

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></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) <u>UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST</u></p> <p><u>C/O GROOM LAW GROUP, CHARTERED</u> <u>1701 PENNSYLVANIA AVE. NW</u> <u>SUITE 1200</u> <u>WASHINGTON, DC 20006</u></p>	<p>1c Effective date of plan <u>01/01/2015</u></p> <p>2b Employer Identification Number (EIN) <u>47-6377585</u></p> <p>2c Plan Sponsor's telephone number <u>248-658-0800</u></p> <p>2d Business code (see instructions) <u>336100</u></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	Filed with authorized/valid electronic signature.	10/14/2025	SUZANNE DANIELS
	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

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	2061
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	2137
	6b	0
	6c	0
	6d	2137
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST</p>	<p>D Employer Identification Number (EIN) 47-6377585</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 BLUE SHIELD OF MICHIGAN

(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
38-2069753	54291	60911	2235	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
	(c) Amount	(d) Purpose	

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

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(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) **▶ HEARING**

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		2187218
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 UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST		D Employer Identification Number (EIN) 47-6377585

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 BLUE SHIELD OF MICHIGAN

(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
38-2069753	54291	281727	816	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
	(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	

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(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		213978
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 JAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST	D Employer Identification Number (EIN) 47-6377585	

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

ACL ALTERNATIVE FUND SAC LIMITED

80-0066581

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

AMERICAN REALTY ADVISORS

33-0123114

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

BROOKFIELD FAIRFIELD US MULTI VAL F

81-4040079

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

TOWNSEND REAL ESTATE ALPHA FUND III

81-3134103

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

HAMLIN CAPITAL MANAGEMENT, LLC

52-2344187

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	620328	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUE CROSS BLUE SHIELD OF MICHIGAN

38-2069753

(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 16 23 50 62 99	NONE KNOWN	564302	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLARKSTON CAPITAL PARTNERS, LLC

83-0473650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	368944	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input 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)

REINHART PARTNERS, INC.

39-1711628

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	344500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 15 36 50 64 99	NONE KNOWN	330222	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)

EXPRESS SCRIPTS, INC.

43-1420563

(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 23 50	NONE KNOWN	281885	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)

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(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?
27 50 72	NONE KNOWN	193000	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)

COMERICA BANK

42-1741646

(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 19 21 50 72	INSTITUTIONAL TRUSTEE	121092	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PLANTE & MORAN, PLLC

33-1498605

(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 50	NONE KNOWN	115770	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	96271	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)

MILLIMAN, INC.

91-0675641

(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?
11 16 50 70	NONE KNOWN	87395	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)

SAGE ADVISORY SERVICES, LTD. CO.

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	74453	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)

MADISON INVESTMENT ADVISORS, LLC

39-1194160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	70446	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)

OREGON DENTAL SERVICE

93-0438772

(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 50	NONE KNOWN	30417	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)

SNG CONSULTING

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 48071

(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?
20 50	TRUSTEE	27124	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)

PARKER BUSINESS SOLUTIONS

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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?
20 50	TRUSTEE	21556	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)

GARY PETRONI

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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?
20 50	TRUSTEE	21556	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)

JACK MARTIN

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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?
20 50	TRUSTEE	21556	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)

GROOM LAW GROUP, CHARTERED

52-1219029

(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?
29 50	NONE KNOWN	21085	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)

TIMOTHY BRIDGES

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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?
20 50	TRUSTEE	19582	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
22 53	NONE KNOWN	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	14844	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

SMART SOURCE LLC

30-0830429

(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?
36 50	NONE KNOWN	12058	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)

ROBERT RIGGINS

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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?
20 50	TRUSTEE	6743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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
SEGAL SELECT INSURANCE SERVICES,INC	22 53	8831
(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.	
ULLICO/MARKEL 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	5013
(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.	
CHUBB 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES,INC	22 53	1000
(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.	
TRAVELERS 06-0566090	INSURANCE BROKERAGE COMMISSIONS AND FEES	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST	B Three-digit plan number (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF DAIMLER TRUCKS NORTH AMERICA WELFARE BENEFIT TRUST	D Employer Identification Number (EIN) 47-6377585	

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	10589312	5085611
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3092985	2574690
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1518636	1531884
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	43502656	34416639
(2) U.S. Government securities	1c(2)	35531638	33585046
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	62660398	64821157
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	166141397	128416309
(5) Partnership/joint venture interests	1c(5)	59908124	187408248
(6) Real estate (other than employer real property)	1c(6)	8117814	10144720
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	184450635	265668397
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	177236199	65797898

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	752749794	799450599
Liabilities			
g Benefit claims payable.....	1g	1868000	1861000
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	468191	412871
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2336191	2273871
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	750413603	797176728

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)	12066431	
(B) Participants.....	2a(1)(B)	2820181	
(C) Others (including rollovers).....	2a(1)(C)	5679874	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		20566486
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1361595	
(B) U.S. Government securities.....	2b(1)(B)	821396	
(C) Corporate debt instruments.....	2b(1)(C)	3871350	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1052909	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7107250
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3112411	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6344443	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9456854
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	168798855	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	140327266	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		28471589
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3976723	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6373034
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		75951936

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)	2396178	
(3) Other	2e(3)	23264955	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		25661133
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)	1206826	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	115770	
(5) Investment advisory and investment management fees	2i(5)	1767942	
(6) Bank or trust company trustee/custodial fees	2i(6)	121114	
(7) Actuarial fees	2i(7)	87395	
(8) Legal fees	2i(8)	21085	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	118115	
(11) Other expenses	2i(11)	89431	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3527678
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29188811

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		46763125
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: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

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		500000
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		245480518
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.)			
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 _____.

UAW Retirees of Daimler Trucks North America
Welfare Benefit Trust

Financial Report
December 31, 2024

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

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Independent Auditor's Report

To the Committee Members
UAW Retirees of Daimler Trucks North America
Welfare Benefit Trust

Opinion

We have audited the financial statements of UAW Retirees of Daimler Trucks North America Welfare Benefit Trust (the "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits and changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Trust as of December 31, 2024 and 2023 and the changes in net assets available for benefits and plan benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

As explained in Note 5, the financial statements include investments valued at approximately \$245,000,000 (31 percent of net assets) at December 31, 2024 and approximately \$232,000,000 (31 percent of net assets) at December 31, 2023, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the fund managers or general partners. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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 Trust's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

To the Committee Members
UAW Retirees of Daimler Trucks North America
Welfare Benefit Trust

Auditor's Responsibilities for the Audits of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Trust's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

To the Committee Members
UAW Retirees of Daimler Trucks North America
Welfare Benefit Trust

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

Plante & Moran, PLLC

Southfield, Michigan
October 10, 2025

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Statement of Net Assets Available for Benefits

	December 31, 2024 and 2023	
	2024	2023
Assets		
Investments at fair value:		
Money market funds	\$ 34,416,639	\$ 43,502,656
Mutual funds	265,668,397	184,450,635
Government securities	33,585,046	35,531,638
Corporate stocks	128,416,309	166,141,397
Corporate debt securities	64,821,157	62,660,398
Real estate investment trusts	10,144,720	8,117,814
Partnerships/hedge funds	187,408,248	169,792,616
Real estate funds	58,072,270	62,394,422
Total investments at fair value	782,532,786	732,591,576
Contribution receivable	2,574,690	3,092,985
Accrued income	1,531,884	1,518,636
Cash	5,085,611	10,589,312
Other assets	7,725,628	4,957,285
Total assets	799,450,599	752,749,794
Liabilities - Accrued liabilities	412,871	468,191
Net Assets Available for Benefits	\$ 799,037,728	\$ 752,281,603

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets		
Contributions:		
Retiree self-payments	\$ 2,820,181	\$ 2,674,322
Continuing DTNA contributions	12,066,431	13,247,838
Other sources	5,679,874	3,210,807
Total contributions	20,566,486	19,132,967
Investment income:		
Interest and dividends	16,564,104	18,543,602
Net realized and unrealized gains on investments	38,821,346	32,246,171
Total investment income	55,385,450	50,789,773
Total additions to net assets	75,951,936	69,922,740
Deductions from Net Assets		
Claims	23,271,955	20,162,666
Premiums	2,396,178	2,543,509
Expenses:		
Administrative and operating expenses	1,638,644	1,629,280
Investment advisory and management fees	1,889,034	1,798,687
Total deductions from net assets	29,195,811	26,134,142
Net Increase	46,756,125	43,788,598
Net Assets Available for Benefits		
Beginning of year	752,281,603	708,493,005
End of year	\$ 799,037,728	\$ 752,281,603

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Statement of Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents - Claims payable and claims incurred but not reported	\$ 1,861,000	\$ 1,868,000
Postretirement Benefit Obligation		
Current retirees	293,854,449	266,966,749
Other participants fully eligible for benefits	221,076,364	196,751,191
Other participants not fully eligible for benefits	<u>155,031,295</u>	<u>172,127,275</u>
Total postretirement benefit obligation	<u>669,962,108</u>	<u>635,845,215</u>
Total Plan Benefit Obligations	<u><u>\$ 671,823,108</u></u>	<u><u>\$ 637,713,215</u></u>

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Statement of Changes in Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance - Beginning of year	\$ 1,868,000	\$ 2,018,000
Claims, premiums, and expenses reported and approved for payment	29,188,811	25,984,142
Claims, premiums, and expenses paid	<u>(29,195,811)</u>	<u>(26,134,142)</u>
Balance - End of year	1,861,000	1,868,000
Postretirement Benefit Obligation		
Balance - Beginning of year	635,845,215	607,122,593
Increase (decrease) during the year attributable to:		
Benefits accumulated	7,703,511	8,817,205
Interest due to the decrease in the discount period	30,040,473	29,824,218
Change in actuarial assumptions	(37,246,160)	38,579,743
Benefits and expenses - Net of retiree self-payments and other sources reclassified to amounts currently payable	(20,688,756)	(20,099,013)
Actuarial experience	(2,670,753)	(28,399,531)
Change in plan design	<u>56,978,578</u>	<u>-</u>
Net increase	<u>34,116,893</u>	<u>28,722,622</u>
Balance - End of year	<u>669,962,108</u>	<u>635,845,215</u>
Total Plan Benefit Obligations at End of Year	<u>\$ 671,823,108</u>	<u>\$ 637,713,215</u>

December 31, 2024 and 2023

Note 1 - Trust Description

The following description of UAW Retirees of Daimler Trucks North America Welfare Benefit Trust (the "Trust") provides only general information. Participants should refer to the trust agreement for a more complete description of the Trust's provisions.

General and Eligibility

The Trust was established as a result of a court-approved settlement agreement between Daimler Trucks North America LLC (DTNA); the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW); and UAW Locals 10, 2406, 3520, 5285, 5286, and 5287. The agreement required DTNA to contribute \$480 million to a voluntary employee beneficiary association (VEBA) for the purpose of funding continued retiree health benefits for certain UAW retirees of DTNA who were receiving benefits under a former retiree plan at the time the settlement was approved, including their eligible spouses, dependents, and surviving spouses, and certain active UAW bargaining unit employees of DTNA who were hired or rehired prior to dates ranging from July 12, 2010 to October 10, 2010 depending on the employment location, including their eligible spouses, dependents, and surviving spouses, if they satisfy the benefit eligibility requirements of the Trust. The Trust commenced on January 1, 2015.

Contributions

Contributions to the Trust are made by both DTNA and participants. Effective January 1, 2015 and continuing until December 31, 2049, DTNA shall make quarterly contributions in an amount equal to \$2.05 per hour worked with respect to all eligible employees.

Retired participants are required to make monthly contributions based on the retiree's date of retirement and years of service in order to maintain eligibility for benefits from the Trust.

Benefits

The Trust provides health benefits (medical, hospital, surgical, dental, vision, and prescription drug) to eligible retirees, spouses, surviving spouses, and dependents.

Termination

The Trust may be terminated at any time in writing by the committee with a copy of such written instrument to be provided to the trustee. Upon termination of the Trust, the assets of the Trust shall be paid out at the direction of the committee in the following order of priority: (a) the payment of reasonable and necessary administrative expenses (including taxes); (b) the payment of benefits to participants entitled to payments for claims arising prior to such termination; and (c) at the discretion of the committee, used in accordance with Section 501(c)(9) of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA) for the benefit of such group of participants in such fashion as the committee determines. Neither DTNA, the UAW, the UAW Local Unions, nor the committee shall have any beneficial interest in the Trust. The Trust shall remain in existence until all assets have been distributed.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Trust's investments are stated at fair value. The partnerships/hedge funds and real estate funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of each fund's underlying net assets.

Note 2 - Summary of Significant Accounting Policies (Continued)

The government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. All other investments are valued based on quoted market prices reported in active markets. See Note 5 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Trust to employees' service rendered to 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 with DTNA.

The postretirement benefit obligation represents the amount that is to be funded by contributions from DTNA and participants, investment income, and existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred 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 Patient Protection and Affordable Care Act of 2010 has been reflected in the postretirement benefit obligation with respect to the anticipation of fees and surcharges effective in future calendar years. The Further Consolidated Appropriations Act, 2020 repealed the excise tax on high-cost health plans and the insured plan fees beginning in 2021 and included a 10-year extension of the Patient-Centered Outcomes Research Institute fee.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Discount rate	5.50 percent and 4.81 percent for 2024 and 2023, respectively
Mortality	For 2024 and 2023: Pri-2012 Blue Collar Employee/Annuitant Mortality Table projected with Projection Scale MP-2021 was used for participants, and Pri-2012 Blue Collar Contingent Survivor Table with Scale MP-2021 was used for current surviving spouses.
Retirement age	60 to 67 years
Increase in medical costs	<p>For measurement purposes, the prospective assumed annual rate of increase in the per capita cost of health care benefits due to factors other than changes in the composition of the population age and dependency status reflects the expectation of higher future short-term increases in health care costs recognized in 2024 and 2023.</p> <p>The annual rate of increase for 2024 was 6.10 percent for pre-Medicare costs, declining to an ultimate rate of 3.70 percent in 2074 and after. The annual rate of increase for 2024 was 7.70 percent for Medicare costs, increasing to an ultimate rate of 3.70 percent in 2074 and after.</p> <p>The annual rate of increase for 2023 was 7.10 percent for pre-Medicare costs, declining to an ultimate rate of 3.70 percent in 2074 and after. The annual rate of increase for 2023 was 11.70 percent for Medicare costs, declining to an ultimate rate of 3.70 percent in 2074 and after.</p>
Spousal election	60 percent

Other Changes

The decrease in the 2024 postretirement benefit obligation related to changes in actuarial assumptions of \$37,246,160 was the result of a change in the discount rate and the medical trend rate to better reflect anticipated plan experiences. The increase in the 2023 postretirement benefit obligation related to changes in actuarial assumptions of \$38,579,743 was the result of a change in the discount rate, the legislative impact from the Inflation Reduction Act, and a change in the medical trend rate to better reflect anticipated plan experiences. The increase in postretirement benefit obligation related to the change in plan design of \$56,978,578 for 2024 was primarily the result of expanded dental care coverage.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by 1 percentage point, this would increase the obligation by \$97,668,948 and \$99,143,095 as of December 31, 2024 and 2023, respectively.

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

Claim and Premium Payments

Claims and premiums are recorded when paid.

Claims Incurred but Not Reported

The Trust's liability for incurred but not reported (IBNR) claims is estimated by the Trust's actuary using payments made subsequent to year end in conjunction with historical trend information and payment pattern. IBNR is recorded in the accompanying statement of plan benefit obligations.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

The plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, health care costs, and participant demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. The Trust invests in various investment securities that are exposed to various risks, such as interest rate, market, and credit risks. 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 financial statements.

Drug Rebates

Prescription drug rebates and refunds due from the Trust's third-party pharmacy benefit manager are recorded when earned. Rebates and refunds due as of the financial statement date have been reported as other assets in the statement of net assets available for benefits, with the offset being netted against claims paid in the statement of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Stop Loss Coverage

The Trust has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 10, 2025, which is the date the financial statements were available to be issued.

Note 3 - Employer Group Waiver Plan (EGWP)

The Trust uses an employer group waiver plan structure. EGWP is a program approved by the Centers for Medicare & Medicaid Services (CMS) offering savings opportunities for plan sponsors that provide prescription drug benefits to their Medicare-eligible retirees. The pharmacy benefit manager contracts with CMS to offer this benefit to the plan sponsors' plans on CMS' behalf. The certified sponsoring pharmacy benefit manager receives the payments and passes the savings on to sponsored health and welfare plans. There are several key elements of the program, including a low-income subsidy, a late enrollment penalty, a low-income cost-sharing subsidy, a direct subsidy, a reinsurance (catastrophic) subsidy, and a subsidy related to the Coverage Gap Discount Program.

The Trust earned EGWP subsidies of \$5,679,874 and \$3,210,807 in 2024 and 2023, respectively, and recorded these amounts as contributions from other sources in the statement of changes in net assets available for benefits. The Trust recorded \$2,361,207 and \$813,788 at December 31, 2024 and 2023, respectively, as other assets in the statement of net assets available for benefits related to the EGWP program.

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Tax Status

The trust established under the Trust to hold the Trust's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (the "Code"), and, accordingly, the trust's net investment income is generally exempt from income taxes. The trust has obtained a favorable tax exemption letter from the Internal Revenue Service, and the plan sponsor believes that the trust continues to qualify and to operate in accordance with applicable provisions of the Code.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Trust has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Trust's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024		
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	\$ 34,416,639	\$ 34,416,639	\$ -
Mutual funds	265,668,397	265,668,397	-
Government securities	33,585,046	-	33,585,046
Corporate stocks	128,416,309	128,416,309	-
Corporate debt securities	64,821,157	-	64,821,157
Real estate investment funds	10,144,720	10,144,720	-
Total	537,052,268	<u>\$ 438,646,065</u>	<u>\$ 98,406,203</u>
Investments measured at NAV:			
Partnerships/hedge funds	187,408,248		
Real estate funds	58,072,270		
Total investments at fair value	<u>\$ 782,532,786</u>		

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2023		
	Investments (at Fair Value)	Level 1	Level 2
	Money market fund	\$ 43,502,656	\$ 43,502,656
Mutual funds	184,450,635	184,450,635	-
Government securities	35,531,638	-	35,531,638
Corporate stocks	166,141,397	166,141,397	-
Corporate debt securities	62,660,398	-	62,660,398
Real estate investment funds	8,117,814	8,117,814	-
Real estate investment funds	500,404,538	<u>\$ 402,212,502</u>	<u>\$ 98,192,036</u>
Investments measured at NAV:			
Partnerships/hedge funds	169,792,616		
Real estate funds	62,394,422		
Total investments at fair value	<u>\$ 732,591,576</u>		

Investments in Entities that Calculate Net Asset Value per Share

The Trust holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on net asset value per share (or its equivalent) of the investment company.

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2024	December 31, 2023	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Partnerships/hedge funds:					
OZ Overseas Institutional Funds (1)	\$ 37,260,539	\$ 32,656,845	\$ -	Quarterly	35 days
ACL Alternative Fund (1)	33,187,076	31,700,028	-	Monthly	1 day
Golden Tree Offshore Fund (1)	27,458,666	24,130,307	-	Quarterly	90 days
Entrust Special Opportunities Funds (2)	18,374,988	19,573,189	-	Nonredeemable	Nonredeemable
KKR Global Infrastructure (2)	23,996,647	15,976,326	5,159,213	Nonredeemable	Nonredeemable
Goldman Sachs Vintage (2)	3,550,008	25,172,136	8,027,869	Nonredeemable	Nonredeemable
Carlyle Strategic Partners IV (2)	20,316,592	20,583,785	4,362,790	Nonredeemable	Nonredeemable
Vintage VIII Offshore (2)	23,263,733	-	-	Nonredeemable	Nonredeemable
Real estate funds:					
American Core Realty Fund (3)	34,188,908	35,747,520	-	Quarterly	10 days
All other (3)	23,883,362	26,646,902	8,876,266	Nonredeemable	Nonredeemable
Total	<u>\$ 245,480,519</u>	<u>\$ 232,187,038</u>	<u>\$ 26,426,138</u>		

(1) This class represents investments in actively managed closed-end registered hedge funds that have invested primarily in publicly traded equity securities.

(2) This class represents investments in actively managed partnerships that invest primarily in common stock and other publicly traded equity securities.

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

- (3) This class represents investments in an actively managed real estate fund that invests primarily in real estate debt, including, but not limited to, commercial mortgage-backed securities and mezzanine debt and other forms of debt.

Note 6 - Reconciliation of the Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 799,037,728	\$ 752,281,603
Less claims payable and claims incurred but not reported	<u>(1,861,000)</u>	<u>(1,868,000)</u>
Net assets available for benefits per Form 5500	<u>\$ 797,176,728</u>	<u>\$ 750,413,603</u>

The following is a reconciliation of claims paid to participants per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Claims paid to participants per the financial statements	\$ 23,271,955	\$ 20,162,666
Change in claims payable and claims incurred but not reported	<u>(7,000)</u>	<u>(150,000)</u>
Claims paid to participants per Form 5500	<u>\$ 23,264,955</u>	<u>\$ 20,012,666</u>

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">482</td> </tr> </table>	5	482																
5	482																		
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">468</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: right;">468</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;">6h</td> <td style="text-align: right;"></td> </tr> </table>				6a(1)	6a(2)	0	6b	6c	468	6d	6e	0	6f	6g(1)	468	6g(2)	6h	
6a(1)	6a(2)	0																	
6b	6c	468																	
6d	6e	0																	
6f	6g(1)	468																	
6g(2)	6h																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																	
7																			

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

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

9a Plan funding arrangement (check all that apply) (1) <input 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)

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

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 47-6377585, Plan No. 501
 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Comerica Bank	FIDELITY 500 INDEX FUND-AI	\$ 50,500,000	\$ -	\$ 50,500,000	\$ 50,500,000	\$ -
Comerica Bank	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INST	53,434,445	-	53,434,445	53,434,445	-
Comerica Bank	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INST	94,915,764	-	94,915,764	94,915,764	-
Comerica Bank	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INST	-	55,675,027	55,675,027	55,675,027	-
Comerica Bank	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INST	-	39,240,736	39,240,736	39,240,736	-
Comerica Bank	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INST	-	52,306,610	52,306,610	52,306,610	-
Comerica Bank	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INST	-	39,779,035	39,779,035	39,779,035	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Comerica Bank	GOLDMAN SACHS FINANCIAL SQUARE GOVERNMENT INST: Purchases - 1121	528,805,420	-	528,805,420	528,805,420	-
	Sales - 587	-	482,323,616	482,323,616	482,323,616	-
Comerica Bank	FIDELITY 500 INDEX FUND-AI - Purchases - 5	70,488,037	-	70,488,037	70,488,037	-

There were no Category (ii) or (iv) reportable transactions during the year.

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 47-6377585, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Money market funds:		
Comerica Bank	Goldman Sachs Fin Sq Govt Inst	28,773,192	28,773,192
	US Dollar Currency	5,643,447	5,643,447
	Total money market funds	<u>\$ 34,416,639</u>	<u>\$ 34,416,639</u>
	Mutual funds:		
Comerica Bank	GMO Benchmark-Free Alloc III	52,082,744	38,126,218
	Pimco Income Fund	61,246,383	56,683,711
	Vanguard Emerging Markets Stock	20,329,981	24,322,534
	Vanguard Ftse Developed Markets	77,433,939	72,476,865
	Fidelity 500 Index Fund-Ai	70,488,037	74,059,070
	Total mutual funds	<u>\$ 281,581,085</u>	<u>\$ 265,668,397</u>
	Government securities:		
Comerica Bank	California St Univ Rev Taxable	45,000	31,172
	Federal Natl Mtg Assn 5.000	481,326	477,029
	Federal Natl Mtg Assn Gtd Mtg	123,644	105,302
	Fhlmc 3.542% 03/25/2034	437,705	379,102
	Fhlmc Pool #Sd-8382 5.00% 12/01/2053	462,871	459,255
	New Jersey St Transn Tr Fd Build	295,429	288,168
	Peru Rep Glbl Bd 5.875% 08/08/2054	14,866	14,293
	Pg&E Wildfire Recovery 5.099%	472,280	471,885
	Republica Oriental Del Uruguay	62,920	64,186
	United Mexican Sts Medium Term	145,635	118,367
	United States Treas	1,640,627	1,432,275
	United States Treas	2,627,639	2,522,433
	United States Treas	419,451	407,856
	United States Treas	363,289	341,055
	United States Treas	260,640	259,389
	United States Treas	219,802	195,259
	United States Treas	30,799	29,487
	United States Treas 0% Nts	1,485,352	1,416,525
	United States Treas 0.875% Pidi	1,432,031	1,227,285
	United States Treas 1.25% Nts	1,308,180	1,305,023

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 47-6377585, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	United States Treas 1.25% Nts	93,004	77,528
	United States Treas 1.5% Nts	669,674	672,638
	United States Treas 1.625% Nts	851,348	700,221
	United States Treas 1.75% Nts	1,200,614	1,083,612
	United States Treas 2.375% 05/15/2027	221,525	210,687
	United States Treas 2.75%	310,091	301,522
	United States Treas 4.125% Nts	320,213	319,926
	United States Treas Bds	535,254	534,191
	United States Treas Bds	507,718	463,133
	United States Treas Bds	408,758	396,829
	United States Treas Bds	95,652	91,320
	United States Treas Bds	66,938	58,296
	United States Treas Bds 0% Bds	474,729	275,770
	United States Treas Bds 02/52)	290,969	270,989
	United States Treas Bds 1.375%	85,146	58,799
	United States Treas Bds 1.75%	666,432	508,311
	United States Treas Bds 2% Bds	107,292	90,642
	United States Treas Bds 2.25%	3,640,094	3,095,700
	United States Treas Bds 2.25%	1,571,395	1,437,216
	United States Treas Bds 2.25%	657,186	613,098
	United States Treas Bds 2.75%	1,354,742	914,238
	United States Treas Bds 2.75%	341,039	310,146
	United States Treas Bds 2.875%	719,848	601,424
	United States Treas Bds 3.125%	1,106,113	802,260
	United States Treas Bds 4.25%	918,852	718,993
	United States Treas Nts	518,089	493,060
	United States Treas Nts	290,532	286,706
	United States Treas Nts	186,850	185,049
	United States Treas Sec Stripped	152,050	147,843
	United States Treas Sec Stripped	146,610	139,728
	United States Treas Sec Stripped	142,755	136,859
	United States Treas Sec Stripped	154,191	107,638
	United States Treas Us Treasury	812,285	694,586
	United States Treas Us Treasury	214,466	187,947
	United States Treasury Note	1,760,807	1,753,973
	United States Treasury Note	727,791	699,700

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 47-6377585, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	United States Treasury Note	571,737	573,055
	Us Treasury Note 0.00% 08/15/2033	1,435,070	1,403,787
	Us Treasury Note 02/15/2034	620,042	622,284
	Total government securities	\$ 37,277,381	\$ 33,585,046
Comerica Bank	Corporate stocks:		
	Aar Corp	465,112	470,079
	Abbvie Inc	1,728,222	3,924,505
	Aecom Technology Corp Delaware	799,688	796,770
	Air Lease Corp	609,922	621,909
	Alight Inc Com Com Cl A	286,211	287,104
	Antero Res Corp	297,682	340,020
	Api Group Corp Com Stk	938,149	904,322
	Arcosa Inc	960,222	920,191
	Ares Management Corporation	1,400,971	3,957,506
	Avantor Inc	581,317	577,634
	Bath Body Works Inc Com	700,293	702,900
	Beacon Roofing Supply Inc	985,541	984,412
	Berkley W R	577,486	581,338
	Boot Barn Hldgs Inc	609,543	634,000
	Broadcom Inc	884,947	5,851,178
	C H Robinson Worldwide Inc	-	-
	Chart Inds Inc	699,899	718,322
	Check Point Software Tech Adr	568,802	585,678
	Chemed Corp	880,598	899,071
	Churchill Downs Inc Com	878,214	901,529
	Clean Harbors Inc	859,029	837,019
	Cme Group Inc	2,983,625	3,822,738
	Colliers Intl Group Inc	833,361	826,290
	Concentrix Corporation Com	348,005	377,574
	Conocophillips	1,623,005	3,056,717
	Core Main Inc Cl A	508,895	513,071
	Crane Nxt, Co.	509,318	518,566
	Cummins Inc	2,031,101	3,896,302
	Dana Holding Corp	492,110	487,774
	Darden Restaurants Inc	2,615,180	2,981,066

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 47-6377585, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Eagle Materials Inc	967,099	924,856
	Eagle Materials Inc	-	-
	Expedia Inc Del	660,278	687,930
	Federal Agric Mtg Corp Cl C	581,252	573,518
	Fidelis Insurance Holdings Ltd Com	595,728	607,881
	First Amern Finl Corp	788,413	788,118
	Five9 Inc	625,191	613,054
	Fluor Corp	403,937	395,694
	Gfl Environmental Inc Sub Vtg	688,034	670,772
	Healthequity Inc	727,027	760,308
	Herc Hldgs Inc	662,185	673,825
	Home Bancshares Inc	720,240	717,150
	Home Depot Inc	1,894,269	2,920,926
	Icon Plc	679,767	697,076
	Ingersoll Rand Inc Com	475,825	459,718
	Intapp Inc Com	679,443	677,431
	International Seaways Inc	317,652	341,430
	Itt Inc	1,101,437	1,099,890
	Jazz Pharmaceuticals Plc	1,002,971	1,010,323
	Jb Hunt Transportation Services	589,989	588,948
	Johnson & Johnson	3,430,556	3,301,241
	Kadant Inc	876,434	854,195
	Kbr Inc	472,573	493,911
	Keurig Dr Pepper Inc Com	2,658,469	2,560,960
	Korn Ferry Intl New	694,615	698,512
	Lantheus Hldgs Inc	714,619	700,382
	Lithia Mtrs Inc - Cl A	603,390	599,410
	Littlefuse Inc	559,748	559,197
	Live Oak Bancshares Inc	411,284	404,320
	Moog Inc	799,536	834,405
	Morgan Stanley	2,709,552	4,028,320
	Nexstar Media Group Inc Common	548,982	546,418
	Nomad	732,857	725,836
	Northern Oil & Gas Inc Nev	408,366	410,284
	Old Rep Intl Corp	2,054,607	3,826,513
	Option Care Health Inc	601,203	608,698

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 47-6377585, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Packaging Corp Of America	661,563	645,898
	Pagerduty Inc	256,274	245,798
	Paychex Inc	2,678,254	3,728,870
	Pinterest Inc	540,315	524,117
	Post Hldgs Inc	986,647	979,663
	Procter & Gamble Co	2,280,638	3,413,186
	Prosperity Bancshares Inc	641,828	640,249
	Public Svc Enterprise Group Inc	2,853,265	4,377,173
	Pulte Homes Inc	650,298	632,165
	Reinsurance Group Of America	741,347	782,740
	Reliance Inc	588,512	589,949
	Roivant Sciences Ltd Shs	699,551	704,429
	Sensata Technologies Holding Plc	413,611	401,081
	Skechers Usa Inc Cl A	751,049	761,359
	Snap On Inc	1,555,246	3,443,685
	Ss&C Technologies Hldgs Inc	890,188	912,088
	Synnex Corp	981,073	984,683
	Talen Energy Corp Com	917,827	939,052
	Target Corp	2,009,948	2,032,161
	Technipfmc Plc	600,254	600,187
	Telephone & Data	866,282	890,987
	Tempur-Pedic Intl Inc	468,237	478,860
	Tenet Healthcare Corp	586,208	579,017
	Texas Instrs Inc	3,101,053	3,452,809
	Tidewater Inc New	357,342	395,116
	Transunion	717,162	713,682
	Travel Plus Leisure Co	687,986	691,115
	Ttm Technologies	555,140	549,574
	Ufp Industries, Inc	715,816	696,740
	Ufp Technologies Inc	418,407	422,758
	Ugi Corp	294,072	304,997
	Unilever Plc-Sponsored Adr	2,873,277	3,438,968
	United States Cellular Corp	743,743	762,801
	United Therapeutics Corp Del	788,826	778,012
	Vistra Energy Corp	1,100,457	1,133,981
	Vontier Corporation Com	793,431	781,734

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

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EIN 47-6377585, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Watsco Inc	2,421,022	3,468,401
	Weatherford International PI	776,773	796,597
	Western Alliance Common Stock	891,244	876,084
	Western Digital Corp	871,351	794,093
	Wex Inc	705,077	734,415
	Total corporate stocks	\$ 102,524,573	\$ 128,416,309
Comerica Bank	Corporate debt Securities:		
	3M Co 3.05% 04/15/2030-2030	260,580	265,872
	3M Co 3.7% 04/15/2050-2049	14,948	11,004
	Abbott Labs Nt 4.9%	144,881	107,344
	Abbvie Inc 4.25% 11/21/2049-2049	67,678	52,848
	Abbvie Inc 4.45% 05/14/2046-2045	104,294	89,254
	Abbvie Inc 4.875%	596,559	587,253
	Abbvie Inc Sr Nt 4.95% 03/15/2031	156,710	154,969
	Adobe Inc Sr 4.95% 04/04/2034	199,610	198,364
	Aep Transmission Co Llc 2.75%	24,904	15,015
	Aep Transmission Co Llc 3.65%	24,991	18,057
	Aflac Inc 3.6% 04/01/2030-2030	284,690	263,035
	Aflac Inc 4.75% 01/15/2049-2048	148,233	144,487
	Air Lease Corp 3.625%	217,771	217,438
	Air Lease Corporation 3%	72,118	72,223
	Air Lease Corporation 3.25%	51,613	46,153
	Air Products & Chemical Inc	124,830	108,491
	Alabama Pwr Co	64,511	53,325
	Alabama Pwr Co 3%	185,478	186,148
	Alabama Pwr Co 3%	131,315	89,865
	Alexandria Real Estate 3.95%	226,132	213,866
	Altria Group Inc 3.4%	104,673	96,331
	Altria Group Inc 4.5% 05/02/2043	81,392	69,369
	Amazon Com Inc 1.5%	54,939	46,658
	Amazon Com Inc 2.5%	55,158	35,796
	Amazon Com Inc 3.6% 04/13/2032	84,844	78,678
	Amazon Com Inc 3.95% 04/13/2052	155,465	145,878
	Amazon Com Inc 4.05%	107,817	74,368

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December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Amer Water Works 3.75%	181,962	144,575
	American Express Co 3.125%	59,839	58,774
	American Express Co Var 07/28/2027	265,179	262,831
	American Intl Group Inc 4.75%	69,589	61,842
	American Tower Reit 3.6%	400,420	370,147
	American Wtr Cap 5.45% 03/01/2054	89,184	86,063
	Amgen Inc 2.3% 02/25/2031-2030	184,338	157,515
	Amgen Inc 2.6% 08/19/2026-2026	187,776	183,768
	Amgen Inc 4.2% 02/22/2052-2051	14,916	11,583
	Amgen Inc 4.4% 05/01/2045-2044	262,155	207,345
	Anheuser-Busch Companies Llc / A	190,338	184,961
	Anheuser-Busch Inbev Fin Inc	99,166	94,852
	Anheuser-Busch Inbev Fin Inc	24,941	22,606
	Anthem Inc 4.85% 08/15/2054-2054	135,500	116,073
	Aon Corporation / Aon Global Hol	108,335	80,698
	Appalachian Pwr Co 3.7%	49,705	34,710
	Appalachian Pwr Co 4.5%	202,384	192,872
	Apple Inc 1.25% 08/20/2030-2030	89,781	75,210
	Apple Inc 1.65% 02/08/2031-2030	74,979	63,119
	Apple Inc 3.45% 02/09/2045	135,888	107,246
	Apple Inc 3.85% 05/04/2043	133,688	86,976
	Apple Inc 3.85% 08/04/2046	452,573	366,844
	Apple Inc 4.65% 02/23/2046-2045	34,798	32,000
	Arizona Pub Svc Co 3.35%	44,789	30,399
	At&T Inc 2.25% 02/01/2032-2031	208,439	181,878
	At&T Inc 2.75% 06/01/2031	44,928	39,144
	At&T Inc 3.5% 09/15/2053-2053	164,606	124,568
	At&T Inc 4.35% 03/01/2029-2028	79,606	78,267
	At&T Inc 4.75% 05/15/2046-2045	55,520	52,082
	Atmos Energy Corp 4.125%	178,812	166,938
	Atmos Energy Corp 4.3%	217,086	173,092
	B A T Cap Corp 5.282%	30,000	26,276
	B A T Cap Corp 5.65%	207,481	196,813
	Baker Hughes A Ge Co Llc / Baker	110,167	101,540
	Bank New York Mellon Var 07/21/2039	215,182	216,288
	Bank New York Mellon Var 10/25/2029	447,075	435,991

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

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December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Barrick North Amer Fin Llc 5.7%	36,564	44,150
	Bb&T Corp Sub Medium Term Nts Bo	362,226	328,245
	Bell Canada 4.464%	25,000	20,195
	Berkshire Hathaway 3.85%	85,954	83,273
	Berkshire Hathaway 3.85%	154,453	117,340
	Berkshire Hathaway 4.4%	190,349	163,548
	Berkshire Hathaway Energy Co	317,809	244,046
	Berkshire Hathaway Energy Co	132,086	108,286
	Bhp Billiton Fin Usa Ltd Sr Nt 5.25%33	154,233	155,758
	Bhp Finance Usa Ltd Sr Nt 5%	109,943	74,742
	Biogen Idec Inc 2.25%	109,970	95,092
	Bk Of America Corp Fr 2.299%	85,525	91,702
	Bk Of America Corp Fr 2.676%	155,183	159,673
	Bk Of America Corp Fr 3.311%	167,169	130,965
	Bk Of America Corp Fr 3.824%	472,919	436,029
	Bk Of America Corp Fr 3.875%	45,892	44,795
	Bk Of America Corp Fr 4.078%	169,531	165,994
	Bk Of America Corp Fr 4.083%	98,000	90,025
	Bk Of America Corp Fr Medium	220,407	193,003
	Boeing Co 3.95% 08/01/2059-2059	121,089	85,830
	Boeing Co 5.805% 05/01/2050-2049	29,814	23,254
	Boeing Co 5.93% 05/01/2060-2059	29,965	23,133
	Bp Cap Markets America 3.379%	205,966	148,652
	Bristol Myers Squibb Co 2.55%	145,212	83,926
	Bristol Myers Squibb Co 3.7%	172,842	160,189
	Bristol Myers Squibb Co 3.7%	144,372	105,579
	Bristol Myers Squibb Co 4.25%	94,985	72,703
	Bristol-Myers Squibb 5.2% 02/22/2034	206,314	204,744
	Broadcom Inc 4.15%	224,818	210,511
	Brown Forman Corp 4%	34,599	30,527
	Burlington Northn Santa Fe Llc	212,537	174,544
	Burlington Northn Santa Fe Llc	99,316	88,464
	Burlington Northn Santa Fe Llc	62,872	58,293
	Burlington Northn Santa Fe Llc	39,774	24,886
	Cabot Corp 5% 06/30/2032-2032	59,598	58,516
	Campbell Soup Co 3.125%	103,865	70,821

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Canadian Natl Railway Co 2.45%	39,148	23,238
	Canadian Natural Resources Fb	34,973	30,015
	Canadian Pacific Railway 3.1%	69,499	45,484
	Capital One Finl Corp Glbl Flt	303,099	330,726
	Capital One Finl Corp Glbl Flt	301,235	319,018
	Capital One Finl Corp Glbl Flt	115,807	104,932
	Caterpillar Inc 3.25%	82,675	76,364
	Caterpillar Inc 3.25%	78,308	55,265
	Caterpillar Inc Sr Nt 5.2%	39,121	34,221
	Centerpoint Energy 3.95%	148,024	142,069
	Chevron Corporation 2.236%	145,000	127,709
	Chevron U.S.A. Inc. 3.85%	44,860	44,388
	Cim Trust Cmo 2.5% 06/25/2051	121,951	103,911
	Cisco Sys Inc Sr 5.3% 02/26/2054	71,507	68,041
	Cisco Sys Inc Sr Nt 2.5%	111,863	106,599
	Citigroup Inc 1.122%	252,057	273,697
	Citigroup Inc 2.666% 01/29/2031	415,452	424,680
	Citigroup Inc 4.281%	96,727	73,444
	Citigroup Inc 4.75% 05/18/2046	80,000	70,298
	Citigroup Inc 5.875% 02/22/2033	272,173	249,920
	Citigroup Inc Nt 5.875%	174,560	153,309
	Citigroup Inc Sub Glbl Nt Var 05/25/2034	316,933	315,806
	Cleveland Clinic Fndtn 4.858%	153,294	103,904
	Cno Finl Group Inc 5.25%	420,587	372,360
	Coca Cola Co 1.65%	159,674	136,446
	Comcast Corp 1.95%	88,172	92,008
	Comcast Corp 1.95%	124,524	108,737
	Comcast Corp 3.45% 02/01/2050	74,821	51,349
	Comcast Corp 4.049%	457,493	432,118
	Comcast Corp 4.25%	240,933	202,505
	Comcast Corp 4.25% 01/15/2033	140,519	130,616
	Comcast Corp 4.6%	146,903	133,098
	Comcast Corp New 5.5% 05/15/2064	181,917	167,872
	Commonwealth Edison 3%	186,429	145,071
	Conocohillips Sr Nt 5.05% 09/15/2033	34,932	34,534
	Conocohillips Co 3.8%	114,799	83,951

UAW Retirees of Daimler Trucks North America Welfare Benefit Trust

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December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Conocophillips Co 5.95%	19,795	20,456
	Conocophillips Gtd Nt 6.5%	111,946	92,909
	Conocophillips Sr Nt	14,950	14,264
	Conocophillips Sr Nt 5.55% 03/15/2054	86,488	81,715
	Consolidated Edison Co 3.2%	55,000	35,966
	Consolidated Edison Co 3.35%	364,402	362,926
	Consolidated Edison Co 4.5%	89,910	76,275
	Consolidated Edison Co 6.15%	143,540	130,976
	Consumers Energy 4.05%	103,920	83,588
	Continental Res Inc Okla 4.9%	80,739	80,891
	Corporate Office Pptys L P 2.75%	200,086	230,486
	Costco Wholesale 1.75%	120,376	101,721
	Crown Castle Inc. 2.9%	127,092	93,901
	Crown Castle Inc. 3.3%	309,989	270,760
	Crown Castle Inc. 4.15%	4,945	3,825
	Csx Corp Nt 4.4% 03/01/2043-2042	123,829	112,427
	Cvs/Caremark Corp 4.78%	127,418	112,407
	Cvs/Caremark Corp 5.05%	117,465	98,946
	Cvs/Caremark Corp 5.125%	64,183	50,410
	Deere John Cap Corp 4.05%	410,615	408,618
	Delhaize Group Sa Cdi Repstg Sr	11,795	10,822
	Dell International L.L.C. And Em	197,578	183,158
	Dell International L.L.C. And Em	171,927	146,392
	Dignity Health 5.267% 11/01/2064	121,230	84,861
	Disney Walt Co New Medium Term	579,174	468,888
	Dollar Gen Corp New 4.125%	29,699	22,057
	Dominion Energy Inc Perp Gbl -C	152,461	107,395
	Dte Elec Co 2.25%	125,470	127,804
	Dte Elec Co 3.75%	225,320	154,299
	Dte Elec Co 5.4% 04/01/2053-2052	29,945	29,091
	Duke Energy Carolinas Llc 2.55%	113,020	99,635
	Duke Energy Carolinas Llc 3.2%	166,303	109,946
	Duke Energy Carolinas Llc 6.05%	84,934	84,070
	Duke Energy Corp 3.5%	84,941	53,975
	Duke Energy Corp 4.5%	199,440	204,815
	Duke Energy Fla Llc 3%	49,715	31,148

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	Duke Energy Fla Proj Fin Llc	917,476	673,561
	Duke Energy Progress 2.5% 08/15/2050	473,827	448,353
	Eaton Corp Ohio 4.15%	119,915	112,807
	Ebay Inc Nt 4% 07/15/2042	38,829	39,758
	Ecolab Inc 2.7% 12/15/2051	588,523	589,921
	Ecolab Inc 4.8% 03/24/2030-2029	16,453	15,019
	Elevance Health Inc 2.25%	19,925	17,375
	Elevance Health Inc 4.375%	119,812	96,725
	Eli Lilly & Co Sr 5.05% 08/14/2054	94,642	87,999
	Eli Lilly 5.00% 02/09/2054	49,716	45,951
	Emerson Electric 2.8%	180,820	117,359
	Enable Midstream Partners Lp	149,760	149,735
	Energy Transfer Partners L P	130,431	141,483
	Energy Transfer Partners L P Sr	139,694	140,840
	Entergy 2.8% 06/15/2030-2030	49,609	44,538
	Entergy Arkansas Llc 3.35%	24,845	16,744
	Entergy La Llc 2.9%	4,988	3,074
	Entergy La Llc 5.7% 03/15/2054	58,988	59,290
	Entergy Tex Inc 3.55%	33,653	21,096
	Enterprise Prods 4.95% 02/15/2035	9,940	9,678
	Enterprise Prods Oper Llc 3.3%	19,834	13,147
	Enterprise Prods Oper Llc 4.85%	127,669	125,126
	Enterprise Prods Oper Llc 6.125%	349,528	336,921
	Eog Resources Inc 4.95%	4,971	4,446
	Equinor Asa 3.7% Snr Pidi Nts	49,633	37,021
	Essential Utilities Inc 3.351%	20,000	13,146
	Eversource Energy 3.45%	150,518	105,932
	Exelon Corp 4.7% 04/15/2050-2049	14,983	12,657
	Extra Space Storage 3.875% 12/15/2027	405,156	425,160
	Exxon Mobil Corporation 3.043%	205,632	206,699
	Exxon Mobil Corporation 3.452%	20,000	14,020
	Exxon Mobil Corporation 4.114%	516,835	405,555
	Exxon Mobil Corporation 4.114%	198,838	158,166
	Exxon Mobil Corporation 4.114%	123,146	93,278
	Facebook Inc 3.5%	152,595	156,413
	Fedex Corp 4.55% 04/01/2046-2045	49,781	41,649

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	Fedex Corp 5.25% 05/15/2050-2049	117,971	77,764
	Flagstar Mortgage Trust	129,280	109,879
	Florida Pwr & Lt Co Sr Gbl FI	650,970	538,906
	Florida Pwr & Lt Co Sr Gbl FI	80,236	57,294
	Florida Pwr & Lt Co Sr Gbl FI	40,645	33,259
	Fmc Corp - New 4.5%	19,990	15,228
	Fmc Corp Nt 5.65% 05/18/2033	64,990	64,297
	Gallagher Arthur J & Co Sr Gbl Nt	44,719	43,206
	General Dynamics Corp 3.625%	113,789	108,584
	General Elec Cap Corp 4.91157%	103,349	109,193
	General Motors Co 4% 04/01/2025	59,290	59,853
	General Mtrs Finl Co Inc 3.6%	202,462	210,836
	Georgia Pwr Co 4.3% 03/15/2043	523,318	474,018
	Gilead Sciences Inc 3.5%	141,530	139,810
	Gilead Sciences Inc 4.6%	25,226	23,593
	Goldman Sachs Group Inc 1.431%	52,658	57,601
	Goldman Sachs Group Inc 2.64%	627,622	643,788
	Goldman Sachs Group Inc 2.65%	636,379	641,530
	Goldman Sachs Group Inc 3.814%	180,219	168,313
	Goldman Sachs Group Inc 6.75%	203,190	198,054
	Goldman Sachs Group Inc 6.75%	206,970	181,995
	Goldman Sachs Group Inc Snr Nts	203,503	193,111
	Gs Mortgage-Backed Securities	178,913	152,649
	Harley Davidson Inc 3.5%	100,738	99,021
	Hasbro Inc 3.5% 09/15/2027-2027	29,962	28,911
	Hca Inc 5.5% 06/15/2047-2046	183,235	140,738
	Hca Inc. Sr Nt 6.00% 04/01/2054	64,625	61,920
	Hcp Inc Sr Nt 6.75%	128,065	91,954
	Health Care Reit Nt 6.5%	65,036	58,820
	Healthcare Tr Amer Hldgs Lp	62,029	63,153
	Hewlett Packard 5.60% 10/15/2054	53,947	51,772
	Hewlett Packard Enterprise Co	238,576	197,186
	Home Depot Inc 1.875%	109,305	90,872
	Home Depot Inc 3.125%	29,845	30,125
	Home Depot Inc 3.35%	72,392	62,744
	Home Depot Inc 3.35%	9,886	6,972

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	Home Depot Inc Sr Gbl 4.95% 06/25/2034	19,809	19,730
	Home Depot Inc Sr Nt 5.95%	96,011	94,494
	Honeywell 1.75% 09/01/2031-2031	406,398	409,845
	Honeywell 1.95% 06/01/2030-2030	166,631	151,097
	Humana Inc Sr Nt 5.75% 04/15/2054	59,969	55,606
	Ibm Corp 1.7% 05/15/2027-2027	109,797	102,720
	Idaho 3.65% 03/01/2045-2044	381,050	301,705
	Indiana Michigan Power 4.55%	34,880	29,602
	Ingersoll Rand Inc 5.7% 06/15/2054	19,918	19,626
	Intel Corp 3.9% 03/25/2030-2029	144,703	135,851
	Interstate P & L Co 6.25%	102,184	84,534
	Jefferies Group Inc 6.25%	24,374	25,685
	Jeffries Financial Group Inc	26,916	29,529
	Johnson & Johnson 2.45%	349,689	342,171
	Johnson & Johnson 3.55%	177,520	144,083
	Johnson & Johnson 3.7%	157,479	122,532
	Johnson Ctls Intl Plc Sr Nt	33,881	33,775
	Jpmorgan Chase & Co 1.953%	287,724	319,115
	Jpmorgan Chase & Co 2.525%	213,573	202,680
	Jpmorgan Chase & Co 3.109%	65,000	43,022
	Jpmorgan Chase & Co 3.882%	273,209	268,755
	Jpmorgan Chase & Co 3.964%	227,806	175,932
	Jpmorgan Chase & Co 4.005%	316,089	319,948
	Jpmorgan Chase & Co 4.26%	105,000	86,937
	Jpmorgan Chase & Co 5.5%	598,082	520,385
	Jpmorgan Chase & Co 6.4%	57,379	49,116
	Jpmorgan Chase & Co Sr 0.00% 04/24/2034	315,258	314,780
	Kellogg Co 4.5% 04/01/2046	59,402	50,521
	Kentucky Utils Co 3.3%	19,902	13,467
	Keurig Dr Pepper Inc 3.8%	9,945	7,357
	Keurig Dr Pepper Inc 4.5%	89,195	73,989
	Kimberly Clark Corp 3.1%	54,958	50,842
	Kimberly Clark Corp 5.3%	527,072	403,170
	Kimco 4.45% 09/01/2047-2047	162,838	117,846
	Kimco 4.6% 02/01/2033	199,729	204,663
	Kla-Tencor Corp 5.65%	29,975	30,854

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Form 5500, Schedule H, Line 4i

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Lam Resh Corp 1.9%	134,555	115,717
	Lear Corp 3.55% 01/15/2052-2051	69,892	45,885
	Lear Corp 3.8% 09/15/2027-2027	14,894	14,560
	Lilly Eli & Co 4.7%	14,968	14,702
	Lincoln Natl Corp 4.35%	34,987	27,167
	Lockheed Martin 1.85%	104,769	90,000
	Lockheed Martin 3.8%	9,141	7,882
	Lockheed Martin 4.5%	44,156	42,189
	Louisville Gas & Elec Co 3.3%	209,495	194,038
	Lowe's Companies Inc 3.1%	110,905	111,174
	Lowe's Companies Inc 3.7%	104,416	77,688
	Lowe's Companies Inc 4.5%	49,250	44,150
	Lowe's Companies Inc 5.625%	149,138	144,149
	Lyb International Finance Iii LI	34,471	26,212
	Marsh & McLennan 4.35%	19,873	16,705
	Massachusetts Inst Technology	35,000	20,102
	Mastercard Inc 3.35%	98,756	88,776
	Mastercard Inc 3.85%	19,915	15,476
	Medtronic Inc 4.375% 03/15/2035	159,559	122,013
	Merck & Co Inc 2.75%	84,245	66,666
	Merck & Co Inc 2.75%	159,752	159,696
	Merck & Co Inc 3.7%	137,020	100,675
	Meta Platforms Inc	71,889	79,980
	Meta Platforms Inc 5.4% 08/15/2054	75,005	72,628
	Metlife Inc 4.05% 03/01/2045	36,411	24,014
	Metlife Inc 4.721% 12/15/2044	47,139	39,730
	Metlife Inc 5.7% 06/15/2035	260,340	195,510
	Metlife Inc Sr Nt 5.875%	294,316	254,144
	Microsoft Corp 2.4%	239,868	218,250
	Microsoft Corp 2.525%	28,397	15,385
	Microsoft Corp 2.675%	268,591	153,446
	Microsoft Corp 2.7%	78,630	79,834
	Microsoft Corp 2.921%	151,818	99,095
	Midamerican Energy Co 4.8%	498,164	359,152
	Molson Coors Brewing Co 4.2%	69,550	55,878
	Mondelez Intl Inc 2.75%	61,338	51,878

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	Moody'S Corporation 3.1%	60,379	56,632
	Moody'S Corporation 5.25%	45,748	42,606
	Morgan Stanley 1.928%	30,000	24,538
	Morgan Stanley 3.217%	15,000	11,090
	Morgan Stanley 4.35% 09/08/2026	81,402	79,383
	Morgan Stanley 4.375% 01/22/2047	19,864	16,702
	Morgan Stanley 4.457%	85,000	76,088
	Morgan Stanley Fr 4.3%	33,816	28,850
	Mplx Lp 4.7% 04/15/2048-2047	109,283	90,133
	Mplx Lp 5.2% 03/01/2047-2046	14,896	13,317
	Mylan N V 3.95% 06/15/2026-2026	201,607	186,983
	Mylan N V 5.25% 06/15/2046-2045	169,451	147,347
	National Rural Utils 4.8% 02/05/2027	205,260	205,619
	National Rural Utils Coop Fin	201,746	141,430
	National Rural Utils Coop Fin	114,662	105,123
	Netflix Inc. Sr Nt 5.4% 08/15/2054	14,969	14,590
	Nextera Energy Cap Hldgs Inc	29,985	27,534
	Nike Inc Snr Pidi Nts 27/03/2050	39,865	28,170
	Norfolk Southern Corp 3.15%	259,006	266,046
	Norfolk Southern Corp 4.1%	119,291	93,420
	Norfolk Southn Corp Sr 5.55% 03/15/2034	154,117	153,003
	Northern States Power Co 4.125%	495,839	406,971
	Northern Trust Corp 6.125%	100,532	105,493
	Northrop Grumman Corp 5.25%	114,365	98,324
	Novartis Cap Corp 4%	44,113	36,926
	Nvidia Corp 3.5% 04/01/2050-2049	44,475	33,439
	Nvidia Corp 3.5% 04/01/2050-2049	130,066	96,602
	Nyu Hosps Ctr 4.368%	147,982	102,251
	Omnicom Group 4.2%	9,962	9,607
	Oncor Elec Delivery Co Llc 3.7%	372,778	336,571
	Oneok Inc 4.5% 03/15/2050-2049	34,948	27,465
	Oneok Inc 6.35% 01/15/2031-2030	64,784	68,335
	Oracle Corporation 2.95%	658,029	568,707
	Oracle Corporation 3.6%	88,957	73,564
	Oracle Corporation 3.6%	194,325	136,619
	Oracle Corporation 4.125%	18,741	15,804

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	Oracle Corporation 4.3%	39,983	36,770
	Oracle Corporation 5.375%	124,955	105,911
	Pacificorp 3.3% 03/15/2051-2050	54,547	35,703
	Peco Energy 5.95% 10/01/2036	675,559	554,862
	Pepsico Inc 1.625%	96,768	89,594
	Pepsico Inc 2.75%	582,386	436,506
	Pepsico Inc 4.45%	138,688	103,706
	Pfizer Inc 1.7% 05/28/2030-2030	94,705	80,948
	Pfizer Inc 2.7% 05/28/2050-2049	141,765	98,438
	Pfizer Invt Enterprises Sr Glbl Nt 6	33,186	32,128
	Philip Morris Intl Inc 2.1%	173,920	151,288
	Philip Morris Intl Inc 4.25%	90,606	81,861
	Philip Morris Intl Inc 5.375%	60,888	60,116
	Phillips 66 Co.	73,860	71,721
	Piedmont Natural Gas Corp - Ny	156,728	157,903
	Pnc Finl Svcs Group Inc 2.55%	766,800	799,236
	Pnc Finl Svcs Group Var 05/14/2030	312,080	314,371
	President & Fellows Harvard Coll	30,000	18,119
	Primerica Inc 2.8%	152,338	154,044
	Procter & Gamble Co 3%	124,700	115,240
	Progressive Corp 3.7% 03/15/2052	598,592	472,845
	Prudential Financial Inc 6.625%	567,007	498,653
	Prudential Finl Inc Jr Sb Glbl	144,968	129,564
	Prudential Finl Inc Jr Sb Glbl	67,757	64,073
	Psmc Trust Cmo 2.5% 05/25/2051	110,362	94,838
	Public Service Elec & Gas 2.25%	466,405	481,065
	Public Service Elec & Gas 2.7%	44,816	27,437
	Public Svc Co Colorado 1St Mtg	549,742	433,409
	Puget Sound Energy Inc 2.893%	100,456	70,227
	Qualcomm Inc 4.5%	39,128	33,528
	Raymond James Finl Inc 4.95%	237,075	188,490
	Realty Income Corp Sr 3.4% 01/15/2030	301,698	278,892
	Reinsurance Group 5.75% 09/15/2034	104,691	105,826
	Rio Tinto 2.75% 11/02/2051-2051	142,307	134,171
	Rio Tinto Gtd Nt 5.2% 11/02/2040	95,809	91,433
	Roper Technologies Inc 3.8%	231,652	221,481

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	Royal Bank Of Canada	54,364	55,212
	Rtx Corporation	119,846	104,370
	Rtx Corporation	114,957	94,079
	Rtx Corporation	29,912	29,748
	Rtx Corporation Sr 5.75% 01/15/2029	252,795	250,854
	Sabine Pass Liquefaction Llc	307,880	312,948
	San Diego 1St Mtg Bd Ser LII	38,673	31,743
	San Diego 5.35% 04/01/2053-2052	59,369	56,457
	Schwab Charles Corp Var 05/19/2034	265,156	262,487
	Selective Insurance Group Inc	183,746	163,766
	Sempra Energy 3.4%	235,411	214,124
	Sempra Energy 4% 02/01/2048-2047	259,534	200,361
	Shell Fin Us Inc 3.25% 04/06/2050	58,670	40,426
	Shell Fin Us Inc Sr 3.75% 09/12/2046	24,884	18,793
	Shell Intl Fin B V 3.25%	124,544	124,454
	Shell Intl Fin B V Us822582At91	113,299	93,451
	Simon Ppty Group Lp Sr 6.65% 01/15/2054	91,927	102,398
	Snap On Inc 3.1% 05/01/2050-2049	39,545	26,471
	Southern Cal Edison 3.65%	114,470	107,142
	Southern Cal Edison 4.125%	66,059	54,466
	Southern Cal Edison 4.5%	146,880	122,465
	Southern Calif Gas 5.6% 04/01/2054	29,805	29,320
	Southern Calif Gas Co 5.2% 06/01/2033	34,932	34,822
	Southern Co Sr 2021C FI Nt23	374,670	352,580
	Southwest Gas Corp 3.18%	59,989	37,891
	Southwestern 3.15%	49,569	32,383
	Southwestern Elec 3.25%	113,316	82,310
	Stanford University 1.289%	80,000	73,706
	Starbucks Corp 2.55%	159,560	140,214
	State Str Corp Sr Glbl Var 03/30/2031	143,181	146,582
	Steel Dynamics Inc 3.25%	9,633	6,567
	Suncor Energy Inc New 3.75%	150,377	108,640
	Sunoco Logistics Partners Operat	59,087	67,437
	Sysco 6.6% 04/01/2050-2049	201,617	167,711
	T Mobile Usa Inc 5.25% 06/15/2055	114,748	104,437
	Tampa Electric 2.4%	34,886	29,920

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	Target Corp 2.95%	542,358	382,410
	Target Corp 2.95%	64,231	57,362
	Target Corp 3.375%	44,006	37,965
	Tennessee Valley Auth 4.25%	24,717	20,362
	Teva Pharmaceutical Fin Neth Iii	44,625	32,351
	Teva Pharmaceutical Fin Neth Iii	24,934	24,023
	Texas Instrs Inc 4.15%	622,273	464,721
	The Toronto-Dominion Bank 4.693%	474,627	478,934
	Time Warner Cable Inc Deb 5.875%	62,611	58,162
	T-Mobile Usa Inc 2.25%	201,069	213,682
	T-Mobile Usa Inc 3.75%	106,379	107,466
	T-Mobile Usa Inc 5.05%	88,577	88,127
	Totalenergies Cap	55,000	52,713
	Toyota Mtr Cr Corp 4.35% 10/08/2027	180,241	178,740
	Toyota Mtr Cr Corp Fr .8%	44,947	43,358
	Toyota Mtr Cr Corp Fr 3.375%	112,490	101,903
	Toyota Mtr Cr Corp Fr 4.55%	123,474	124,989
	Travelers Cos Inc 2.55%	63,879	44,203
	Travelers Cos Inc 3.05%	464,238	440,039
	Travelers Cos Inc Sr Nt 4%	39,826	31,622
	Truist Financial Corporation	517,280	520,620
	Truist Finl Corp Var 10/30/2029	420,422	422,374
	Tucson Elec Pwr Co 4%	34,698	26,407
	Tyson Foods Inc 4.55%	24,854	20,516
	Tyson Foods Inc 5.15%	36,437	31,934
	Union Elec Co 3.9%	29,926	22,974
	Union Pacific 3.6%	14,442	12,587
	United Parcel Service 4.875%	54,982	54,348
	United Parcel Service 5.3%	240,458	219,754
	United Parcel Service 5.3%	44,738	42,995
	Unitedhealth 4.8% 01/15/2030	101,000	99,491
	Unitedhealth Group Inc 2%	173,525	150,840
	Unitedhealth Group Inc 4.45%	49,795	41,183
	Unitedhealth Group Inc 4.75%	123,336	111,384
	Unitedhealth Group Inc 4.75%	91,959	83,702
	Unitedhealth Group Inc 5.8%	143,983	113,484

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	Us Bancorp 4.653%	790,693	802,785
	Valero Energy Corp 6.625%	130,991	99,649
	Verizon Commns Inc 1.75%	64,704	53,563
	Verizon Commns Inc 2.85%	14,964	10,372
	Verizon Commns Inc 3.7%	116,519	71,197
	Verizon Commns Inc 4%	5,000	3,795
	Verizon Commns Inc 4.862%	25,986	17,843
	Virginia Elec & Pwr Co 2.95%	207,366	133,865
	Visa Inc 2% 08/15/2050-2050	371,276	229,169
	Visa Inc 4.3% 12/14/2045-2045	19,967	17,118
	Vodafone Group Plc 4.25%	29,887	23,277
	Vulcan Matls Co Sr Nt	29,833	29,122
	Wal-Mart Stores Inc 1.8%	39,858	33,388
	Wal-Mart Stores Inc 2.65%	39,278	34,009
	Wal-Mart Stores Inc 4.5%	79,774	78,505
	Walt Disney Co 4.7%	14,897	13,310
	Wells Fargo & Co Sr Nt 2.393%	597,252	546,261
	Wells Fargo & Co Sr Nt 2.572%	239,740	207,242
	Wells Fargo & Co Vr 4.4%	94,890	76,282
	Wells Fargo & Co Vr 4.9%	352,868	299,001
	Wells Fargo Mortgage Backed Secu	136,838	116,676
	Wesleyan Univ Conn 4.781%	77,502	72,887
	Westlake Chemical Corp 3.125%	43,767	27,994
	Weyerhaeuser Co 4%	63,873	48,998
	Whirlpool Corp 4.5%	59,521	46,313
	Whirlpool Corp 4.6%	9,856	7,549
	Williams Partners L P New 4%	38,398	44,767
	Williams Partners L P New 5.1%	37,545	26,937
	Willis Group N America 4.65%	114,783	114,725
	Wisconsin Nt Dtd 06/01/1998 6.5%	568,118	477,952
	Wisconsin Pwr & Lt Co 3.65%	9,987	7,154
	Wyeth 5.95% 04/01/2037	122,626	114,835
	Xcel Energy Inc 3.5%	106,528	75,705
	Xcel Energy Inc 3.5%	19,915	13,765
	Total corporate debt securities	\$ 73,158,587	\$ 64,821,157

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Comerica Bank	Real Estate Investment Trusts:		
	Agree Realty Corp	495,646	492,727
	Extra Space Storage Inc	2,830,886	2,710,154
	Lamar Advertising Co New - A	1,782,160	3,113,501
	Ryman Hospitality Pptys Inc	1,604,263	1,446,674
	Simon Property Group Inc	2,509,882	2,381,664
	Total real estate investment trusts	<u>\$ 9,222,836</u>	<u>\$ 10,144,720</u>
Comerica Bank	Partnerships/hedge funds:		
	ACL Alternative Fund Sac Limited	24,821,871	33,187,076
	Carlyle Strategic Partners IV LP	16,719,710	20,316,592
	Entrust Special Opportunities	11,190,109	9,651,235
	Entrust Special Opportunities	9,810,664	8,723,753
	Goldentree Select Offshore, Ltd	21,010,738	27,458,666
	Goldman Sachs Vintage IX	2,331,662	3,550,008
	Kkr Global Infrastructure	16,110,054	23,996,647
	Oz Overseas Institutional Fund	12,500,000	24,192,368
	Oz Overseas Institutional Fund	8,000,000	8,388,597
	Oz Overseas Institutional Fund	4,000,000	4,679,573
	Vintage VIII Offshore	10,823,149	23,263,733
	Total Partnerships/hedge funds	<u>\$ 137,317,957</u>	<u>\$ 187,408,248</u>
Comerica Bank	Real estate funds:		
	American Core Realty Fund	35,035,788	34,188,908
	Brookfield Fairfield Multi	6,877,889	9,761,005
	Townsend Real Estate Alpha Fund	11,344,748	14,122,357
	Total real estate funds	<u>\$ 53,258,425</u>	<u>\$ 58,072,270</u>
	Total	<u>\$ 728,757,483</u>	<u>\$ 782,532,786</u>