	609,090
Plan benefit obligations	\$ 564,114	\$ 610,974

The accompanying notes are an integral part of these financial statements.

Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270

STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS

Year ended December 31, 2024
(Dollars in thousands)

Claims currently payable	
Balance, beginning of year	\$ 1,884
Claims reported and approved for payment, including benefits reclassified from post-retirement benefit obligations	40,295
Benefits paid, net	<u>(40,077)</u>
Balance, end of year	<u>2,102</u>
 Post-retirement benefit obligation, net of amounts currently payable	
Balance, beginning of year	609,090
Benefits earned and other changes	(24,022)
Interest due to decrease in discount period	29,340
Changes in actuarial assumptions	(12,101)
Benefits reclassified to amount currently payable	<u>(40,295)</u>
Balance, end of year	<u>562,012</u>
Plan benefit obligations, end of year	<u><u>\$ 564,114</u></u>

The accompanying notes are an integral part of this financial statement.

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS

**December 31, 2024 and 2023
(Dollars in thousands)**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Roche Post-Employment Healthcare Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a welfare benefit plan that provides medical, prescription and dental benefits covering certain retirees, surviving spouses and former employees of Hoffmann-La Roche Inc. (the Company or Plan Sponsor), and certain affiliated companies meeting the Plan's eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

On January 1, 2009, the Plan Sponsor formed the Plan to provide medical, prescription and dental benefits covering all retirees, surviving spouses and former employees meeting eligibility for the Plan under a severance plan/program sponsored by the Company. Prior to January 1, 2009, the Medical Plan of Hoffmann La-Roche Inc., and the Prescription Plan of Hoffmann-La Roche Inc., provided the aforementioned benefits to these statuses of employees. Prior to January 1, 2009, there were no dental benefits available for these statuses of employees.

The Roche U.S. Governance Committee (the Governance Committee) is responsible for all of the Plan's assets.

Eligibility

To be eligible for the benefits of the Plan, the former employee must meet one of the following criteria as of his/her employment termination date: completed 10 years of service and attained age 55 (age 50 if last date of hire was before April 1, 1985, and the former employee also qualifies for retirement benefits under the Consolidated Roche Retirement Plan for Members eligible for the prior Roche Retirement Plan provisions); or attained age 65 with five years of service. A former employee can also meet eligibility for the Plan if he or she terminates employment under a severance plan/program sponsored by the Company which contains the Rule of 65 provision (10 years of service, age plus service equals at least 65 and not otherwise eligible for retiree healthcare under the Plan).

Benefits

There are two types of medical benefits, prescription benefits and dental benefits provided by the Plan to members and their eligible dependents in accordance with the provisions of the Plan as described in the Plan's Summary Plan Description:

- Hospitalization and major medical benefits are provided under either a Preferred Provider Organization option administered by Horizon Blue Cross and Blue Shield of New Jersey, Inc., or a Health Maintenance Organization option through Kaiser Foundation Health Plan, Inc.
- Prescription benefits are administered by Optum Rx through retail, mail and specialty pharmacies. Participants pay a copay based on the therapeutic class of the drug and the Plan pays the remainder.
- Dental benefits are administered by Delta Dental of New Jersey, Inc.
- Healthcare credits, which can be used to pay for eligible healthcare expenses, are allocated to eligible retirees and their eligible spouses. The amount of credits received is based on a retiree's

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

years of service and age at retirement. Healthcare credits are allotted on an annual basis and are calculated and administered by Alight Solutions LLC.

Contributions

All employer contributions to provide medical and prescription benefits under the Plan are made by the Company at such intervals and in amounts determined by the Plan Administrator; however, the Company is not under a contractual liability to make any such contributions. Contributions include amounts necessary to pay claims, premiums and any reasonable costs for the administration of the Plan.

Participants of the Plan, as defined, who are eligible for benefits under the Plan are typically required to make contribution payments to the Plan of the partial cost of providing medical/prescription benefits and the full cost of providing dental benefits under the Plan. The required participant contribution amount is determined and communicated to participants on an annual basis.

Death Benefit Proceeds

Proceeds from insurance contracts represent death benefit payments from group life insurance contracts with Prudential Life Insurance Company of America.

Other

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided to Plan participants, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA.

In the event of termination of the Plan, the assets in the Plan shall be used first to provide medical benefits to such members and their dependents then receiving or entitled to receive such benefits under the Plan and for the payment of expenses, and any remaining assets, less any charges and expenses payable from the fund, shall be used to provide life, accident or similar benefits for members or their beneficiaries until the fund is exhausted.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investments

The fair value of the Plan's interest in the Roche Retiree Welfare Benefits Master Trust (Master Trust) is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income, less actual distributions and allocated administrative expenses.

Investments are reported at fair value. Fair value is 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. See Note 5 for a discussion of fair value measurements.

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

Purchase and sales transactions are recorded on the trade date and dividend income on the date declared. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

The State Street Bank & Trust Company, the Trustee of the Plan, under the terms of the trust agreements between the Trustee and the Plan Sponsor, administers the Master Trust on behalf of the Plan and other affiliated plans. The Trustee receives directed authority from the Plan Sponsor concerning purchases and sales of the investments in the Master Trust and executes other transactions.

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, claims payable and disclosures of contingent liabilities at the date of the financial statements and the reported amounts of income (loss), and increases and decreases during the reporting period. Actual results could differ from those estimates.

Payment of Benefits

Claim payments for hospital, medical, prescription and dental are recorded when claims are submitted to the Plan by the service providers for reimbursement. Claims paid by the service providers prior to year-end that are not reimbursed by the Plan as of year-end are recorded as claims payable (a benefit obligation, as discussed in Note 3). Rebates or refunds from service providers are accrued for if estimable, otherwise recorded when received. Rebates and refunds are recorded as an offset to claim payments. Pharmacy and medical rebates totaling \$9,244 have been netted with claims paid in the accompanying statement of changes in net assets available for benefits.

Healthcare credits

The Plan provides healthcare credits through a health reimbursement arrangement (HRA) that is funded solely through Company contributions. The HRA allows eligible participants to be reimbursed tax free for qualified medical expenses subject to a specified ceiling. Amounts remaining at the end of the year can generally be carried over to the next year. The employer is not permitted to refund any part of the balance to the retiree; and the account cannot be used for anything other than reimbursements for qualified medical expenses.

Medicare Prescription Drug, Improvement and Modernization Act of 2003

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) introduced a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree healthcare plans that provided a benefit that is at least actuarially equivalent to Medicare Part D. The guidance in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") No. 715, Accounting and Disclosure Requirements Related to the Medicare Prescription Drug, Improvement and Modernization Act of 2003, applies only to the Company and not to the Plan. At December 31, 2024 and 2023, the Plan's accumulated Plan benefit obligation does not reflect the subsidy the Company expects to receive as a result of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the trustee, actuary and professional fees. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses.

Subsequent Events

The Plan evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected and/or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are available for issuance, which was October 9, 2025, for these financial statements.

NOTE 3 - OBLIGATION FOR HOSPITALIZATION AND MAJOR MEDICAL PLANS

The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2024. Post-retirement benefits include future benefits expected to be paid to or for (a) currently retired employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate the future annual incurred claim 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 for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Retirees' claims incurred but not reported at year-end are included in the post-retirement benefit obligation.

For 2024, the healthcare cost trend rate was assumed to be approximately 6.25%, declining gradually to approximately 4.0% by 2049. The healthcare cost trend rate has a significant effect on the amounts reported. An increase of one percentage point in the assumed healthcare cost trend rate relating to the Plan would decrease the reported accumulated post-retirement benefit obligation by approximately \$618,556.

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

	2024	2023
Weighted-average discount rate	5.50%	5.70%
Mortality	PRI2012 white collar separate for employee and retiree and current surviving spouses/contingent annuitants, projected generationally with scale MP-2021	PRI2012 white collar separate for employee and retiree and current surviving spouses/contingent annuitants, projected generationally with scale MP-2021
Retirement age	50 to 70	50 to 70

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit obligation.

NOTE 4 - ASSETS HELD IN MASTER TRUST AND INFORMATION CERTIFIED BY THE TRUSTEE

The Plan's assets are held in a Master Trust which was established for the investment of assets of the Plan and several other Company-sponsored plans held by the Trustee where the assets of related benefit plans of the Company are invested on a commingled basis. Each participating welfare benefit plan has an undivided interest in the Master Trust's pooled assets and a 100% specific interest in a separate cash account and accounts payable in the Master Trust which will vary based on daily liquidity needs. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 99.89% and 99.91%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

The Plan Administrator has obtained certifications from the Trustee that certain information provided to the Plan Administrator by the Trustee related to the following investments is complete and accurate to the best of their knowledge and belief. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information related to the following investments which were certified by State Street Bank & Trust Company, the Trustee of the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024.

The following tables present the fair value of investments held in the Master Trust and the Plan's proportional share, as certified by the Trustee, as of December 31, 2024 and 2023:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets				
Investments at fair value				
Group variable life insurance policies	\$ 374,316	\$ 373,992	\$ 349,146	\$ 348,823
Short-term investment fund	7,138	7,042	7,304	7,297
Total investments	381,454	381,034	356,450	356,120
Interest receivable	57	56	28	28
Net assets of the Master Trust	<u>\$ 381,511</u>	<u>\$ 381,090</u>	<u>\$ 356,478</u>	<u>\$ 356,148</u>

TOLI Loan Asset

The Master Trust holds a Trust Owned Life Insurance (TOLI) Loan Asset account with Prudential that is used as a collateral account to offset a loan account that it holds with Prudential. The loan facility is used to finance claim payments of the plans within the Master Trust without having to regularly liquidate the investments held in order to pay such expenses. As both the loan and loan collateral account is held with Prudential, there is a legally enforceable right to offset and as such offset accounting has been applied to

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

these balances. As of December 31, 2024, the TOLI Loan Asset account and the related loan both totaled \$35,860.

During 2024, the Master Trust's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) and the changes in net assets for the Master Trust, as certified by the Trustee, are as follows:

Net appreciation in fair value	\$	2,392
Death benefit proceeds from group variable life insurance		20,970
Advisory fees		<u>(603)</u>
Net change in investment income		<u>22,759</u>
Transfers from plan level		40,956
Transfers to plan level		<u>38,608</u>
Net increase in net assets		25,033
Net assets		
Beginning of year		<u>356,478</u>
End of year	\$	<u><u>381,511</u></u>

Refer to Note 5 for a description of the valuation methodologies used.

The following table presents the net change in investment income for the Plan, as certified by the Trustee, for the Plan year ended December 31, 2024:

Net change in investment income for the Master Trust	\$	22,759
Share of change in investment income attributable to other plans		<u>800</u>
Share of net change in investment income attributable to the Plan	\$	<u><u>21,959</u></u>

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

NOTE 5 - INVESTMENTS AND FAIR VALUE MEASUREMENTS OF ASSETS HELD IN MASTER TRUST

FASB ASC 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Short-term Investment Fund

The Plan invests in a short-term investment fund, the value of which is based on readily determinable quoted market prices reported to a national exchange at the end of each day. Since this fund is not actively traded on an exchange, it is classified as a Level 2 asset in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes that its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value could result in a different fair value measurement at the reporting date.

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

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

Investments at Fair Value as of December 31, 2024				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	\$ -	\$ 7,138	\$ -	\$ 7,138
Total assets in the fair value hierarchy	\$ -	\$ 7,138	\$ -	
Investments measured at net asset value ^(a)				374,316
Total investments, at fair value				\$ 381,454

Investments at Fair Value as of December 31, 2023				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Short-term investment fund	\$ -	\$ 7,304	\$ -	\$ 7,304
Total assets in the fair value hierarchy	\$ -	\$ 7,304	\$ -	
Investments measured at net asset value ^(a)				349,146
Total investments, at fair value				\$ 356,450

^(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to line items presented in Note 4.

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023:

	<u>2024 Fair Value</u>	<u>2023 Fair Value</u>	<u>Unfunded</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Group Variable Life Insurance ⁽¹⁾	\$ 374,316	\$ 349,146	\$ -	See below	See below

⁽¹⁾ Group variable life insurance policies are valued by multiplying the number of units owned in a separate account investment option by the unit value for that option. The separate account investments are owned by The Prudential Insurance Company of America. The Trust has a contractual value that is a function of the number of units and unit value for each of these investment options in which the contracts are invested. The unit value is determined monthly based upon the accumulated values of the underlying investments. There are contractual and operational restrictions to receiving full surrender, partial surrender, or even loan proceeds. The separate account investment options generally specify an advance notice requirement for transfers, withdrawals and surrenders.

NOTE 6 - TAX STATUS

The Internal Revenue Service issued its latest determination letter dated August 27, 1992, which stated that the Master Trust qualifies as a Voluntary Employees' Beneficiary Association under Section 501(c)(9) of the Internal Revenue Code ("IRC") and is exempt from federal income taxes. In the opinion of the Company, the Master Trust remains qualified as a Voluntary Employees' Beneficiary Association under the applicable provisions of the IRC.

The Plan Sponsor's management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements as of December 31, 2024 and 2023, and for the year ended December 31, 2024. The Master Trust is subject to unrelated business income tax for investment income earned, if applicable. In 2024, the Plan did not pay any taxes from the Master Trust.

NOTE 7 - RISKS AND UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare 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.

**Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

**December 31, 2024 and 2023
(Dollars in thousands)**

NOTE 8 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As described in Notes 1, 2 and 5, the Plan has several arrangements with service providers. Transactions entered into with these service providers are considered exempt party-in-interest transactions under ERISA.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

The following is a reconciliation of net assets per the financial statements to Form 5500 as of December 31, 2024 and 2023:

	2024	2023
Net assets per the financial statements	\$ 386,750	\$ 360,360
Claims payable	(2,102)	(1,884)
Net assets per the Form 5500	\$ 384,648	\$ 358,476

The following is a reconciliation of the net increase in net assets per the financial statements to Form 5500 for the year ended December 31, 2024:

Net increase per the financial statements	\$ 26,390
Change in claims payable	(218)
Net increase per Form 5500	\$ 26,172

Roche Post-Employment Healthcare Plan
Plan No. 521, EIN: 22-0994270

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

IDENTITY OF ISSUER AND DESCRIPTION OF INVESTMENT	2024
Plan interest in Roche Retiree Welfare Benefits Master Trust	\$381,090,113