

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1936
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) UL LLC 333 PFINGSTEN RD NORTHBROOK, IL 60062-2002
2b Employer Identification Number (EIN) 94-3282454
2c Plan Sponsor's telephone number 847-272-8800
2d Business code (see instructions) 541380

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

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

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

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

Form 5500 (2024) v. 240311

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 _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UL LLC</u>	D Employer Identification Number (EIN) <u>94-3282454</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>215601321</u>
	b Actuarial value	2b	<u>224169203</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>676</u>	<u>129919317</u>
	b For terminated vested participants	<u>579</u>	<u>44246498</u>
	c For active participants	<u>739</u>	<u>136878237</u>
	d Total	<u>1994</u>	<u>309802003</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>6071083</u>
	b Expected plan-related expenses	6b	<u>2200000</u>
	c Target normal cost	6c	<u>8271083</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>10/01/2025</u> Date
	<u>ERIN R SABO</u> Type or print name of actuary	<u>23-06742</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>847-295-5000</u> Telephone number (including area code)
	<u>MSC# 17510 AON, PO BOX 551343 ATLANTA, GA 30355</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	10032712
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	10032712
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.49</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1661
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		224
	c Total available at beginning of current plan year to add to prefunding balance		1885
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	72.06 %
15	Adjusted funding target attainment percentage	15	72.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	70.67 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.31 %

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	4214862	0					
07/15/2024	4214862	0					
10/15/2024	3400000	0					
01/07/2025	3940000	0					
09/04/2025	25920000	0					
			Totals ▶	18(b)	41689724	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	39116397

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 8271083
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	86874849		9197036	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 17468119
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement				0
36 Additional cash requirement (line 34 minus line 35)				36 17468119
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 39116397
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 21648278
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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 THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UL LLC	D Employer Identification Number (EIN) 94-3282454	

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

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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)

AON CONSULTING INC

36-2235791

(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 14 50	NONE	470299	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)

FIDUCIENT ADVISORS LLC

36-4001764

(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 51	NONE	171263	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)

INCOME RESEARCH AND MANAGMENT INC

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	93573	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)

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	76497	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)

HOOD RIVER CAPITAL MANAGEMENT

46-1294859

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	70515	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)

MACQUARIE INV MANAGEMENT ADVISERS

23-2859590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	26545	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)

STATE STREET GLOBAL ADVISORS

ONE LINCOLN STREET
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	8736	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)

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 29 50	NONE	6929	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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UL LLC</u>	D Employer Identification Number (EIN) <u>94-3282454</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P 500 FLAGSHIP SECURITIES FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47646000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UL LLC	D Employer Identification Number (EIN) 94-3282454

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7000000	29860000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1932000	3000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2042000	1342000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21411000	0
(5) Partnership/joint venture interests	1c(5)	57018000	72383000
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	47646000
(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)	74155000	100350000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	52330000	10138000

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	215888000	261722000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	163000	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	163000	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	215725000	261722000

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)	41690000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		41690000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	78000	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	34000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2444000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2478000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	135988000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	125980000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		10008000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-451000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-451000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6873000
(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)		2636000
c Other income	2c		214000
d Total income. Add all income amounts in column (b) and enter total	2d		63526000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15350000	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15350000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	76000	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	371000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	470000	
(8) Legal fees	2i(8)	7000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1255000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2179000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17529000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		45997000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 564798.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UL LLC</u>	D Employer Identification Number (EIN) <u>94-3282454</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1347393

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 57.0 % Private Equity: 27.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 11.0 %
 High-Yield Debt: 4.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Financial Statements and Report of
Independent Certified Public
Accountants

**The Retirement Income Plan for
Employees of UL LLC**

December 31, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
The Retirement Income Plan for Employees of UL LLC

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

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

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

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

Opinion

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

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

Other matter - supplemental schedules required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from

the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Grant Thornton LLP

Chicago, Illinois
October 13, 2025

The Retirement Income Plan for Employees of UL LLC
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,
(Dollars in thousands)

	2024	2023
ASSETS		
Investments, at fair value	\$ 231,859	\$ 206,956
Receivables		
Employer contributions	6,360	7,000
Other receivables	3	1,932
Total receivables	6,363	8,932
Total assets	238,222	215,888
LIABILITIES		
Payables for securities purchased	-	163
NET ASSETS AVAILABLE FOR BENEFITS	\$ 238,222	\$ 215,725

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

The Retirement Income Plan for Employees of UL LLC

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**Years ended December 31,
(Dollars in thousands)**

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 2,770	\$ 2,754
Net appreciation in fair value of investments	19,066	24,103
Net investment income	21,836	26,857
Employer contribution	18,190	7,300
Deductions		
Benefits paid to participants	15,350	27,017
Administrative expenses	2,179	2,777
Total deductions	17,529	29,794
NET INCREASE	22,497	4,363
Net assets available for benefits at beginning of year	215,725	211,362
Net assets available for benefits at end of year	\$ 238,222	\$ 215,725

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

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A - PLAN DESCRIPTION

The following description of The Retirement Income Plan for Employees of UL (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit pension plan that is frozen to new entrants and covers a fixed group of employees of UL (the Company). The Total Rewards Team of the Company oversees and manages the Plan's operation and administration. Principal Bank serves as the Plan's trustee and together with several investment managers, manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective December 31, 2001, the Plan was amended so that any individual hired on or after January 1, 2002 will not be allowed to participate in the Plan. In addition, existing participants were given the option of remaining in the Plan or transferring into the Company's defined contribution plan beginning January 1, 2002, and having their current benefits in the Plan frozen for accumulated service as of December 31, 2001.

Effective October 1, 2022, employees of Underwriters Laboratories Standards & Engagement Inc. or Underwriters Laboratories, Inc. were no longer eligible employees under the Plan, and accrued benefits of participants were frozen as of this date.

Pension Benefits

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. Benefit service starts accumulating once a Plan participant becomes eligible. Participants will accumulate one year of benefit service for each calendar year in which they receive credit for at least 2,080 hours of service (2,002 hours of service per year for years before 2007).

The benefit calculation uses average monthly compensation and the number of years of benefit service. Average monthly compensation, up to the covered compensation level determined by the Internal Revenue Service (IRS), is multiplied by 1.4% and the number of years of benefit service, up to a maximum of 35 years. In addition, eligible participants will receive a benefit calculated as the average monthly compensation in excess of the covered compensation multiplied by 1.9% and the number of years of benefit service, up to a maximum of 35 years.

Pension benefits are provided to participants under several types of retirement options based on years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, as well as in a lump-sum payment option.

Expenses

Administrative expenses of the Plan are paid by either the Plan or the Plan's sponsor, as provided in the Plan document. Administrative expenses include administration and trustee fees. Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate.

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). See Note D for further discussion and disclosures of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought, sold and held during the year.

The net appreciation (depreciation) in the fair value of investments consists of the realized gains or losses and the unrealized appreciation on those investments. The net realized gain or loss on investments is the difference between the proceeds received and the costs of investments sold determined on an average cost basis. Unrealized appreciation (depreciation) on the fair value of investments is the difference between the fair value at year-end and the fair value at the beginning of the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE C - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

NOTE D - FAIR VALUE MEASUREMENTS

The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 are as follows:

- Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Unobservable inputs for the asset or liability. Level 3 inputs include management's own assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

Inputs are used in applying various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics and other factors. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input significant to the fair value measurement.

The following leveling tables provide information on the fair value of the Plan's investments as defined by FASB ASC 820 as of December 31, 2024 and 2023, as defined above (dollars in thousands):

	2024			Total
	Level 1	Level 2	Level 3	
Interest-bearing cash	1,342	-	-	1,342
Mutual funds	100,350	-	-	100,350
Total assets in fair value hierarchy	<u>\$ 101,692</u>	<u>\$ -</u>	<u>\$ -</u>	101,692
Investments measured at NAV as a practical expedient				<u>130,167</u>
Total investments, at fair value				<u>\$ 231,859</u>

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

	2023			Total
	Level 1	Level 2	Level 3	
Other securities	\$ -	\$ 51	\$ -	\$ 51
Interest-bearing cash	2,042	-	-	2,042
Mutual funds	74,155	-	-	74,155
Common stock	21,411	-	-	21,411
Total assets in fair value hierarchy	<u>\$ 97,608</u>	<u>\$ 51</u>	<u>\$ -</u>	97,659
Investments measured at NAV as a practical expedient				<u>109,297</u>
Total investments, at fair value				<u>\$ 206,956</u>

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

Interest-bearing cash - Interest bearing cash represents cash deposits held at financial institutions. Cash equivalents include short-term highly liquid investments of sufficient credit quality that are readily convertible to known amounts of cash and have original maturities of three months or less. Cash equivalents are carried at cost, plus accrued interest, which approximates fair value. Cash and cash equivalents are held at major financial institutions and are subject to credit risk to the extent those balances exceed applicable Federal Deposit Insurance Corporation (FDIC) or Security Investor Protection Corporation (SIPC) limitations.

Common Stock and Mutual Funds - Valued at the Net asset value (NAV) of the shares held by the Plan at year-end, which is obtained from an active market.

Collective Trust - Valued at NAV, is used as a practical expedient to estimate fair value, as determined by the investment manager. The collective investment funds invest in short-term U.S. government securities, corporate debt securities and certain alternative investments such as hedge funds. The NAV is based on the fair value of the underlying investments held by the private investment less its liabilities. There are no redemption restrictions.

Partnerships and Joint Venture/Hedge Funds - This category includes hedge funds and certain real estate funds where the fair value is estimated, based on NAV, as practical expedient, based on the underlying investments in the funds or by appraisal. The hedge funds are invested in equities with various strategies. Hedge funds and real estate funds may be redeemed quarterly. The hedge funds may be subject to a six-month lockup period. There are no unfunded commitments. The valuation methods described above may produce a fair value calculation that may not indicate net realizable value or reflect future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE E - INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments, at fair value, other receivables and payables for securities purchased, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2024.

NOTE F - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected payment date. The effect of the Plan's amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of the Plan's accumulated plan benefits as of December 31, 2023 is as follows (dollars in thousands):

Vested benefits	
Participants and/or beneficiaries currently receiving benefits	\$ 116,640
Other participants	<u>155,466</u>
Total vested benefits	272,106
Non-vested benefits	<u>1,369</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 273,475</u>

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023 are as follows (dollars in thousands):

Actuarial present value of accumulated plan benefits, January 1, 2023	\$ 265,036
Increase (decrease) during the year attributable to:	
Interest accumulated	19,639
Benefits paid	(27,017)
Assumption changes	12,208
Other changes	3,609
	<hr/>
Actuarial present value of accumulated plan benefits, December 31, 2023	\$ <u>273,475</u>

The significant actuarial assumptions used in the December 31, 2023 and 2022 valuations were as follows:

2023 mortality	<p>Healthy - Base table: Amounts weighted rates from the Pri-2012 mortality study with white collar adjustments Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021</p> <p>Disabled - Base table: Amounts-weighted disabled retiree rates from Pri-2012 mortality study Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021</p>
2022 mortality	<p>Healthy - Base table: Aggregate 2012 base rates from the RP-2014 mortality study Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021</p> <p>Disabled -Base table: 2012 disabled base rates from the RP-2014 mortality study Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021</p>

Probabilities of retirement by age as of December 31, 2023 and 2022:

<u>Age (Years)</u>	<u>Percentage</u>	<u>Age (Years)</u>	<u>Percentage</u>
55	3%	63	10%
56	3%	64	20%
57	3%	65	30%
58	3%	66	40%
59	3%	67	25%
60	3%	68	25%
61	10%	69	25%
62	10%	70+	100%

Investment return - 6.9% and 7.8% as of December 31, 2023 and 2022, respectively.

Participants are 100% vested in accrued benefit after completion of five years of service.

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE G - INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated December 8, 2015, that the Plan and its related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken. Therefore, the Plan has not recognized a liability or disclosure related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE H - PLAN TERMINATION

Although it has not expressed any such intent, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan terminates, the Plan's net assets will be allocated for payment of the Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. In general, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions; however, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Should the Plan terminate, all participants will receive their benefits depending on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

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

Certain Plan investments are managed by Principal Bank, Trustee of the Plan; therefore, these transactions qualify as party-in-interest.

The Retirement Income Plan for Employees of UL LLC

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE J - RISKS AND UNCERTAINTIES

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

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 is as follows:

Net assets available for benefit per the financial statements	\$ 238,222
Add: Discretionary Employer contributions made after December 31, 2024	<u>23,500</u>
Net assets per Form 5500	<u><u>\$ 261,722</u></u>

For the year ended December 31, 2024, the following is a reconciliation of Employer contributions per the financial statements to the Form 5500:

Employer contributions per the financial statements	\$ 18,190
Add: Discretionary Employer contributions made after December 31, 2024	<u>23,500</u>
Employer contributions per Form 5500	<u><u>\$ 41,690</u></u>

NOTE L - SUBSEQUENT EVENTS

Plan management has evaluated the Plan's December 31, 2024 financial statements for subsequent events through October 13, 2025, the date the financial statements were available to be issued.

On September 15, 2025, the Company announced that the Plan will be frozen effective December 31, 2025. Following this date, participants will no longer accrue additional benefit service, and compensation earned thereafter will not be included in the calculation of pension benefits.

No other material events were identified requiring disclosure.

SUPPLEMENTAL SCHEDULES

The Retirement Income Plan for Employees of UL LLC

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 94-3282454, PLAN #: 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Allspring 100% Treasury	INTEREST-BEARING CASH	\$ 1,342	\$ 1,342
	Allblue Limited Class A	PARTNERSHIPS AND JOINT VENTURES	7	14
	Alpstone Global Macro Fund	PARTNERSHIPS AND JOINT VENTURES	2,796	2,851
	Anchorage Capital Partners	PARTNERSHIPS AND JOINT VENTURES	597	988
	BIL, Ltd. Class Y - Series A-22	PARTNERSHIPS AND JOINT VENTURES	1,853	3,136
	Davidson Kempner International	PARTNERSHIPS AND JOINT VENTURES	1,742	2,581
	IR&M Intermediate Fund	PARTNERSHIPS AND JOINT VENTURES	39,741	44,086
	Marshall Wace Funds PLC	PARTNERSHIPS AND JOINT VENTURES	1,958	2,907
	Midocean Credit Opportunity	PARTNERSHIPS AND JOINT VENTURES	145	123
	Senator Global Opportunity Offshore	PARTNERSHIPS AND JOINT VENTURES	426	823
	Southpoint Qualified Offshore Fund	PARTNERSHIPS AND JOINT VENTURES	2,171	4,007
	TA Realty Core Property Fund	PARTNERSHIPS AND JOINT VENTURES	6,304	5,181
	TCIM Offshore Fund Ltd.	PARTNERSHIPS AND JOINT VENTURES	2,000	2,469
	Whitebox Multi-Strategy Fund Ltd	PARTNERSHIPS AND JOINT VENTURES	1,539	3,217
		Total Partnerships and Joint Ventures	61,279	72,383
	SSGA S&P 500 Flagship Securities	COLLECTIVE TRUST	19,719	47,646
	Atlas Enhanced Fund Ltd	HEDGE FUNDS	2,900	3,422
	Laurion Capital Ltd.	HEDGE FUNDS	2,600	2,540
	Oasis Investments II	HEDGE FUNDS	2,610	4,176
		Total Hedge Funds	8,110	10,138
	Arga Emerging Markets Value Fund	MUTUAL FUNDS	6,238	6,532
	Blackrock Strategic Income	MUTUAL FUNDS	14,908	14,481
	Cohen & Steers US Realty Fund Class	MUTUAL FUNDS	2,080	2,256
	Dodge & Cox Global Bond Fund #1050	MUTUAL FUNDS	4,794	4,800
	Dodge & Cox International Stock Fund	MUTUAL FUNDS	11,040	13,237
	DWS RREEF Real Assets Fund Class R6	MUTUAL FUNDS	8,510	8,130
	Europacific Growth Fund Class R6	MUTUAL FUNDS	13,234	13,416
	Federated Hermes Institutional High	MUTUAL FUNDS	5,166	4,990
	Fidelity Inflation Protected Bond	MUTUAL FUNDS	2,346	2,285
	Fidelity Mid Cap Index Fund	MUTUAL FUNDS	10,662	11,783
	GQG Partners Emerging Markets Equity	MUTUAL FUNDS	6,775	6,798
	Hood River Small-Cap Growth Fund	MUTUAL FUNDS	5,891	5,801
	Hotchkis & Wiley Small Cap	MUTUAL FUNDS	5,624	5,841
		Total Mutual Funds	97,268	100,350
		Total investments	<u>\$ 187,718</u>	<u>\$ 231,859</u>

The Retirement Income Plan for Employees of UL LLC

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

EMPLOYER ID NO: 94-3282454, PLAN #: 001

Identity of Party Involved/ Description of Asset	Purchases		Sales			
	No. of Transactions	Purchase Price	No. of Transactions	Selling Price	Cost of Asset	Net Gain
Series transactions						
ALLSPRING 100% TREASURY						
MONEY MARKET INSTITUTIONAL	287	\$ 97,771,303	221	\$ 98,471,587	\$ 98,471,587	\$ -

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					1	9				
45-49						93 \$135,993	26 \$133,887			
50-54						59 \$126,378	86 \$141,068	27 \$111,137		
55-59						42 \$121,434	39 \$127,038	95 \$146,418	31 \$133,176	
60-64				1		25 \$105,649	21 \$138,807	47 \$127,653	74 \$147,655	15
65-69						9	5	6	10	15
70+						1		1		1

N-739

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	
Minimum Funding Target Normal Cost	4.00% for 2024, 3.00% for 2025+
Maximum Tax Expected Benefit Increase	4.00% for 2024, 3.00% for 2025+
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year
Optional Payment Form Election Percentage	25% life annuity 75% lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 75% of males and 55% of females have an eligible spouse, and that males are two years older than their spouses
Valuation Compensation	Annualized pay rate rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.80%, limited to 5.74%
2024 Plan Year	6.90%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	\$2,200,000. Based on the prior year's administrative expenses (including current year PBGC premiums) rounded to the nearest \$100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	10.00%
62	10.00%
63	10.00%
64	20.00%
65	30.00%
66	40.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
16	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
17	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
18	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
19	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
20	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
21	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
22	15.03%	15.03%	15.03%	15.03%	15.03%	15.03%
23	14.22%	14.22%	14.22%	14.22%	14.22%	14.22%
24	13.59%	13.59%	13.59%	13.59%	13.59%	13.59%
25	12.87%	12.87%	12.87%	12.87%	12.87%	12.87%
26	12.24%	12.24%	12.24%	12.24%	12.24%	12.24%
27	11.52%	11.52%	11.52%	11.52%	11.52%	11.52%
28	11.43%	10.89%	10.89%	10.89%	10.89%	10.89%
29	11.43%	10.71%	10.35%	10.35%	10.35%	10.35%
30	11.43%	10.71%	9.90%	9.72%	9.72%	9.72%
31	11.43%	10.71%	9.90%	9.18%	9.18%	9.18%
32	11.43%	10.71%	9.90%	9.18%	8.64%	8.64%
33	11.43%	10.71%	9.90%	9.18%	8.55%	8.10%
34	11.43%	10.71%	9.90%	9.18%	8.55%	7.65%
35	11.43%	10.71%	9.90%	9.18%	8.55%	7.11%
36	11.43%	10.71%	9.90%	9.18%	8.55%	6.66%
37	11.43%	10.71%	9.90%	9.18%	8.55%	6.21%
38	11.43%	10.71%	9.90%	9.18%	8.55%	5.85%
39	11.43%	10.71%	9.90%	9.18%	8.55%	5.40%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Table 2 continued

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
40	11.43%	10.71%	9.90%	9.18%	8.55%	5.04%
41	11.43%	10.71%	9.90%	9.18%	8.55%	4.68%
42	11.43%	10.71%	9.90%	9.18%	8.55%	4.41%
43	11.43%	10.71%	9.90%	9.18%	8.55%	4.05%
44	11.43%	10.71%	9.90%	9.18%	8.55%	3.78%
45	11.43%	10.71%	9.90%	9.18%	8.55%	3.51%
46	11.43%	10.71%	9.90%	9.18%	8.55%	3.24%
47	11.43%	10.71%	9.90%	9.18%	8.55%	3.06%
48	11.43%	10.71%	9.90%	9.18%	8.55%	2.79%
49	11.43%	10.71%	9.90%	9.18%	8.55%	2.61%
50	11.43%	10.71%	9.90%	9.18%	8.55%	2.43%
51	11.43%	10.71%	9.90%	9.18%	8.55%	2.34%
52	11.43%	10.71%	9.90%	9.18%	8.55%	2.16%
53	11.43%	10.71%	9.90%	9.18%	8.55%	2.07%
54	11.43%	10.71%	9.90%	9.18%	8.55%	1.98%
55+	11.43%	10.71%	9.90%	9.18%	8.55%	1.98%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 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 THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL LLC</p>	<p>1b Three-digit plan number (PN) ▶ 001</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)</p> <p>UL LLC</p> <p>333 PFINGSTEN RD</p> <p>NORTHBROOK IL 60062-2002</p>	<p>1c Effective date of plan 01/01/1936</p> <p>2b Employer Identification Number (EIN) 94-3282454</p> <p>2c Plan Sponsor's telephone number 847-272-8800</p> <p>2d Business code (see instructions) 541380</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	<i>Michael Wesclitz</i>	10/14/2025	MICHAEL WESCLITZ
	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 UL LLC c Plan Name RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL	4b EIN 94-3282454
	4d PN 001

5 Total number of participants at the beginning of the plan year	5		1,994
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)		739
a(2) Total number of active participants at the end of the plan year	6a(2)		679
b Retired or separated participants receiving benefits	6b		636
c Other retired or separated participants entitled to future benefits	6c		563
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		1,878
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		100
f Total. Add lines 6d and 6e	6f		1,978
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h		0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7		
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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 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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **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 _____

The Retirement Income Plan for Employees of UL LLC

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

EMPLOYER ID NO: 94-3282454, PLAN #: 001

Identity of Party Involved/ Description of Asset	Purchases		Sales			
	No. of Transactions	Purchase Price	No. of Transactions	Selling Price	Cost of Asset	Net Gain
Series transactions						
ALLSPRING 100% TREASURY						
MONEY MARKET INSTITUTIONAL	287	\$ 97,771,303	221	\$ 98,471,587	\$ 98,471,587	\$ -

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT INCOME PLAN FOR EMPLOYEES OF UL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UL LLC	D Employer Identification Number (EIN) 94-3282454	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	215,601,321
	b Actuarial value	2b	224,169,203
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	676	129,919,317
	b For terminated vested participants	579	44,246,498
	c For active participants	739	135,636,188
	d Total	1,994	309,802,003
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.12%
6	Target normal cost		
	a Present value of current plan year accruals	6a	6,071,083
	b Expected plan-related expenses	6b	2,200,000
	c Target normal cost	6c	8,271,083

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	ERIN R SABO	10/01/2025
	Signature of actuary	Date
	ERIN R SABO	2306742
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	847-295-5000
	Firm name	Telephone number (including area code)
	MSC# 17510 Aon, PO Box 551343 Atlanta GA 30355	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	8,271,083	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	86,874,849	9,197,036	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	17,468,119	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	17,468,119	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	39,116,397	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21,648,278	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Schedule SB, line 15 – Reconciliation of Differences
 Between Valuation Results and Amounts Used to Calculate
 AFTAP

The 2024 AFTAP for the UL LLC Retirement Income Plan was originally issued on September 27, 2024. The 2024 AFTAP was reissued on December 20, 2024 to reflect audited asset information. The inputs used in each certification are outlined below:

	Certification Date	
	9/27/2024	12/20/2024
Funding Target	\$311,044,052	\$311,044,052
Value of Plan Assets	224,064,274	224,169,203
Funding Standard Carryover Balance	0	0
Prefunding Balance	0	0
Annuities Purchased for NHCE's	0	0
Securities Posted	0	0
Certified AFTAP	72.03%	72.06%

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Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.12%	Interest Adjusted Contribution
April 11, 2024	\$ 4,214,862	101	\$ 4,157,183
July 15, 2024	4,214,862	196	4,103,651
October 15, 2024	3,400,000	288	3,269,001
January 7, 2025	3,940,000	372	3,745,022
September 4, 2025	<u>25,920,000</u>	612	<u>23,841,540</u>
Total Contribution	\$ 41,689,724		\$ 39,116,397

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Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	3.00%	0.8587	1.56
61.5	10.00%	0.8330	5.12
62.5	10.00%	0.7497	4.69
63.5	10.00%	0.6747	4.28
64.5	20.00%	0.6072	7.83
65.5	30.00%	0.4858	9.55
66.5	40.00%	0.3401	9.05
67.5	25.00%	0.2040	3.44
68.5	25.00%	0.1530	2.62
69.5	25.00%	0.1148	1.99
70	100.00%	0.0861	6.03
		Weighted Average	64.27

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Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	
Minimum Funding Target Normal Cost	4.00% for 2024, 3.00% for 2025+
Maximum Tax Expected Benefit Increase	4.00% for 2024, 3.00% for 2025+
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year
Optional Payment Form Election Percentage	25% life annuity 75% lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

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Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 75% of males and 55% of females have an eligible spouse, and that males are two years older than their spouses
Valuation Compensation	Annualized pay rate rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.80%, limited to 5.74%
2024 Plan Year	6.90%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	\$2,200,000. Based on the prior year's administrative expenses (including current year PBGC premiums) rounded to the nearest \$100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

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Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	10.00%
62	10.00%
63	10.00%
64	20.00%
65	30.00%
66	40.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

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Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
16	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
17	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
18	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
19	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
20	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
21	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%
22	15.03%	15.03%	15.03%	15.03%	15.03%	15.03%
23	14.22%	14.22%	14.22%	14.22%	14.22%	14.22%
24	13.59%	13.59%	13.59%	13.59%	13.59%	13.59%
25	12.87%	12.87%	12.87%	12.87%	12.87%	12.87%
26	12.24%	12.24%	12.24%	12.24%	12.24%	12.24%
27	11.52%	11.52%	11.52%	11.52%	11.52%	11.52%
28	11.43%	10.89%	10.89%	10.89%	10.89%	10.89%
29	11.43%	10.71%	10.35%	10.35%	10.35%	10.35%
30	11.43%	10.71%	9.90%	9.72%	9.72%	9.72%
31	11.43%	10.71%	9.90%	9.18%	9.18%	9.18%
32	11.43%	10.71%	9.90%	9.18%	8.64%	8.64%
33	11.43%	10.71%	9.90%	9.18%	8.55%	8.10%
34	11.43%	10.71%	9.90%	9.18%	8.55%	7.65%
35	11.43%	10.71%	9.90%	9.18%	8.55%	7.11%
36	11.43%	10.71%	9.90%	9.18%	8.55%	6.66%
37	11.43%	10.71%	9.90%	9.18%	8.55%	6.21%
38	11.43%	10.71%	9.90%	9.18%	8.55%	5.85%
39	11.43%	10.71%	9.90%	9.18%	8.55%	5.40%

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Table 2 continued

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
40	11.43%	10.71%	9.90%	9.18%	8.55%	5.04%
41	11.43%	10.71%	9.90%	9.18%	8.55%	4.68%
42	11.43%	10.71%	9.90%	9.18%	8.55%	4.41%
43	11.43%	10.71%	9.90%	9.18%	8.55%	4.05%
44	11.43%	10.71%	9.90%	9.18%	8.55%	3.78%
45	11.43%	10.71%	9.90%	9.18%	8.55%	3.51%
46	11.43%	10.71%	9.90%	9.18%	8.55%	3.24%
47	11.43%	10.71%	9.90%	9.18%	8.55%	3.06%
48	11.43%	10.71%	9.90%	9.18%	8.55%	2.79%
49	11.43%	10.71%	9.90%	9.18%	8.55%	2.61%
50	11.43%	10.71%	9.90%	9.18%	8.55%	2.43%
51	11.43%	10.71%	9.90%	9.18%	8.55%	2.34%
52	11.43%	10.71%	9.90%	9.18%	8.55%	2.16%
53	11.43%	10.71%	9.90%	9.18%	8.55%	2.07%
54	11.43%	10.71%	9.90%	9.18%	8.55%	1.98%
55+	11.43%	10.71%	9.90%	9.18%	8.55%	1.98%

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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V — Summary of Plan Provisions

History of Plan

The original plan, effective January 1, 1936, was embodied in Group Annuity Contract No. AC204, issued by Equitable Life Assurance Society of the United States. Effective November 1, 1972, the plan was amended and restated. The following amendments were incorporated into the restated plan: (1) To provide for transfer of certain employer and employee contributions made under the prior plan to the employer's Thrift Plan Trust; (2) To transfer the remaining funds from a combination deferred annuity and deposit administration type of funding to an Immediate Participation Guarantee contract; (3) To revise eligibility requirements for participation in the plan; (4) To increase basic retirement benefits for members having more than 15 but fewer than 20 years of credited service; (5) To amend the plan's Social Security offset for members who were not members in the prior plan; (6) To liberalize eligibility for spouse's benefits and to add a surviving dependent's benefit where there was no surviving spouse; (7) To add other optional forms of payment of retirement benefits; and (8) To make administrative, technical, and conforming changes to give effect to the foregoing changes.

Effective January 1, 1976, the plan was amended in compliance with the Employee Retirement Income Security Act of 1974 (ERISA). The major changes were as follows: (1) Employees hired after age 60 were excluded from the plan; (2) Vesting became 100% after 10 years of service; (3) Early retirement eligibility was reduced to age 55 with 10 years of service; (4) Eligibility to participate in the plan was reduced to age 25 with one year of service; (5) An alternative benefit formula was added; (6) Eligibility for the spouse's or dependent's benefit was reduced to age 55 with 10 years of service; (7) Certain other changes were made to conform with ERISA.

Effective December 31, 1976, the plan was amended to increase benefits for previously retired employees.

Effective January 1, 1978, the early retirement reduction in the spouse's and dependent's benefit calculation was removed.

Effective December 1, 1979, retirees and beneficiaries who were receiving a benefit prior to January 1, 1979, were granted a benefit increase.

Effective December 1, 1981, retirees and beneficiaries who had a calculated retirement benefit (including those who were still active but no longer accruing service) were granted a benefit increase.

Effective January 1, 1984, the plan was amended to provide for a subsidized post-retirement 50% joint and survivor annuity, and the definition of average monthly earnings was changed from a five-year average to a three-year average.

Effective January 1, 1985, the plan was amended to comply with the requirements of the Retirement Equity Act. This included liberalizing the eligibility requirements for participation to age 21 with one year of service and extending death benefit coverage to all vested participants. An additional normal retirement benefit formula was introduced to reflect the longer accrual period from age 21 to normal retirement. The cost of providing the death benefit coverage is subsidized by the plan. Also effective January 1, 1985, retirees and beneficiaries who were receiving a benefit prior to January 1, 1984, were granted a benefit increase.

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Effective January 1, 1988, the plan was amended to comply with the requirements of the Omnibus Budget Reconciliation Act (OBRA). This provided that active participants currently age 65 or older must continue to accrue pension credits until they retire. In addition, participants hired on or after age 60 became eligible to participate in the retirement plan. Also, effective January 1, 1988, retirees and beneficiaries who were receiving a benefit prior to January 1, 1987 were granted a benefit increase.

Effective January 1, 1990, the plan was amended to comply with the Tax Reform Act of 1986. This provided 100% vesting of a participant's retirement benefit after attaining five years of vesting service. In addition, the \$200,000 compensation limit was adopted such that any amount of average monthly pay in excess of this amount is not considered in determining a participant's retirement benefit. The plan formula was changed to comply with the Tax Reform Act of 1986 to be:

1.4% of average monthly earning up to the participant's covered compensation level

plus

1.9% of average monthly earning in excess of the participant's covered compensation level
for each year of service up to 35 years.

In addition, the early retirement benefit was modified such that the retirement benefit will be reduced by 7/12% for each month the benefit is payable prior to the participant's Social Security normal retirement age for 60 months and then 4/12% for each month thereafter.

Effective January 1, 1993, retirees and beneficiaries who were receiving a benefit prior to January 1, 1992 were granted a benefit increase.

Effective December 31, 1999, retirees and beneficiaries who were receiving a benefit prior to January 1, 1999 were granted a benefit increase.

Effective January 1, 2002, newly hired employees will be covered by UL's Financial Security plan instead of the Retirement Income plan. Employees hired prior to January 1, 2002 were given a choice between (Choice 1) continuing to earn benefit service and credit for future pay increases under this plan or (Choice 2) stopping benefit service accruals under this plan (but continuing to receive credit for future pay increases for up to 35 years of benefit service) and entering the Financial Security plan.

Effective October 1, 2022 benefits in this plan were frozen for a group on Not For Profit employees.

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Plan Provisions

Effective Date	Original plan, January 1, 1936.
Plan Year	Calendar year.
Coverage	All employees who have attained age 21 and completed one year of service, who were hired prior to January 1, 2002.
Normal Retirement	
Eligibility	Age 65 and five years of vesting service.
Benefit	The normal retirement benefit is 1.4% of average monthly earnings up to the participant's covered compensation plus 1.9% of average monthly earnings in excess of the participant's covered compensation for each year of benefit service to a maximum of 35 years.
Early Retirement	
Eligibility	Age 55 with five years of vesting service.
Benefit	<p>A monthly benefit computed in the same way as the normal retirement benefit, based on benefit service to the date of early retirement, and reduced for early payment.</p> <p>The reduction is 7/12% for each month prior to the participant's Social Security normal retirement age for the first 60 months and then 4/12% for each month thereafter.</p>
Disability	
Eligibility	Five years of vesting service.
Benefit	A monthly benefit computed in the same way as the early retirement benefit based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early retirement.
Vested Termination	
Eligibility	Five years of vesting service.
Benefit	A monthly benefit, computed in the same way as the early retirement benefit, based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early retirement. Choice 2 participants may commence a benefit at any date after termination.

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Preretirement Death

Eligibility Five years of vesting service.

Benefit

Actives

A monthly benefit is payable for the life of the spouse in the event of a participant's death, with the benefit commencing at the later of age 55 or date of death. The benefit is 50% of the member's accrued benefit unreduced for early commencement between normal retirement age and age 55 and reduced for commencement earlier than when the participant would have reached age 55. If no spouse survives the member, the benefit is payable to his dependents as long as they are eligible for a child's insurance benefit under the Social Security Act on the basis of the earnings of the deceased member.

Terminated Vesteds

50% of the member's accrued benefit is payable to the member's spouse for life. The benefit commences when the member would have reached age 55 or date of death if later. The benefit is reduced for early commencement and form of payment.

Normal Form of Payment

Life annuity with subsidized 50% joint and survivor annuity for married participants.

Optional Form of Payment

Lump sum, 75% joint and survivor annuity, 100% joint and survivor annuity, 10-year or 15-year certain and life annuity.

Effective March 2009, lump sums have been restricted due to the plan being below 80% funded. The lump sum restrictions were lifted as of July 25, 2013 based on the 2013 AFTAP certification.

Effective April 1, 2014, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 30, 2014, the AFTAP was over 80%, and lump sums were no longer restricted.

Effective April 1, 2016, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 28, 2018, the AFTAP was over 80%, and lump sums were no longer restricted.

As of March 1, 2023, lump sum restrictions began again due to the AFTAP being below 80%.

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Definitions

Actuarial Equivalence	A benefit of value equivalent to the value of the benefit being replaced, computed on the basis of the UP-1984 Group Annuity Mortality Table, adjusted by assuming such table is applied to a population consisting of 90% males and 10% females, and using an interest rate of 8.0% per annum.
Compensation	The compensation based on an employee's regular rate of pay excluding overtime. For 2024 this amount is limited to \$345,000.
Average Monthly Earnings	The average of the highest consecutive three years out of the six years preceding the date of retirement. For Choice 2 employees who chose to participate in the Financial Security Plan, this does not include pay after achieving 35 years of benefit service if the pay was earned after December 31, 2001.
Vesting Service	All years of service beginning at the latter of date of hire or age 18, where a year of service is calculated as defined in the plan according to the "1000-hour" rule.
Benefit Service	The number of years and months of a member's service after the latter of his attainment of age 21 or his completion of one year of service. For Choice 2 employees who chose to participate in the Financial Security plan, this service is frozen as of December 31, 2001.
Covered Compensation	The 35-year average of the Social Security wage bases ending in the year a participant attains Social Security normal retirement age as defined in the regulations.
Social Security Normal Retirement Age	Retirement age as described in section 216(l) of the Social Security Act, which ranges from age 65 to age 67.
Maximum Annual Benefit	\$275,000 for a participant retiring at age 65 or older in 2024.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the current year administrative expense assumption from \$1,900,000 to \$2,200,000.
- A change in the salary scale from 4.25% for 2023 and 3.00% for 2024+ to 4.00% for 2024 and 3.00% for 2025+.

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Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44					1	9				
45-49						93 \$135,993	26 \$133,887			
50-54						59 \$126,378	86 \$141,068	27 \$111,137		
55-59						42 \$121,434	39 \$127,038	95 \$146,418	31 \$133,176	
60-64				1		25 \$105,649	21 \$138,807	47 \$127,653	74 \$147,655	15
65-69						9	5	6	10	15
70+						1		1		1

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Schedule SB, line 26b – Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	919,389	1,593,169	12,165,718	14,678,276
2025	2,421,998	1,990,026	11,928,742	16,340,766
2026	3,852,211	2,253,716	11,657,770	17,763,697
2027	5,058,518	2,486,875	11,369,812	18,915,205
2028	6,301,659	2,709,350	11,083,330	20,094,339
2029	7,388,076	2,933,378	10,763,121	21,084,575
2030	8,356,324	3,048,536	10,422,457	21,827,317
2031	9,205,565	3,205,050	10,065,614	22,476,229
2032	9,972,999	3,275,390	9,703,002	22,951,391
2033	10,561,521	3,313,548	9,307,266	23,182,335
2034	11,022,013	3,331,051	8,894,125	23,247,189
2035	11,403,745	3,338,461	8,474,253	23,216,459
2036	11,675,207	3,328,393	8,027,608	23,031,208
2037	11,855,122	3,308,038	7,565,688	22,728,848
2038	11,979,709	3,265,692	7,092,402	22,337,803
2039	11,994,015	3,206,441	6,607,948	21,808,404
2040	11,958,351	3,158,782	6,117,573	21,234,706
2041	11,853,091	3,113,153	5,625,514	20,591,758
2042	11,681,173	3,033,923	5,136,333	19,851,429
2043	11,452,207	2,955,461	4,654,716	19,062,384
2044	11,159,134	2,851,658	4,185,369	18,196,161
2045	10,828,544	2,728,507	3,732,800	17,289,851
2046	10,444,360	2,597,936	3,301,124	16,343,420
2047	10,014,748	2,460,342	2,893,956	15,369,046
2048	9,547,542	2,316,365	2,514,273	14,378,180
2049	9,042,059	2,166,952	2,164,310	13,373,321
2050	8,510,094	2,013,376	1,845,524	12,368,994
2051	7,951,483	1,857,203	1,558,611	11,367,297
2052	7,374,259	1,700,233	1,303,531	10,378,023
2053	6,787,276	1,544,419	1,079,539	9,411,234
2054	6,195,918	1,391,741	885,302	8,472,961
2055	5,609,207	1,244,084	718,968	7,572,259
2056	5,034,922	1,103,147	578,313	6,716,382
2057	4,480,360	970,360	460,852	5,911,572
2058	3,951,945	846,851	363,942	5,162,738

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	3,455,029	733,404	284,926	4,473,359
2060	2,993,741	630,467	221,221	3,845,429
2061	2,570,919	538,155	170,419	3,279,493
2062	2,188,140	456,283	130,332	2,774,755
2063	1,845,760	384,423	99,010	2,329,193
2064	1,543,051	321,955	74,761	1,939,767
2065	1,278,396	268,121	56,144	1,602,661
2066	1,049,497	222,076	41,958	1,313,531
2067	853,601	182,943	31,220	1,067,764
2068	687,671	149,867	23,137	860,675
2069	548,566	122,045	17,075	687,686
2070	433,158	98,746	12,545	544,449
2071	338,417	79,321	9,169	426,907
2072	261,491	63,205	6,662	331,358
2073	199,727	49,903	4,807	254,437

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 43,120,861	January 1, 2020	11	\$ 4,910,884
Shortfall	\$ 9,344,082	January 1, 2021	12	\$ 996,875
Shortfall	\$ 410,860	January 1, 2022	13	\$ 41,340
Shortfall	\$ 34,665,337	January 1, 2023	14	\$ 3,308,556
Shortfall	\$ (666,291)	January 1, 2024	15	\$ (60,619)

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
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Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.12%	Interest Adjusted Contribution
April 11, 2024	\$ 4,214,862	101	\$ 4,157,183
July 15, 2024	4,214,862	196	4,103,651
October 15, 2024	3,400,000	288	3,269,001
January 7, 2025	3,940,000	372	3,745,022
September 4, 2025	<u>25,920,000</u>	612	<u>23,841,540</u>
Total Contribution	\$ 41,689,724		\$ 39,116,397

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
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Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	3.00%	0.8587	1.56
61.5	10.00%	0.8330	5.12
62.5	10.00%	0.7497	4.69
63.5	10.00%	0.6747	4.28
64.5	20.00%	0.6072	7.83
65.5	30.00%	0.4858	9.55
66.5	40.00%	0.3401	9.05
67.5	25.00%	0.2040	3.44
68.5	25.00%	0.1530	2.62
69.5	25.00%	0.1148	1.99
70	100.00%	0.0861	6.03
		Weighted Average	64.27

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	919,389	1,593,169	12,165,718	14,678,276
2025	2,421,998	1,990,026	11,928,742	16,340,766
2026	3,852,211	2,253,716	11,657,770	17,763,697
2027	5,058,518	2,486,875	11,369,812	18,915,205
2028	6,301,659	2,709,350	11,083,330	20,094,339
2029	7,388,076	2,933,378	10,763,121	21,084,575
2030	8,356,324	3,048,536	10,422,457	21,827,317
2031	9,205,565	3,205,050	10,065,614	22,476,229
2032	9,972,999	3,275,390	9,703,002	22,951,391
2033	10,561,521	3,313,548	9,307,266	23,182,335
2034	11,022,013	3,331,051	8,894,125	23,247,189
2035	11,403,745	3,338,461	8,474,253	23,216,459
2036	11,675,207	3,328,393	8,027,608	23,031,208
2037	11,855,122	3,308,038	7,565,688	22,728,848
2038	11,979,709	3,265,692	7,092,402	22,337,803
2039	11,994,015	3,206,441	6,607,948	21,808,404
2040	11,958,351	3,158,782	6,117,573	21,234,706
2041	11,853,091	3,113,153	5,625,514	20,591,758
2042	11,681,173	3,033,923	5,136,333	19,851,429
2043	11,452,207	2,955,461	4,654,716	19,062,384
2044	11,159,134	2,851,658	4,185,369	18,196,161
2045	10,828,544	2,728,507	3,732,800	17,289,851
2046	10,444,360	2,597,936	3,301,124	16,343,420
2047	10,014,748	2,460,342	2,893,956	15,369,046
2048	9,547,542	2,316,365	2,514,273	14,378,180
2049	9,042,059	2,166,952	2,164,310	13,373,321
2050	8,510,094	2,013,376	1,845,524	12,368,994
2051	7,951,483	1,857,203	1,558,611	11,367,297
2052	7,374,259	1,700,233	1,303,531	10,378,023
2053	6,787,276	1,544,419	1,079,539	9,411,234
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Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

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2065	1,278,396	268,121	56,144	1,602,661
2066	1,049,497	222,076	41,958	1,313,531
2067	853,601	182,943	31,220	1,067,764
2068	687,671	149,867	23,137	860,675
2069	548,566	122,045	17,075	687,686
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2072	261,491	63,205	6,662	331,358
2073	199,727	49,903	4,807	254,437

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
 EIN: 943282454 PN: 001

Schedule SB, line 15 – Reconciliation of Differences
 Between Valuation Results and Amounts Used to Calculate
 AFTAP

The 2024 AFTAP for the UL LLC Retirement Income Plan was originally issued on September 27, 2024. The 2024 AFTAP was reissued on December 20, 2024 to reflect audited asset information. The inputs used in each certification are outlined below:

	Certification Date	
	9/27/2024	12/20/2024
Funding Target	\$311,044,052	\$311,044,052
Value of Plan Assets	224,064,274	224,169,203
Funding Standard Carryover Balance	0	0
Prefunding Balance	0	0
Annuities Purchased for NHCE's	0	0
Securities Posted	0	0
Certified AFTAP	72.03%	72.06%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

History of Plan

The original plan, effective January 1, 1936, was embodied in Group Annuity Contract No. AC204, issued by Equitable Life Assurance Society of the United States. Effective November 1, 1972, the plan was amended and restated. The following amendments were incorporated into the restated plan: (1) To provide for transfer of certain employer and employee contributions made under the prior plan to the employer's Thrift Plan Trust; (2) To transfer the remaining funds from a combination deferred annuity and deposit administration type of funding to an Immediate Participation Guarantee contract; (3) To revise eligibility requirements for participation in the plan; (4) To increase basic retirement benefits for members having more than 15 but fewer than 20 years of credited service; (5) To amend the plan's Social Security offset for members who were not members in the prior plan; (6) To liberalize eligibility for spouse's benefits and to add a surviving dependent's benefit where there was no surviving spouse; (7) To add other optional forms of payment of retirement benefits; and (8) To make administrative, technical, and conforming changes to give effect to the foregoing changes.

Effective January 1, 1976, the plan was amended in compliance with the Employee Retirement Income Security Act of 1974 (ERISA). The major changes were as follows: (1) Employees hired after age 60 were excluded from the plan; (2) Vesting became 100% after 10 years of service; (3) Early retirement eligibility was reduced to age 55 with 10 years of service; (4) Eligibility to participate in the plan was reduced to age 25 with one year of service; (5) An alternative benefit formula was added; (6) Eligibility for the spouse's or dependent's benefit was reduced to age 55 with 10 years of service; (7) Certain other changes were made to conform with ERISA.

Effective December 31, 1976, the plan was amended to increase benefits for previously retired employees.

Effective January 1, 1978, the early retirement reduction in the spouse's and dependent's benefit calculation was removed.

Effective December 1, 1979, retirees and beneficiaries who were receiving a benefit prior to January 1, 1979, were granted a benefit increase.

Effective December 1, 1981, retirees and beneficiaries who had a calculated retirement benefit (including those who were still active but no longer accruing service) were granted a benefit increase.

Effective January 1, 1984, the plan was amended to provide for a subsidized post-retirement 50% joint and survivor annuity, and the definition of average monthly earnings was changed from a five-year average to a three-year average.

Effective January 1, 1985, the plan was amended to comply with the requirements of the Retirement Equity Act. This included liberalizing the eligibility requirements for participation to age 21 with one year of service and extending death benefit coverage to all vested participants. An additional normal retirement benefit formula was introduced to reflect the longer accrual period from age 21 to normal retirement. The cost of providing the death benefit coverage is subsidized by the plan. Also effective January 1, 1985, retirees and beneficiaries who were receiving a benefit prior to January 1, 1984, were granted a benefit increase.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Effective January 1, 1988, the plan was amended to comply with the requirements of the Omnibus Budget Reconciliation Act (OBRA). This provided that active participants currently age 65 or older must continue to accrue pension credits until they retire. In addition, participants hired on or after age 60 became eligible to participate in the retirement plan. Also, effective January 1, 1988, retirees and beneficiaries who were receiving a benefit prior to January 1, 1987 were granted a benefit increase.

Effective January 1, 1990, the plan was amended to comply with the Tax Reform Act of 1986. This provided 100% vesting of a participant's retirement benefit after attaining five years of vesting service. In addition, the \$200,000 compensation limit was adopted such that any amount of average monthly pay in excess of this amount is not considered in determining a participant's retirement benefit. The plan formula was changed to comply with the Tax Reform Act of 1986 to be:

1.4% of average monthly earning up to the participant's covered compensation level

plus

1.9% of average monthly earning in excess of the participant's covered compensation level
for each year of service up to 35 years.

In addition, the early retirement benefit was modified such that the retirement benefit will be reduced by 7/12% for each month the benefit is payable prior to the participant's Social Security normal retirement age for 60 months and then 4/12% for each month thereafter.

Effective January 1, 1993, retirees and beneficiaries who were receiving a benefit prior to January 1, 1992 were granted a benefit increase.

Effective December 31, 1999, retirees and beneficiaries who were receiving a benefit prior to January 1, 1999 were granted a benefit increase.

Effective January 1, 2002, newly hired employees will be covered by UL's Financial Security plan instead of the Retirement Income plan. Employees hired prior to January 1, 2002 were given a choice between (Choice 1) continuing to earn benefit service and credit for future pay increases under this plan or (Choice 2) stopping benefit service accruals under this plan (but continuing to receive credit for future pay increases for up to 35 years of benefit service) and entering the Financial Security plan.

Effective October 1, 2022 benefits in this plan were frozen for a group on Not For Profit employees.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Plan Provisions

Effective Date	Original plan, January 1, 1936.
Plan Year	Calendar year.
Coverage	All employees who have attained age 21 and completed one year of service, who were hired prior to January 1, 2002.
Normal Retirement	
Eligibility	Age 65 and five years of vesting service.
Benefit	The normal retirement benefit is 1.4% of average monthly earnings up to the participant's covered compensation plus 1.9% of average monthly earnings in excess of the participant's covered compensation for each year of benefit service to a maximum of 35 years.
Early Retirement	
Eligibility	Age 55 with five years of vesting service.
Benefit	A monthly benefit computed in the same way as the normal retirement benefit, based on benefit service to the date of early retirement, and reduced for early payment. The reduction is 7/12% for each month prior to the participant's Social Security normal retirement age for the first 60 months and then 4/12% for each month thereafter.
Disability	
Eligibility	Five years of vesting service.
Benefit	A monthly benefit computed in the same way as the early retirement benefit based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early retirement.
Vested Termination	
Eligibility	Five years of vesting service.
Benefit	A monthly benefit, computed in the same way as the early retirement benefit, based on benefit service to date of termination and payable at any time after the date on which the member would have been eligible for early retirement. Choice 2 participants may commence a benefit at any date after termination.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Preretirement Death

Eligibility

Five years of vesting service.

Benefit

Actives

A monthly benefit is payable for the life of the spouse in the event of a participant's death, with the benefit commencing at the later of age 55 or date of death. The benefit is 50% of the member's accrued benefit unreduced for early commencement between normal retirement age and age 55 and reduced for commencement earlier than when the participant would have reached age 55. If no spouse survives the member, the benefit is payable to his dependents as long as they are eligible for a child's insurance benefit under the Social Security Act on the basis of the earnings of the deceased member.

Terminated Vesteds

50% of the member's accrued benefit is payable to the member's spouse for life. The benefit commences when the member would have reached age 55 or date of death if later. The benefit is reduced for early commencement and form of payment.

Normal Form of Payment

Life annuity with subsidized 50% joint and survivor annuity for married participants.

Optional Form of Payment

Lump sum, 75% joint and survivor annuity, 100% joint and survivor annuity, 10-year or 15-year certain and life annuity.

Effective March 2009, lump sums have been restricted due to the plan being below 80% funded. The lump sum restrictions were lifted as of July 25, 2013 based on the 2013 AFTAP certification.

Effective April 1, 2014, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 30, 2014, the AFTAP was over 80%, and lump sums were no longer restricted.

Effective April 1, 2016, lump sum restrictions began again due to the presumed AFTAP being below 80%. As of September 28, 2018, the AFTAP was over 80%, and lump sums were no longer restricted.

As of March 1, 2023, lump sum restrictions began again due to the AFTAP being below 80%.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

Definitions

Actuarial Equivalence	A benefit of value equivalent to the value of the benefit being replaced, computed on the basis of the UP-1984 Group Annuity Mortality Table, adjusted by assuming such table is applied to a population consisting of 90% males and 10% females, and using an interest rate of 8.0% per annum.
Compensation	The compensation based on an employee's regular rate of pay excluding overtime. For 2024 this amount is limited to \$345,000.
Average Monthly Earnings	The average of the highest consecutive three years out of the six years preceding the date of retirement. For Choice 2 employees who chose to participate in the Financial Security Plan, this does not include pay after achieving 35 years of benefit service if the pay was earned after December 31, 2001.
Vesting Service	All years of service beginning at the latter of date of hire or age 18, where a year of service is calculated as defined in the plan according to the "1000-hour" rule.
Benefit Service	The number of years and months of a member's service after the latter of his attainment of age 21 or his completion of one year of service. For Choice 2 employees who chose to participate in the Financial Security plan, this service is frozen as of December 31, 2001.
Covered Compensation	The 35-year average of the Social Security wage bases ending in the year a participant attains Social Security normal retirement age as defined in the regulations.
Social Security Normal Retirement Age	Retirement age as described in section 216(l) of the Social Security Act, which ranges from age 65 to age 67.
Maximum Annual Benefit	\$275,000 for a participant retiring at age 65 or older in 2024.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
EIN: 943282454 PN: 001

**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The Retirement Income Plan for Employees of UL LLC

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 94-3282454, PLAN #: 001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Allspring 100% Treasury	INTEREST-BEARING CASH	\$ 1,342	\$ 1,342
	Allblue Limited Class A	PARTNERSHIPS AND JOINT VENTURES	7	14
	Alpstone Global Macro Fund	PARTNERSHIPS AND JOINT VENTURES	2,796	2,851
	Anchorage Capital Partners	PARTNERSHIPS AND JOINT VENTURES	597	988
	BIL, Ltd. Class Y - Series A-22	PARTNERSHIPS AND JOINT VENTURES	1,853	3,136
	Davidson Kempner International	PARTNERSHIPS AND JOINT VENTURES	1,742	2,581
	IR&M Intermediate Fund	PARTNERSHIPS AND JOINT VENTURES	39,741	44,086
	Marshall Wace Funds PLC	PARTNERSHIPS AND JOINT VENTURES	1,958	2,907
	Midocean Credit Opportunity	PARTNERSHIPS AND JOINT VENTURES	145	123
	Senator Global Opportunity Offshore	PARTNERSHIPS AND JOINT VENTURES	426	823
	Southpoint Qualified Offshore Fund	PARTNERSHIPS AND JOINT VENTURES	2,171	4,007
	TA Realty Core Property Fund	PARTNERSHIPS AND JOINT VENTURES	6,304	5,181
	TCIM Offshore Fund Ltd.	PARTNERSHIPS AND JOINT VENTURES	2,000	2,469
	Whitebox Multi-Strategy Fund Ltd	PARTNERSHIPS AND JOINT VENTURES	1,539	3,217
		Total Partnerships and Joint Ventures	61,279	72,383
	SSGA S&P 500 Flagship Securities	COLLECTIVE TRUST	19,719	47,646
	Atlas Enhanced Fund Ltd	HEDGE FUNDS	2,900	3,422
	Laurion Capital Ltd.	HEDGE FUNDS	2,600	2,540
	Oasis Investments II	HEDGE FUNDS	2,610	4,176
		Total Hedge Funds	8,110	10,138
	Arga Emerging Markets Value Fund	MUTUAL FUNDS	6,238	6,532
	Blackrock Strategic Income	MUTUAL FUNDS	14,908	14,481
	Cohen & Steers US Realty Fund Class	MUTUAL FUNDS	2,080	2,256
	Dodge & Cox Global Bond Fund #1050	MUTUAL FUNDS	4,794	4,800
	Dodge & Cox International Stock Fund	MUTUAL FUNDS	11,040	13,237
	DWS RREEF Real Assets Fund Class R6	MUTUAL FUNDS	8,510	8,130
	Europacific Growth Fund Class R6	MUTUAL FUNDS	13,234	13,416
	Federated Hermes Institutional High	MUTUAL FUNDS	5,166	4,990
	Fidelity Inflation Protected Bond	MUTUAL FUNDS	2,346	2,285
	Fidelity Mid Cap Index Fund	MUTUAL FUNDS	10,662	11,783
	GQG Partners Emerging Markets Equity	MUTUAL FUNDS	6,775	6,798
	Hood River Small-Cap Growth Fund	MUTUAL FUNDS	5,891	5,801
	Hotchkis & Wiley Small Cap	MUTUAL FUNDS	5,624	5,841
		Total Mutual Funds	97,268	100,350
		Total investments	<u>\$ 187,718</u>	<u>\$ 231,859</u>

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan for Employees of UL LLC
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
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Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan for Employees of UL LLC
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Schedule SB, line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the current year administrative expense assumption from \$1,900,000 to \$2,200,000.
- A change in the salary scale from 4.25% for 2023 and 3.00% for 2024+ to 4.00% for 2024 and 3.00% for 2025+.