

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>514</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMICA MUTUAL INSURANCE COMPANY</u></p> <p><u>P.O. BOX 6008</u> <u>PROVIDENCE, RI 02940-6008</u></p>	<p>1c Effective date of plan <u>01/01/2015</u></p> <p>2b Employer Identification Number (EIN) <u>05-0348344</u></p> <p>2c Plan Sponsor's telephone number <u>800-652-6422</u></p> <p>2d Business code (see instructions) <u>524150</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	SAMUEL C. PALMISANO
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>AMICA BENEFIT PLANS COMMITTEE</p> <p>P.O. BOX 6008 PROVIDENCE, RI 02940-6008</p>	<p>3b Administrator's EIN 05-0348344</p> <p>3c Administrator's telephone number 800-652-6422</p>																				
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 2338</p>																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">1896</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">1896</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	0	6a(2)	0	6b	1896	6c	0	6d	1896	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	1896																				
6c	0																				
6d	1896																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>514</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMICA MUTUAL INSURANCE COMPANY</p>	<p>D Employer Identification Number (EIN) 05-0348344</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
05-0340166	72222	2-10001	1896	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	3090277
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	3090277
b Benefit charges (1) Claims paid		9b(1)	3229903
(2) Increase (decrease) in claim reserves		9b(2)	-141103
(3) Incurred claims (add (1) and (2))		9b(3)	3088800
(4) Claims charged		9b(4)	3088800
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	720970	
(E) Taxes	9c(1)(E)	57567	
(F) Charges for risks or other contingencies	9c(1)(F)	-777060	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		1477
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	42630262
(2) Claim reserves		9d(2)	396550
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>514</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMICA MUTUAL INSURANCE COMPANY</p>	<p>D Employer Identification Number (EIN) 05-0348344</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
FIDELITY SECURITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	10305351001	1186	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(2) Dividends and credits.....			
(3) Interest credited during the year.....			
(4) Transferred from separate account			
(5) Other (specify below)..... ▶			
(6) Total additions	7c(6)	0	
d Total of balance and additions (add lines 7b and 7c(6))	7d	0	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		7e(1)
	(2) Administration charge made by carrier.....		7e(2)
	(3) Transferred to separate account		7e(3)
	(4) Other (specify below)..... ▶		7e(4)
(5) Total deductions	7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		73975
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN		B Three-digit plan number (PN) ▶ 514
C Plan sponsor's name as shown on line 2a of Form 5500 AMICA MUTUAL INSURANCE COMPANY		D Employer Identification Number (EIN) 05-0348344

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	E00066875431	723	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	556875
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN	B Three-digit plan number (PN) ▶	514
C Plan sponsor's name as shown on line 2a of Form 5500 AMICA MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 05-0348344	

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

APOGEM CAPITAL, LLC

85-1664787

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

AQUILINE TECHNOLOGY GROWTH FUND II

98-1550827

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

GLOBAL DIVERSIFIED ALTERNATIVES III

20-5439689

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

GOLDMAN SACHS ASSET MANAGEMENT, LP

13-3575636

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

MMF CAPITAL MANAGEMENT V, LLC

46-0798151

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

MORGAN STANLEY AIP (CAYMAN) GP LTD

98-0403360

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

MORGAN STANLEY AIP GP LP

23-3060887

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

MORGAN STANLEY ALTERNATIVE INV PART

23-3050651

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

SAVANO CAPITAL PARTNERS II, LP

47-2202175

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

THE LYME TIMBER COMPANY LLC

26-3827653

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

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

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

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

BLUE CROSS & BLUE SHIELD OF RI

05-0158952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	206094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF RHODE ISLAND

05-0296998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	79797	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)

BLACKSTONE MGMT PARTNERS L.L.C.

26-0288589

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	68775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

LAZARD ASSET MANAGEMENT LLC

13-5545100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	58157	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)

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	49000	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)

EXTEND HEALTH, LLC

2929 CAMPUS DRIVE
SUITE 400
SAN MATEO, CA 94403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	37966	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)

FIRST EAGLE ALTERNATIVE CREDIT, LLC

57-1156902

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	26218	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ADAMS STREET CREDIT ADVISORS LP

81-2633198

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	22971	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAREMARK

05-0494040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	22601	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)

GRAYCLIFF PARTNERS LP

36-4711561

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	19796	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MELLON CAPITAL MANAGEMENT CORP

76-6192146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	15238	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)

NEPC LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	14094	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)

JP MORGAN ASSET MANAGEMENT, LLC

PO BOX 219143
KANSAS CITY, MO 64121-9143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 27 50	NONE	12875	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)

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11991	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)

STONEPEAK ASSOCIATES III LLC

82-3003270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	10102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

CYPRIMUM INVESTMENT PARTNERS LLC

80-0560696

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7677	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STATE STREET CORPORATION

04-2456637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 50	NONE	7043	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
BLACKSTONE MGMT PARTNERS L.L.C.	28	68775
(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.	
BLACKSTONE MGMT ASSOC VIII LP 84-3767616	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIRST EAGLE ALTERNATIVE CREDIT, LLC	28	26218
(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.	
FIRST EAGLE DL FUND IV LLC 83-1397015	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADAMS STREET CREDIT ADVISORS LP	28	18533
(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.	
ASP (FEEDER) SPC II-B1 LP ONE NORTH WACKER DRIVE CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEES	

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
GRAYCLIFF PARTNERS LP	28	15770
(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.	
GRAYCLIFF MEZZANINE III LP 82-0719772	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STONEPEAK ASSOCIATES III LLC	29	10102
(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.	
STONEPEAK INFRASTRUCTURE FUND III 82-2982160	LEGAL FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CYPRIUM INVESTMENT PARTNERS LLC	28	7677
(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.	
CYPRIUM PARALLEL INVESTORS V LP 200 PUBLIC SQUARE CLEVELAND, OH 44114	INVESTMENT MANAGEMENT FEES	

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
ADAMS STREET CREDIT ADVISORS LP	28	4438

(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.	
ASP CREDIT FUND-A LP ONE NORTH WACKER DRIVE CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GRAYCLIFF PARTNERS LP	28	4026

(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.	
GRAYCLIFF MEZZANINE II PARALLEL LP 46-4300010	INVESTMENT MANAGEMENT FEES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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: KPMG LLP	b EIN: 13-5565207
c Position: ACCOUNTANT	
d Address: ONE FINANCIAL PLAZA SUITE 2300 PROVIDENCE, RI 02903	e Telephone: 401-421-6600

Explanation: BUSINESS DECISION

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 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 AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN	B Three-digit plan number (PN) ▶ 514
C Plan sponsor's name as shown on line 2a of Form 5500 AMICA MUTUAL INSURANCE COMPANY	D Employer Identification Number (EIN) 05-0348344

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
a Total noninterest-bearing cash	1a	8190	9997
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7951892	4847968
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8500492	32627094
(2) U.S. Government securities	1c(2)	22518818	56448357
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	12013499	8467294
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	359471	0
(B) Common	1c(4)(B)	108652319	119319097
(5) Partnership/joint venture interests	1c(5)	101141901	43412471
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	2703690	2495230
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	23037996	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	68946691	86381052

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	355834959	354008560
Liabilities			
g Benefit claims payable.....	1g	408377	505474
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12947537	14067490
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13355914	14572964
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	342479045	339435596

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)	3645445	
(B) Participants.....	2a(1)(B)	2034772	
(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)		5680217
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	558861	
(B) U.S. Government securities.....	2b(1)(B)	1356976	
(C) Corporate debt instruments.....	2b(1)(C)	477095	
(D) Loans (other than to participants).....	2b(1)(D)	114060	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2506992
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1640302	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1640302
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	221032454	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	225745110	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-4712656
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	9191982	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1939195
(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)		
c Other income	2c		4998186
d Total income. Add all income amounts in column (b) and enter total	2d		21244218

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19430856	
(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)		19430856
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)	346458	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	60991	
(5) Investment advisory and investment management fees	2i(5)	98706	
(6) Bank or trust company trustee/custodial fees	2i(6)	10111	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4340545	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4856811
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24287667

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3043449
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

AMICA MUTUAL INSURANCE COMPANY
RETIREE MEDICAL PLAN

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

GRANT THORNTON LLP

53 State St., 16th Floor
Boston, MA 02109

D +1 617 723 7900
F +1 617 723 6340

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Amica Mutual Insurance Company Retiree Medical Plan

Opinion

We have audited the financial statements of Amica Mutual Insurance Company Retiree Medical Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of benefit obligations and net assets available for benefits as of December 31, 2024, and the related statement of changes in benefit obligations and changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2024, and the changes in benefit obligations and changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

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

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

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.

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

Supplemental schedules required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of assets (acquired or disposed within year) 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 has been subjected to the auditing procedures applied in the audit 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.

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

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

Other matter - auditor's report on the 2023 financial statements

The financial statements of the Plan as of and for the year ended December 31, 2023 were audited by other auditors. Those auditors' report, dated September 20, 2024, expressed an unmodified opinion on those 2023 financial statements.

Grant Thornton LLP

Boston, Massachusetts
October 2, 2025

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN
 Statements of Benefit Obligations and Net Assets Available for Benefits
 December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>Benefit Obligations:</u>		
Claims payable, claims incurred but not reported, and premiums due to insurers	\$ 505,474	\$ 408,377
Postretirement benefit obligations	251,328,057	282,829,790
Total benefit obligations	<u>\$ 251,833,531</u>	<u>\$ 283,238,167</u>
 <u>Net Assets Available for Benefits:</u>		
<u>Assets:</u>		
Investments at fair value	\$ 349,150,595	\$ 347,874,877
Non-interest bearing cash	9,997	8,190
Accrued interest and dividends	1,434,711	1,148,090
Federal income taxes recoverable	2,322,720	5,091,828
State income taxes recoverable	1,090,537	1,711,974
Total assets	<u>354,008,560</u>	<u>355,834,959</u>
 <u>Liabilities:</u>		
Payable to Amica Mutual	14,000,000	12,900,000
Payable for securities	9,337	9,337
Accrued expenses	58,153	38,200
Total liabilities	<u>14,067,490</u>	<u>12,947,537</u>
Net assets available for benefits	<u>339,941,070</u>	<u>342,887,422</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 88,107,539</u>	<u>\$ 59,649,255</u>

See accompanying notes to financial statements.

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN
 Statements of Changes in Benefit Obligations and Changes in Net Assets Available for Benefits
 Year Ended December 31, 2024

Changes in Benefit Obligations:

Increase (decrease) during the year attributable to:	
Assumption updates	\$ (6,666,828)
Discount rate change	(19,388,500)
Benefits earned and other actuarial losses	(5,446,405)
Change in amounts due to insurance companies	97,097
Net decrease in benefit obligations	<u>\$ (31,404,636)</u>

Changes in Net Assets Available for Benefits:

Additions:

Contributions:	
Employer	\$ 3,645,445
Participant	2,034,772
Total contributions	<u>5,680,217</u>
Investment income:	
Interest & dividend income	10,922,173
Net appreciation in fair value of investments	4,641,828
Net investment income	<u>15,564,001</u>
Total additions	<u>21,244,218</u>

Deductions:

Benefits paid	19,333,759
Income tax expense	4,340,545
Administrative expenses	516,266
Total deductions	<u>24,190,570</u>

Decrease in net assets available for benefits (2,946,352)

Increase in excess of net assets available for benefits
 over benefit obligations 28,458,284

Excess of net assets available for benefits over benefit obligations:

Beginning of the year	59,649,255
End of year	<u>\$ 88,107,539</u>

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Description of the Plan

The following description of the Amica Mutual Insurance Company Retiree Medical Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

As of January 1, 2021, the Plan is a retiree-only welfare plan providing certain benefits to all eligible retirees of the Amica Mutual Insurance Company (the Company) and Amica Life Insurance Company (non-HRA component) (the Employers). In addition, the Plan provides reimbursement for certain medical insurance premiums and medical costs as defined by the Plan after retirement from the Company and Amica Life Insurance Company (HRA component). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective December 20, 2006, the Plan Sponsor established a trust to be known as the Amica Retiree Medical Trust (the Trust), through which it will provide certain welfare benefits for exclusive benefit of the eligible retirees of the Plan Sponsor and Amica Life Insurance Company. The Trust is intended to be a voluntary employees' beneficiary association (VEBA) benefits trust as described under Section 501(c)(9) of the IRS Code of 1986, as amended. Certain members of management of the Company are the Trustees of the Trust. State Street Bank & Trust Company (State Street) is the custodian for Trust assets.

B. Benefits

The Plan provides certain health care and life insurance post-retirement benefits for eligible retired employees. Employees may become eligible for these benefits if they reach retirement age while working for the Company or Amica Life Insurance Company and satisfy certain service requirements.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Retired employees are entitled to benefits if they meet the following eligibility requirements:

Last Date of Amica Hire	Completed Years of Service at Amica	Type of Amica Pension or Disability	Benefits Coverage
Prior to January 1, 1989	At least 10 full years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible
On or after January 1, 1989 but before January 1, 1993	10 full years, but less than 15 years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical plan options for which retiree is eligible
On or after January 1, 1989 but before January 1, 1993	At least 15 full years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible
On or after January 1, 1993 but before January 1, 2004	At least 15 full years	Disability pension (not a normal or deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible
On or after January 1, 1993 but before January 1, 2004	At least 20 full years	Normal pension (not a deferred pension)	Medical and Dental plan options for which retiree is eligible
On or after January 1, 2004 but before January 1, 2014	At least 20 full years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible

Spouses and dependents of retirees are eligible for health care coverage, provided that the retiree and spouse were married on retirement date or date retiree becomes disabled.

Once an employee becomes eligible for Medicare (age 65 or older), that employee ceases to receive benefits under the coverages noted above, and will instead receive a monthly subsidy (HRA account). In October 2013, the Plan modified certain benefit provisions relating to retiree health care which were effective on January 1, 2014. No retiree health coverage is provided for new hires as of January 1, 2014.

If an employee retired on or after January 1, 2005, and is eligible for Medicare (age 65 or older), then beginning on the later of January 1, 2015 or the date the employee became eligible for Medicare, the employee will be offered a monthly subsidy credit to purchase their choice of medical and prescription drug coverage through a private exchange. The monthly health reimbursement arrangement (HRA) account credit escalates each year by an automatic increase, not tied to any plan experience or index. Any amount of the HRA Account credit left over after purchase of coverage would be available for any qualified health related expense allowed under the Plan. For employees retired on or after January 1, 2005, but before January 1, 2016, the Plan Sponsor will provide the employee and post-65 eligible spouse a monthly subsidy at the 35+ years of service level for this coverage. The monthly subsidy for the 35+ year of service level is \$426 in 2024 and will increase 4% per year thereafter.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

For those employees eligible to retire after January 1, 2016, the monthly subsidy will depend on years of service. Below is a summary of the subsidy for the 2024 and 2023 plan years:

Year of subsidy	<u>20-24 years of service</u>	<u>25-29 years of service</u>	<u>30-34 years of service</u>	<u>35 or more years of service</u>
2023	\$205	\$266	\$329	\$410
2024	\$213	\$277	\$342	\$426

Life insurance benefits are based upon a multiple of salary and years of service at the date of retirement and are subject to a maximum benefit of \$250,000 for retirees. The Plan was amended in 2016 to reduce the benefit for employees who retire after March 1, 2016 to \$25,000. No retiree life insurance benefits are available to employees hired or re-hired on or after July 1, 2019.

C. Contributions

Eligible retirees shall contribute toward the cost of coverage for the non-HRA benefits during such periods and in such amounts as the Company may determine in its sole and absolute discretion. The Plan Sponsor is responsible for the cost of the HRA portion of the Plan, and no contributions by participants shall be permitted or required under the Plan. Amounts needed to pay post-retirement health benefits under the Plan may, in the sole discretion of the Plan Sponsor, be contributed to the Amica Retiree Medical Trust.

Retirees must pay a portion of the cost, according to the following table below:

Last Date of Amica Hire/completed years of service at Amica	If you retire or become disabled before January 1, 2005	If you retire or become disabled after December 31, 2004	Additional Contribution
Prior to January 1, 1989 and at least 10 full years	No contribution	Standard Contribution	n/a
On or after January 1, 1989 but before January 1, 1993 and 10 full years, but less than 15 years	30% of the cost of coverage	Standard Contribution PLUS→	30%
On or after January 1, 1989 but before January 1, 1993 and at least 15 years	No contribution	Standard Contribution	n/a
On or after January 1, 1993 but before January 1, 2004 and at least 15 years	n/a	Standard Contribution	n/a
On or after January 1, 1993 but before January 1, 2014 and at least 20 full years	n/a	Standard Contribution	n/a

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

D. Funding

Under the terms of the Plan agreement, the Company is required to contribute to the Plan an amount necessary to provide for the amount of benefits currently payable. The amount of benefit obligations in excess of net assets available for benefits as of each plan year end will be funded through future employer contributions post plan year end. The HRA account is a joint account for both eligible retiree and spouse. The account cannot be used for anything other than reimbursement of qualified expenses and amounts may be carried over to the next year. Any remaining amounts are not portable upon death of both the eligible retiree and spouse.

The Trust reimburses the Company on an annual basis for non-key pensioner expenses paid by the Company during the year including medical, prescription and dental expenses. At December 31, 2024 and 2023, the Trust recorded a payable to the Company of \$14,000,000 and \$12,900,000, respectively.

E. Other

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided to any group of participants, including retirees, to discontinue its contributions at any time, and to terminate the plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, all eligible claims incurred prior to termination would be considered for payment on an equal and equivalent basis and the Plan Sponsor shall be required to fund any deficiency in net assets.

Note 2 - Summary of Accounting Policies

A. Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

B. Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan to make estimates and assumptions that affect the reported amounts of investments and benefit obligations and changes therein in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Fair Value of Financial Instruments

Plan investments are held in the Trust and are carried at fair value. The following methods and assumptions are used by the Trust in estimating its fair value for financial instruments:

1. Debt and Equity Securities

The fair value of long-term bonds and debt securities and equity securities is based on market prices. In the absence of published market values, the fair value is based on market yields of securities from an identical issuer with similar maturities.

2. Cash Equivalents and Short-Term Investments

The fair value of cash equivalents and short-term investments is based on market prices. Cash equivalents include one money market fund held at fair value. Short-term investments include U.S. government treasury bills held at fair value.

3. Mortgage Loans

The fair value of mortgage loans is based on a loan pricing model utilized by an independent third party. The model applies to each loan's unique cash flow discount rate comprised of the average life Treasury

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

benchmark plus a corresponding credit spread. The credit spread is derived from mortgage banking surveys utilizing loan term in years, sector in which the property operates, and quality risk rating.

4. Index Funds

The fair value of index funds is determined using the Trust's ownership percentage of Net Asset Value (NAV) from the most recent statement received from the fund. There are no commitments or restrictions on redemption at December 31, 2024 and 2023.

5. Other Invested Assets

Other invested assets include various limited partnership and LLC investments carried at net asset value using the Trust's share of GAAP equity of the fund from the most recent statement received, adjusted for any cash transactions through year-end. Limited partnership investment strategies include private equity and private credit investments such as buyouts, venture capital, senior lending, mezzanine financing, infrastructure, timberland, and other related strategies. As of December 31, 2024 and 2023, the Trust has made commitments in the amount of \$14,906,447 and \$11,870,576, respectively, to provide additional funds to limited partnerships. Interests in the limited partnerships are not subject to redemption provisions under the terms of their respective partnership agreements; liquidity may be available through transactions in the secondary market.

D. Benefits Paid

Benefits are recorded when paid.

E. Expenses

Expenses allocated to the Plan were related to the administration of plan benefits provided by Willis Towers Watson. In 2022, the Board of Directors approved that the Plan pay all reasonable administrative plan expenses, as determined by the Board and in accordance with ERISA. Previously, these costs were paid by the Plan Sponsor.

F. Postretirement Benefit Obligations

The postretirement benefit obligations (see Note 3) represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to December 31, 2024 and 2023, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with Amica Mutual Insurance Company and Amica Life Insurance Company. Postretirement benefit obligations represents the amount that is to be funded by contributions from the Plan Sponsor and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

G. Incurred But Not Reported (IBNR) Claims

The incurred but not reported claims estimate is based on Management's analysis of prior year claim development and current year activity.

H. Going Concern

Management's review of relevant conditions and events, considered in the aggregate, indicate that it is probable that the Plan will be able to meet its obligations as they become due within one year after the date that the financial statements are available to be issued.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 3 - Benefit Obligations

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

The significant actuarial assumptions used in determining the actuarial present value of the postretirement benefit obligations as of December 31, 2024 and 2023 were:

- A. The assumed mortality rate is based on Society of Actuaries PRI-2012 mortality tables projected generationally with Mortality Improvement Scale MP-2021.
- B. Assumed annual rate of retirement for selected ages vary based on retiree medical eligibility and level of pension benefit as follows:

Age	Not yet eligible for retiree medical		Eligible for retiree medical	
	Pre 2004 Hires	Post 2003 Hires	Pre 2004 Hires	Post 2003 Hires
55	5%	0%	20%	0%
58	6%	0%	15%	0%
61	6%	0%	15%	0%
62	10%	25%	25%	40%
65	25%	25%	25%	25%

- C. The benefit obligation reflects a 4% annual increase to subsidy benefits.
- D. The weighted average discount rates used in 2024 and 2023 were 5.70% and 5.10%, respectively. The rate is calculated by discounting the Plan's accumulated postretirement benefit obligation (APBO) cash flows using spot rates from the actuary's above-median corporate yield curve.
- E. Postretirement benefit obligations at December 31, 2024 and 2023 are principally health benefits and relate to the following categories of participants (including their beneficiaries and dependents):

	2024	2023
Postretirement benefit obligations, net of amounts currently payable:		
Current retirees	\$ 159,501,446	\$ 185,440,071
Other participants fully eligible for benefits	16,628,526	16,847,856
Other participants not yet fully eligible for benefits	75,198,085	80,541,863
Total postretirement benefit obligations	251,328,057	282,829,790
Total postretirement benefit obligations	\$ 251,328,057	\$ 282,829,790

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements. The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements

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

Level 1 – Observable inputs in the form of quoted prices for identical instruments in active markets.

Level 2 – Observable inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Level 2 inputs would include, for example, quoted prices for similar assets or liabilities.

Level 3 – One or more unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using internal models, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

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

2024	Level 1	Level 2	Level 3	Net Asset Value (NAV)		Total
Assets at Fair Value:						
U.S. Government and Federal agencies securities	\$ 43,572,046	\$ 12,876,311	\$0	\$0	\$	\$ 56,448,357
States, political subdivisions and special revenue bonds	0	86,381,052	0	0		86,381,052
Corporate debt securities	0	8,467,294	0	0		8,467,294
Common stocks and exchange traded funds	119,319,097	0	0	0		119,319,097
Cash equivalents	32,627,094	0	0	0		32,627,094
Mortgage loans	0	2,495,230	0	0		2,495,230
Other invested assets measured at net asset value ⁽¹⁾	0	0	0	43,412,471		43,412,471
Total assets at fair value	<u>\$ 195,518,237</u>	<u>\$ 110,219,887</u>	<u>\$0</u>	<u>\$43,412,471</u>	<u>\$</u>	<u>\$ 349,150,595</u>

2023	Level 1	Level 2	Level 3	Net Asset Value (NAV)		Total
Assets at Fair Value:						
U.S. Government and Federal agencies securities	\$ 9,152,107	\$ 13,366,711	\$0	\$0	\$	\$ 22,518,818
States, political subdivisions and special revenue bonds	0	68,946,691	0	0		68,946,691
Corporate debt securities	0	12,013,499	0	0		12,013,499
Common stocks and exchange traded funds	108,652,319	0	0	0		108,652,319
Cash equivalents	8,500,492	0	0	0		8,500,492
Mortgage loans	0	2,703,690	0	0		2,703,690
Index funds measured at net asset value ⁽¹⁾	0	0	0	23,037,996		23,037,996
Other invested assets measured at net asset value ⁽¹⁾	0	0	0	101,501,372		101,501,372
Total assets at fair value	<u>\$126,304,918</u>	<u>\$97,030,591</u>	<u>\$0</u>	<u>\$124,539,368</u>	<u>\$</u>	<u>\$347,874,877</u>

(1) - In accordance with ASC 820-10, investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the total column are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of financial position.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Certain prior year investments were reclassified in table above to conform to the current year presentation. The fair value of 2023 other invested assets were reclassified from Level 1 and Level 3 in the amounts of \$65,233,152 and \$35,908,749, respectively, to net asset value. The Trust reclassified the Cyprium Parallel Investors V fund, which was previously shown as Level 3 preferred stock in 2023 of \$359,471, to an other invested asset measured at NAV.

There were no Level 3 investments as of December 31, 2024 and 2023.

The Plan had no Level 3 purchases during 2024 or 2023.

The Trust holds first lien commercial mortgage loans with a fair value of \$2,495,230 and \$2,703,690 as of December 31, 2024 and 2023, respectively. The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of incurred of guaranteed or purchase money markets, was 72.7%. There were no taxes, assessments, or any amounts advanced and not included in the mortgage loan total. At December 31, 2024, the Trust's twenty-one mortgage loans consist of six industrial parks, four office properties, four multi-family properties, four retail properties, one self-storage portfolio, one school housing property and one parking garage. At December 31, 2023, the Trust's twenty-three mortgage loans consisted of six industrial parks, four office properties, four multi-family properties, four retail properties, two self-storage portfolios, two school housing properties, and one parking garage.

The Trust has no significant credit risk exposure to any one individual borrower. The Trust monitors loan-to-value and debt service coverage ratios to monitor credit quality of its commercial mortgage loans on an ongoing basis. Loan-to-value ratios are determined from the most current appraisal as of December 31, 2024 and 2023. The loan-to-value ratios for each of the Trust's commercial mortgage loans as of December 31, 2024 and 2023 was below 85%.

Note 5 - Federal Income Taxes

The Trust established under the Plan to hold the Plan's assets is intended to be exempt from Federal income tax under Section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust has obtained a favorable tax determination letter dated April 23, 2008 from the Internal Revenue Service. Although the Trust has been amended since receiving the exemption letter, the Plan Sponsor believes that the Trust continues to be exempt and to operate in accordance with applicable provisions of the Internal Revenue Code.

U.S. generally accepted accounting principles requires Plan management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the Trust has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan Sponsor has 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 that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Pursuant to a letter issued by the IRS on April 23, 2008, the Trust utilized in conjunction with the Plan is intended to be a tax exempt VEBA under Internal Revenue Code Section 501(c)(9). However, to the extent the Trust recognizes any unrelated business taxable income as defined in Section 512 of the Code, the Trust is required to pay tax on such income. The Trust recognized estimated unrelated business income tax of \$4,340,545 for 2024.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 6 - Reconciliation of Financial Statements to the Form 5500

The Plan's financial statements differ from the Form 5500 as follows:

	<u>2024</u>	<u>2023</u>
Net assets available for plan benefits:		
Per financial statements	\$339,941,070	\$342,887,422
Less: Claims payable at end of plan year	(505,474)	(408,377)
Per Form 5500	<u>\$339,435,596</u>	<u>\$342,479,045</u>
Benefits paid to participants:		
Per financial statements	19,333,759	
Add: Claims payable at end of plan year	505,474	
Less: Claims payable at beginning of plan year	(408,377)	
Per Form 5500	<u>\$19,430,856</u>	

Note 7 - Risks and Uncertainties

The Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Benefit Obligations and Net Assets Available for Benefits.

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

Note 8 - Related Party and Party in Interest Transactions

The Trustee of the Plan, the Amica Benefits Plan Committee, and the custodian of the Plan, State Street Investment Management, are considered parties in interest as defined by ERISA. The Trust paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Annually, the Trust reimburses the Company for benefits paid during the plan year on the Trust's behalf including medical, prescription and dental expenses for non-key pensioners. At December 31, 2024 and 2023, the amounts payable to the Company were \$14,000,000 and \$12,900,000, respectively.

In 2024 and 2023, the Company paid \$3,090,277 and \$2,959,177, respectively, to Amica Life Insurance Company for group term life insurance premiums.

Note 9 - Subsequent Events

For purposes of determining the effects of subsequent events on these financial statements, the Plan has evaluated events subsequent to December 31, 2024 and through October 2, 2025, the date at which the financial statements were available to be issued.

There were no other events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: Securities of the U.S. Government and Federal Agencies								
US INTERNATIONAL DEVELOPMENT FINANCE CORP	May 2030	3.430		\$ 254,520	\$ 256,755	\$ 244,606	\$ 96.105	
US INTERNATIONAL DEVELOPMENT FINANCE CORP	Oct 2034	3.000		588,885	588,885	533,341	90.568	
TOTE SHIPHOLDINGS LLC	Oct 2040	3.400		403,000	445,315	346,910	86.082	
UNITED STATES TREASURY	Nov 2042	2.750		78,000	63,683	58,281	74.719	
UNITED STATES TREASURY	Feb 2044	3.625		150,000	161,127	126,586	84.391	
UNITED STATES TREASURY	Aug 2044	3.125		70,000	71,534	54,359	77.656	
UNITED STATES TREASURY	Feb 2045	2.500		48,000	44,357	33,315	69.406	
UNITED STATES TREASURY	Feb 2046	2.500		5,275,000	3,947,184	3,606,781	68.375	
UNITED STATES TREASURY	May 2047	3.000		300,000	323,818	221,859	73.953	
UNITED STATES TREASURY	Feb 2048	3.000		400,000	348,125	293,688	73.422	
UNITED STATES TREASURY	Nov 2026	2.000		1,500,000	1,589,180	1,439,590	95.973	
UNITED STATES TREASURY	May 2027	2.375		1,000,000	1,075,898	957,734	95.773	
UNITED STATES TREASURY	May 2025	2.750		500,000	490,156	497,207	99.441	
UNITED STATES TREASURY	May 2053	-		10,000,000	3,172,600	2,593,879	25.939	
UNITED STATES TREASURY	Aug 2053	-		25,000,000	7,882,800	6,452,302	25.809	
UNITED STATES TREASURY	Aug 2044	-		25,000,000	10,336,000	9,289,732	37.159	
UNITED STATES TREASURY	May 2048	-		30,000,000	10,576,200	9,288,068	30.960	
UNITED STATES TREASURY	Nov 2049	-		30,000,000	10,001,700	8,658,666	28.862	
GNR 2021-056 PE	Mar 2051	1.500		317,095	318,334	237,482	74.893	
GNR 2021-027 DC	Feb 2051	1.250		257,582	258,991	191,459	74.329	
GNR 2014-172 AD	Jan 2046	2.200		60,778	60,503	57,674	94.892	
GNR 2014-135 AK	Aug 2055	3.000		62,585	64,902	55,201	88.202	
GNR 2013-100 MA	Feb 2043	3.500		4,811	5,012	4,692	97.527	
GNR 2013-071 LA	Oct 2042	3.000		20,800	20,988	19,863	95.498	
GNR 2013-068 B	Aug 2043	2.500		100,222	100,375	96,363	96.149	
GNR 2013-053 KA	Oct 2041	3.000		100,919	104,136	97,157	96.272	
GNR 2013-012 B	Nov 2052	2.070		327,434	331,220	307,340	93.863	
GNR 2009-106 HA	Nov 2039	4.000		61,554	64,632	59,684	96.962	
GNR 2009-076 MB	Sep 2039	5.000		45,788	50,080	45,445	99.251	
GN 794556	Jan 2042	3.500		55,916	57,087	51,216	91.595	
GN 749248	May 2031	4.000		152,887	158,907	150,248	98.274	
GN 740981	Oct 2040	4.500		24,442	25,966	23,779	97.287	
GN 736617	Dec 2035	4.000		113,839	121,345	110,398	96.978	
GN 697490	Sep 2038	6.500		14,828	14,962	15,607	105.256	
GN 692196	Nov 2038	6.000		25,837	26,212	26,653	103.158	
GN 616866	Feb 2027	3.000		5,489	5,616	5,395	98.281	
GN 554855	May 2031	7.000		3,956	4,127	4,063	102.692	
GN 542820	May 2031	7.000		935	973	979	104.634	

See accompanying independent auditors' report.

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(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: Securities of the U.S. Government and Federal Agencies								
G2 MA6650	May 2050	5.000		\$ 25,908	\$ 26,783	\$ 25,195	\$ 97.246	
G2 MA6649	May 2050	4.500		17,466	18,044	16,576	94.905	
G2 MA2335	Nov 2029	3.000		24,840	25,461	24,156	97.245	
G2 MA0387	Sep 2042	3.500		52,023	54,868	47,086	90.509	
G2 BO9168	Jul 2049	4.500		14,312	15,493	13,702	95.737	
G2 BN5590	Jul 2049	4.500		44,834	48,253	42,922	95.735	
G2 BN5576	Jun 2049	4.500		58,302	62,875	55,816	95.737	
G2 742253	May 2030	4.500		40,851	42,000	40,636	99.475	
G2 005246	Nov 2026	3.000		7,563	7,741	7,462	98.662	
G2 004835	Oct 2040	5.000		32,469	34,417	32,266	99.376	
G2 004691	May 2040	4.500		245	255	238	97.023	
G2 004671	Apr 2040	4.500		8,019	8,373	7,804	97.324	
G2 004649	Mar 2040	4.500		3,181	3,345	3,097	97.368	
G2 003747	Aug 2035	5.000		4,984	4,858	4,996	100.239	
G2 003556	May 2034	5.500		9,494	9,402	9,666	101.814	
G2 003544	Apr 2034	5.500		6,167	6,150	6,278	101.814	
G2 003346	Feb 2033	5.500		9,976	10,054	10,156	101.806	
G2 003132	Sep 2031	6.000		5,125	5,196	5,224	101.944	
G2 002740	Apr 2029	6.000		5,169	5,241	5,265	101.854	
G2 002687	Dec 2028	6.000		761	770	773	101.552	
G2 002659	Oct 2028	7.000		782	815	805	102.905	
G2 002602	Jun 2028	6.000		1,905	1,932	1,932	101.401	
FNR 2021-024 AD	Nov 2049	2.250		1,326,746	1,340,013	813,291	61.300	
FN MA5071	Jul 2053	5.000		272,783	266,560	263,238	96.501	
FN MA4918	Feb 2053	5.000		229,217	221,625	221,774	96.753	
FN MA4085	Jul 2050	2.500		43,620	44,390	35,211	80.723	
FN MA4025	May 2050	2.500		222,220	226,039	179,382	80.723	
FN MA3971	Mar 2050	3.000		53,512	54,382	44,678	83.491	
FN MA3942	Feb 2050	3.000		42,085	42,769	35,426	84.177	
FN FS6101	Aug 2053	5.500		467,148	461,820	462,030	98.904	
FN FS5781	Aug 2053	5.500		310,231	296,319	306,201	98.701	
FN FS4663	May 2053	5.000		455,701	439,645	440,217	96.602	
FN FS0031	Oct 2051	2.500		628,732	531,967	512,335	81.487	
FN CB6878	Aug 2053	6.000		354,512	347,975	356,914	100.678	
FN CB6750	Jul 2053	5.500		578,409	560,438	572,071	98.904	
FN CB4600	Sep 2052	3.500		112,054	100,744	99,734	89.005	
FN CB2800	Feb 2052	3.000		523,035	471,225	444,176	84.923	
FN BY3047	Jul 2053	5.500		269,737	264,890	266,373	98.753	

See accompanying independent auditors' report.

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(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: Securities of the U.S. Government and Federal Agencies								
FN BW0777	Aug 2052	4.500		\$ 100,051	\$ 96,299	\$ 94,631	\$ 94.583	
FN BV6675	Apr 2052	4.000		537,525	546,091	499,053	92.843	
FN BQ9317	Dec 2050	2.500		37,433	39,650	31,163	83.251	
FN BQ9294	Dec 2050	2.500		53,760	56,885	44,758	83.256	
FN BQ8502	Dec 2050	2.500		32,778	34,520	27,229	83.071	
FN BP7157	Jun 2050	3.000		65,623	69,012	56,386	85.924	
FN BP6792	May 2050	3.000		94,449	99,275	81,184	85.955	
FN BP6370	May 2050	3.000		49,139	51,642	42,222	85.924	
FN BM6312	Aug 2046	3.500		84,571	89,037	76,198	90.100	
FN BL2542	May 2039	3.830		456,846	531,511	399,293	87.402	
FN BJ5829	Jun 2048	4.500		50,423	51,690	48,121	95.434	
FN BH5663	Jun 2047	3.500		149,274	154,359	134,178	89.887	
FN BE9242	Mar 2047	4.500		40,241	43,233	38,502	95.678	
FN BE8500	Feb 2047	3.500		28,576	29,545	25,810	90.320	
FN BE0252	Sep 2046	4.000		37,576	39,714	34,975	93.078	
FN BD4800	Sep 2046	3.500		30,988	32,019	27,911	90.070	
FN BD0676	Jan 2047	3.500		11,572	11,983	10,452	90.320	
FN AS8796	Feb 2047	3.000		75,736	79,890	65,820	86.907	
FN AN8199	Jan 2036	3.500		468,363	552,321	408,351	87.187	
FN 813842	Jan 2035	6.811		1,354	1,347	1,361	100.511	
FN 781606	Oct 2034	5.000		12,585	12,229	12,584	99.991	
FN 735227	Feb 2035	5.500		9,243	9,182	9,397	101.663	
FN 555592	Jul 2033	5.500		3,314	3,293	3,367	101.608	
FN 357771	May 2025	5.000		145	141	144	99.685	
FH ZT1951	May 2049	3.500		25,688	26,363	22,988	89.490	
FH SD8324	May 2053	5.500		346,645	338,412	342,392	98.773	
FH SD2856	May 2053	5.500		257,606	252,232	254,749	98.891	
FH SD1533	Sep 2052	4.500		137,738	132,229	130,256	94.568	
FH QD2254	Nov 2051	3.500		93,589	84,114	82,930	88.611	
FH QB7304	Jan 2051	2.500		610,648	568,571	504,794	82.665	
FH QB7050	Dec 2050	2.500		50,969	53,987	42,432	83.251	
FH QB6585	Dec 2050	2.500		48,888	51,485	40,609	83.067	
FH QB6580	Dec 2050	2.500		29,599	31,153	24,588	83.070	
FH QA9793	May 2050	3.000		45,437	47,747	39,041	85.924	
FH QA4861	Dec 2049	4.500		55,662	60,411	53,208	95.591	
FH H02005	Dec 2037	6.000		1,340	1,348	1,395	104.062	
FH G30359	Aug 2027	5.000		654	638	651	99.987	
FEDERAL HOME LOAN BANKS	Mar 2040	2.340		1,000,000	1,001,800	676,870	67.687	

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

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		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Bonds: Securities of the U.S. Government and Federal Agencies								
	FEDERAL HOME LOAN BANKS	Feb 2027	2.600		\$ 400,000	\$ 400,000	\$ 385,660	\$ 96.415
	Total				\$ 144,125,248	\$ 64,918,170	\$ 56,448,357	
Bonds: States, political subdivisions and special revenue								
	ALPINE UTAH SCH DIST	Mar 2030	5.000		\$ 25,000	\$ 29,563	\$ 25,981	\$ 103.926
	ARLINGTON CNTY VA	Aug 2037	4.000		1,500,000	1,825,620	1,534,269	102.285
	BENTON CNTY WASH SCH DIST NO 400 RICHLAND	Dec 2027	5.000		100,000	124,919	104,529	104.529
	BENTON CNTY WASH SCH DIST NO 400 RICHLAND	Dec 2028	5.000		230,000	285,531	240,187	104.429
	BENTON CNTY WASH SCH DIST NO 400 RICHLAND	Dec 2029	5.000		205,000	253,312	213,865	104.324
	BIRDVILLE TEX INDPT SCH DIST	Feb 2048	5.000		500,000	532,965	532,671	106.534
	CACHE CNTY UTAH SCH DIST	Jun 2028	4.000		40,000	46,630	40,465	101.164
	CALIFORNIA EDL FACS AUTH REV	Jun 2046	5.000		1,000,000	1,244,410	1,186,854	118.685
	CALIFORNIA EDL FACS AUTH REV	Apr 2051	5.000		1,000,000	1,257,960	1,183,186	118.319
	CHANNELVIEW TEX INDPT SCH DIST	Aug 2025	5.059		20,000	20,601	20,008	100.040
	CHANNELVIEW TEX INDPT SCH DIST	Aug 2035	5.926		10,000	10,835	10,007	100.073
	CHARLOTTE N C STORM WTR FEE REV	Dec 2054	4.000		1,750,000	1,741,850	1,672,305	95.560
	CHESTERFIELD CNTY VA	Jan 2043	4.000		1,000,000	1,015,000	1,009,061	100.906
	CLARK CNTY WASH SCH DIST NO 122 RIDGEFIELD	Dec 2030	5.000		20,000	24,542	20,850	104.251
	COLORADO HOUSING AND FINANCE AUTHORITY	May 2050	3.500		215,000	236,921	212,646	98.905
	COLORADO HOUSING AND FINANCE AUTHORITY	May 2025	1.112		150,000	150,000	148,327	98.884
	COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2025	1.212		150,000	150,000	146,070	97.380
	COLORADO HOUSING AND FINANCE AUTHORITY	May 2026	1.466		225,000	225,000	216,285	96.127
	COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2026	1.516		225,000	225,000	213,077	94.701
	COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2026	1.369		125,000	125,000	118,962	95.170
	COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2027	1.489		130,000	130,000	120,069	92.361
	CONROE TEX INDPT SCH DIST	Feb 2038	4.000		130,000	148,842	130,140	100.108
	CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT	Aug 2040	4.000		510,000	510,000	513,991	100.783
	COWLITZ CNTY WASH SCH DIST NO 402 KALAMA	Dec 2029	5.000		400,000	461,072	424,594	106.149
	CROSBY TEX INDPT SCH DIST	Feb 2031	4.000		60,000	61,158	60,017	100.028
	CROWLEY TEX INDPT SCH DIST	Feb 2053	5.250		400,000	431,792	430,764	107.691
	CRYSTAL CITY TEX INDPT SCH DIST	Feb 2025	4.000		10,000	11,312	10,006	100.056
	CURATORS UNIV MO SYS FACS REV	Nov 2035	5.000		500,000	589,095	571,702	114.340
	DAVIS CNTY UTAH SCH DIST	Jun 2039	5.000		1,000,000	1,157,510	1,126,988	112.699
	DELAWARE ST	Jan 2027	5.000		8,000	9,670	8,348	104.352
	DELAWARE ST	May 2044	4.000		1,500,000	1,481,670	1,514,261	100.951
	DENTON TEX INDPT SCH DIST	Aug 2053	5.000		610,000	654,922	647,027	106.070
	DENVER COLO CITY & CNTY BRD WTR COMMRS WTR REV	Sep 2054	5.000		1,000,000	1,106,360	1,078,895	107.890
	DICKINSON TEX INDPT SCH DIST	Feb 2035	5.941		15,000	16,125	15,010	100.069
	DISTRICT COLUMBIA HSG FIN AGY MULTIFAMILY HSG REV	Mar 2049	3.236		478,094	478,094	430,822	90.112

See accompanying independent auditors' report.

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Bonds: States, political subdivisions and special revenue								
DUCHESNE CNTY UTAH SCH DIST		Jun 2030	4.000		\$ 290,000	\$ 322,778	\$ 291,703	\$ 100.587
EAGLE MTN & SAGINAW TEX INDPT SCH DIST		Aug 2031	5.000		15,000	16,718	15,262	101.746
EAGLE MTN & SAGINAW TEX INDPT SCH DIST		Aug 2028	5.000		265,000	333,526	268,327	101.256
EAGLE MTN & SAGINAW TEX INDPT SCH DIST		Aug 2033	2.022		325,000	325,000	258,463	79.527
EL PASO TEX INDPT SCH DIST		Aug 2025	5.000		35,000	40,375	35,363	101.038
ELGIN TEX INDPT SCH DIST		Aug 2025	5.000		100,000	104,953	100,994	100.994
ESCAMBIA CNTY FLA HSG FIN AUTH SINGLE FAMILY MTG R		Apr 2025	1.850		65,000	64,919	64,561	99.325
ESCAMBIA CNTY FLA HSG FIN AUTH SINGLE FAMILY MTG R		Apr 2026	1.950		70,000	69,913	68,137	97.338
FAIRFAX CNTY VA		Oct 2043	4.000		510,000	506,578	513,191	100.626
FAIRFAX CNTY VA WTR AUTH WTR REV		Apr 2050	4.000		155,000	153,518	147,870	95.400
FLORIDA HSG FIN CORP REV		Jul 2047	4.000		65,000	69,442	64,898	99.844
FLORIDA HSG FIN CORP REV		Jul 2048	4.000		205,000	220,621	204,679	99.843
FLORIDA ST		Jul 2030	4.000		130,000	150,506	131,197	100.921
FLORIDA ST		Jul 2044	4.000		105,000	106,167	105,387	100.368
FLORIDA ST		Jul 2053	4.125		1,000,000	982,390	995,994	99.599
FLORIDA ST BRD ED PUB ED		Jun 2032	4.000		255,000	292,365	257,197	100.861
FLORIDA ST BRD ED PUB ED		Jun 2027	5.000		25,000	27,106	25,618	102.472
FLORIDA ST BRD ED PUB ED		Jun 2029	5.000		15,000	17,009	15,363	102.421
FLORIDA ST BRD ED PUB ED		Jun 2031	4.000		125,000	147,765	126,738	101.390
FORT BEND TEX INDPT SCH DIST		Aug 2050	4.000		500,000	597,125	468,981	93.796
FRANKLIN CNTY WASH SCH DIST NO 001 PASCO		Dec 2031	5.000		500,000	584,225	525,349	105.070
FRANKLIN CNTY WASH SCH DIST NO 001 PASCO		Dec 2032	5.000		525,000	613,829	550,580	104.872
FRISCO TEX INDPT SCH DIST		Aug 2049	4.000		100,000	118,233	94,364	94.364
GARLAND TEX INDPT SCH DIST		Feb 2039	5.000		500,000	559,385	550,954	110.191
GEORGIA ST		Feb 2031	4.600		250,000	251,300	248,704	99.482
GREGORY PORTLAND TEX INDPT SCH DIST		Feb 2039	5.000		500,000	553,350	545,056	109.011
GUILFORD CNTY N C		Aug 2030	5.461		100,000	121,125	103,682	103.682
HAYS TEX CONS INDPT SCH DIST		Feb 2029	5.000		5,000	5,910	5,178	103.568
HAYS TEX CONS INDPT SCH DIST		Feb 2048	5.000		500,000	529,365	529,197	105.839
HOUSTON TEX INDPT SCH DIST		Feb 2037	4.000		100,000	113,104	100,129	100.129
HOUSTON TEX INDPT SCH DIST		Feb 2032	4.000		100,000	114,166	100,626	100.626
ILLINOIS HSG DEV AUTH REV		Oct 2048	4.000		370,000	396,988	369,556	99.880
ILLINOIS HSG DEV AUTH REV		Oct 2048	4.500		185,000	207,178	186,463	100.791
INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV		Jul 2048	6.370		300,000	300,000	305,901	101.967
INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV		Jul 2053	6.400		320,000	320,000	324,617	101.443
INDIANA UNIV REVS		Jun 2060	3.067		275,000	173,148	172,667	62.788
IOWA FINANCE AUTHORITY		Jul 2046	4.000		50,000	52,742	50,000	100.000
IOWA FINANCE AUTHORITY		Jul 2047	4.000		150,000	159,318	149,888	99.926

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Bonds: States, political subdivisions and special revenue								
IOWA FINANCE AUTHORITY	Jul	2027	2.400	\$ 100,000	\$ 100,000	\$ 94,796	\$ 94.796	
KATY TEX INDPT SCH DIST	Feb	2047	4.000	100,000	116,213	94,355	94.355	
KELLER TEX INDPT SCH DIST	Feb	2025	4.000	10,000	11,251	10,006	100.056	
KING & PIERCE CNTY WASH SCH DIST NO 408 AUBURN	Dec	2032	5.000	10,000	11,460	10,493	104.926	
KING CNTY WASH SCH DIST NO 403 RENTON	Dec	2031	5.000	25,000	28,427	26,277	105.108	
LEWIS & THURSTON CNTYS WASH SCH DIST NO 401 CENTRA	Dec	2030	5.000	25,000	29,428	25,834	103.336	
LITTLE ELM TEX INDPT SCH DIST	Aug	2046	5.000	100,000	125,770	102,654	102.654	
LOUISIANA HSG CORP SINGLE FAMILY MTG REV	Sep	2041	1.550	534,495	534,495	446,539	83.544	
MADISON & FREMONT CNTYS IDAHO JT SCH DIST NO 322 S	Sep	2039	5.000	145,000	182,311	154,889	106.820	
MALAKOFF TEX INDPT SCH DIST	Feb	2026	4.620	20,000	20,099	20,002	100.009	
MARION CNTY ORE SCH DIST NO 014J JEFFERSON	Jun	2037	5.000	25,000	27,750	25,914	103.658	
MASON CNTY WASH SCH DIST NO 309 SHELTON	Dec	2029	5.000	30,000	36,044	31,297	104.324	
MASSACHUSETTS COMMONWEALTH	Aug	2031	4.500	200,000	207,636	195,256	97.628	
MASSACHUSETTS ST DEV FIN AGY REV	Jul	2040	5.000	1,000,000	1,414,010	1,189,110	118.911	
MASSACHUSETTS ST DEV FIN AGY REV	Jul	2050	5.000	240,000	296,148	281,967	117.486	
MELISSA TEX INDPT SCH DIST	Aug	2033	5.000	425,000	488,830	447,748	105.353	
METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct	2054	5.000	250,000	271,790	270,061	108.024	
METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct	2054	4.000	1,930,000	1,883,589	1,803,778	93.460	
METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN	Jul	2029	1.336	500,000	500,000	435,210	87.042	
MINNESOTA ST	Aug	2037	5.000	10,000	12,773	10,557	105.573	
MINNESOTA ST	Aug	2043	4.000	1,000,000	1,035,720	1,014,517	101.452	
MINNESOTA ST HSG FIN AGY HOMEOWNERSHIP FIN	Feb	2051	1.580	638,038	638,038	497,751	78.013	
MINNESOTA HOUSING FINANCE AGENCY	Jan	2048	4.000	345,000	371,037	343,733	99.633	
MINNESOTA HOUSING FINANCE AGENCY	Jul	2051	3.000	765,000	837,438	740,236	96.763	
MINNESOTA HOUSING FINANCE AGENCY	Jul	2053	5.591	500,000	500,000	502,664	100.533	
MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec	2043	5.458	150,000	150,000	141,663	94.442	
MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec	2048	5.508	400,000	400,000	370,256	92.564	
MISSISSIPPI ST	Nov	2034	5.245	350,000	332,892	346,968	99.134	
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Oct	2044	4.072	255,000	297,710	214,090	83.957	
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Jan	2046	3.651	250,000	300,783	194,553	77.821	
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Aug	2057	3.652	110,000	81,406	81,068	73.698	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Aug	2036	2.970	89,394	89,394	82,373	92.145	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	May	2038	3.750	50,000	53,835	49,983	99.965	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov	2045	4.000	60,000	64,913	59,950	99.917	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov	2025	2.500	15,000	15,356	14,767	98.447	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	May	2047	4.000	230,000	246,371	229,770	99.900	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov	2043	2.625	112,957	115,153	89,382	79.130	
NEBRASKA INVT FIN AUTH SINGLE FAMILY HSG REV	Sep	2045	3.500	85,000	90,956	85,851	101.001	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Bonds: States, political subdivisions and special revenue								
	NEBRASKA INVT FIN AUTH SINGLE FAMILY HSG REV	Sep 2048	4.000		\$ 265,000	\$ 281,915	\$ 265,167	\$ 100.063
	NEVADA HSG DIV SINGLE FAMILY MTG REV	Nov 2044	1.900		362,858	362,858	310,629	85.606
	NEW JERSEY ST EDL FACS AUTH REV	Mar 2053	4.000		1,860,000	1,819,065	1,776,737	95.524
	NEW MEXICO MTG FIN AUTH	Mar 2045	3.250		70,000	74,255	70,274	100.392
	NEW MEXICO MTG FIN AUTH	Jul 2050	3.500		240,000	258,504	234,361	97.651
	NEW MEXICO MTG FIN AUTH	May 2042	1.620		896,004	896,004	767,193	85.624
	NEW YORK STATE DORMITORY AUTHORITY	Oct 2050	5.000		1,190,000	1,465,842	1,371,609	115.261
	NORTH CAROLINA ST	Jun 2035	4.000		160,000	175,943	160,360	100.225
	NORTH DAKOTA PUB FIN AUTH	Oct 2044	5.000		1,000,000	1,131,140	1,098,302	109.830
	NORTHWEST TEX INDPT SCH DIST	Feb 2048	5.000		305,000	326,515	322,791	105.833
	OHIO ST	Mar 2040	5.000		1,000,000	1,355,500	1,080,117	108.012
	OHIO ST	May 2034	5.000		750,000	937,620	776,616	103.549
	OHIO ST	May 2035	5.000		750,000	914,235	775,615	103.415
	OHIO ST	Jun 2036	5.000		1,000,000	1,272,970	1,069,953	106.995
	OHIO HOUSING FINANCE AGENCY	Sep 2046	3.500		195,000	209,609	197,751	101.411
	OHIO HOUSING FINANCE AGENCY	Mar 2028	2.550		135,000	137,488	129,495	95.922
	OHIO HOUSING FINANCE AGENCY	Sep 2028	2.600		110,000	112,023	105,025	95.477
	OHIO ST WTR DEV AUTH WTR POLLUTN CTL REV	Dec 2046	4.000		1,500,000	1,499,925	1,454,961	96.997
	OKLAHOMA ST WTR RES BRD REVOLVING FD REV	Apr 2049	5.000		500,000	548,745	540,002	108.000
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2039	5.000		400,000	452,660	445,534	111.384
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.375		650,000	633,438	663,592	102.091
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.000		275,000	271,681	270,310	98.295
	ORANGE CNTY FLA HSG FIN AUTH HOMEOWNER REV	Sep 2050	1.650		270,885	270,885	252,174	93.093
	OREGON	Aug 2039	5.382		35,000	38,618	34,503	98.581
	OREGON	Aug 2026	5.011		10,000	12,138	10,092	100.923
	OREGON	Nov 2031	5.000		20,000	22,583	20,814	104.069
	OREGON	Nov 2041	2.765		390,000	390,000	290,190	74.408
	OREGON	May 2028	1.472		500,000	500,000	454,534	90.907
	OWYHEE & CANYON CNTYS IDAHO JT SCH DIST NO 370	Sep 2036	4.000		2,020,000	2,461,693	2,086,607	103.297
	PENNSYLVANIA ST HIGHER EDL FACS AUTH REV	Aug 2039	2.942		125,000	123,523	97,434	77.947
	PIERCE & KING CNTYS WASH SCH DIST NO 417 FIFE	Dec 2039	4.000		225,000	262,618	225,507	100.225
	PIERCE CNTY WASH SCH DIST NO 010 TACOMA	Dec 2039	4.000		1,000,000	1,206,060	1,009,156	100.916
	PIERCE CNTY WASH SCH DIST NO 403 BETHEL	Dec 2035	5.000		170,000	220,631	181,959	107.035
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Mar 2046	3.500		160,000	170,866	159,547	99.717
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Jun 2051	2.000		1,843,772	1,843,772	1,552,172	84.185
	PORT ARTHUR TEX INDPT SCH DIST	Feb 2045	4.000		140,000	156,471	133,109	95.078
	PORT HOUSTON AUTH TEX HARRIS CNTY	Oct 2036	4.000		800,000	979,529	816,738	102.092
	PROSPER TEX INDPT SCH DIST	Feb 2026	5.000		5,000	6,040	5,104	102.088

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

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	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: States, political subdivisions and special revenue								
RHODE ISLAND HSG & MTG FIN CORP	Oct 2054	6.250		\$ 100,000	\$ 105,801	\$ 102,664	\$ 102.664	
RHODE IS INFRASTRUCTURE BK ST REVOLVING FD REV	Oct 2053	4.125		2,000,000	1,975,600	1,887,184	94.359	
ROCKWALL TEX INDPT SCH DIST	Feb 2036	1.976		250,000	250,000	185,851	74.340	
SAN ANTONIO TEX INDPT SCH DIST	Aug 2028	5.000		40,000	40,558	40,415	101.038	
SAN ANTONIO TEX INDPT SCH DIST	Aug 2048	5.000		150,000	152,094	150,718	100.479	
SAN ANTONIO TEX INDPT SCH DIST	Aug 2043	5.000		620,000	634,452	624,790	100.773	
SANTA FE TEX INDPT SCH DIST	Feb 2027	5.000		5,000	5,738	5,207	104.132	
SEVIER CNTY UTAH SCH DIST SEVIER SCH DIST	Jun 2031	4.000		140,000	165,206	145,585	103.989	
SEVIER CNTY UTAH SCH DIST SEVIER SCH DIST	Jun 2032	4.000		130,000	152,763	134,756	103.658	
SOUTH DAKOTA CONSERVANCY DIST REV	Aug 2054	5.000		1,250,000	1,367,413	1,342,018	107.361	
SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY	Nov 2048	4.000		285,000	301,356	284,493	99.822	
TAMPA FLA WTR & WASTEWATER SYS REV	Oct 2054	5.000		500,000	551,955	537,853	107.571	
TAYLOR TEX INDPT SCH DIST	Feb 2033	4.000		500,000	568,440	502,363	100.473	
TENNESSEE HOUSING DEVELOPMENT AGENCY	Jul 2050	3.500		600,000	638,058	577,110	96.185	
TENNESSEE ST	Aug 2033	5.000		130,000	156,673	133,303	102.541	
TENNESSEE ST	Aug 2035	5.000		140,000	169,119	143,389	102.421	
BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	Jul 2047	3.660		320,000	347,615	258,086	80.652	
BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	May 2026	5.000		275,000	289,724	282,275	102.645	
BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	May 2054	4.125		1,500,000	1,436,250	1,371,576	91.438	
TEXAS NATURAL GAS SECURITIZATION FINANCE CORPORATI	Apr 2039	5.169		2,050,000	2,053,050	2,011,768	98.135	
TEXAS ST	Apr 2039	5.517		600,000	741,376	600,812	100.135	
TEXAS ST	Apr 2040	4.681		635,000	771,791	586,077	92.296	
TEXAS ST	Oct 2025	5.000		5,000	6,016	5,064	101.288	
TEXAS ST	Oct 2036	5.000		170,000	202,191	171,422	100.837	
TEXAS ST	Oct 2039	3.228		300,000	229,953	242,939	80.980	
TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Sep 2038	2.750		527,568	527,568	458,335	86.877	
TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Mar 2036	2.000		140,817	140,817	124,719	88.568	
TOMBALL TEX INDPT SCH DIST	Feb 2044	4.000		100,000	114,715	97,236	97.236	
TOOELE CNTY UTAH SCH DIST	Jun 2025	5.000		10,000	11,889	10,072	100.725	
UNION CNTY ORE SCH DIST NO 11 IMBLER	Jun 2029	5.700		65,000	79,087	67,879	104.429	
UNIV PITTSBURGH OF THE COMWLTH SYS OF HIGHER ED PA	Sep 2041	3.005		125,000	124,623	96,697	77.358	
UNIVERSITY COLO ENTERPRISE SYS REV	Jun 2039	4.000		1,500,000	1,788,120	1,504,242	100.283	
UNIVERSITY MICH UNIV REVS	Apr 2052	3.504		250,000	248,663	181,296	72.518	
UNIVERSITY TEXAS PERMANENT UNIVERSITY FUND	Jul 2053	4.000		1,000,000	971,370	935,187	93.519	
BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2039	5.000		55,000	67,766	58,443	106.259	
BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2049	5.000		1,395,000	2,031,999	1,590,463	114.012	
BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2050	5.000		650,000	1,059,360	744,149	114.484	
BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2054	4.000		500,000	488,885	465,430	93.086	

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

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	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: States, political subdivisions and special revenue								
STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug	2053	5.250	\$ 400,000	\$ 438,040	\$ 433,936	\$ 108.484	
STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug	2044	5.000	500,000	542,115	542,457	108.491	
STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug	2046	5.000	300,000	320,107	316,835	105.612	
UNIVERSITY VA UNIV REVS	Apr	2044	5.000	1,750,000	2,130,468	1,790,805	102.332	
VAN TEX INDPT SCH DIST	Feb	2030	4.000	20,000	21,679	20,006	100.031	
VIRGINIA BEACH VA	Feb	2044	4.000	1,000,000	999,950	1,007,587	100.759	
VIRGINIA ST HSG DEV AUTH	Jun	2035	2.850	250,000	257,923	210,311	84.124	
VIRGINIA ST HSG DEV AUTH	Sep	2026	1.402	250,000	250,000	237,602	95.041	
VIRGINIA ST HSG DEV AUTH	Nov	2040	2.980	250,000	250,000	190,224	76.090	
WASHINGTON CNTY ORE SCH DIST NO 48J BEAVERTON	Jun	2036	5.000	410,000	475,338	423,954	103.403	
WASHINGTON MULTNOMAH & YAMHILL CNTYS ORE SCH DIST	Jun	2035	5.000	325,000	369,558	336,559	103.557	
WASHINGTON MULTNOMAH & YAMHILL CNTYS ORE SCH DIST	Jun	2036	5.000	1,015,000	1,138,397	1,049,627	103.412	
WASHINGTON ST	Feb	2035	5.000	15,000	17,100	15,755	105.031	
WASHINGTON ST	Feb	2037	5.000	250,000	305,028	257,461	102.985	
WASHINGTON ST	Jan	2025	5.000	45,000	50,897	45,000	100.000	
WASHINGTON ST	Jul	2032	5.000	105,000	117,620	106,701	101.620	
WASHINGTON ST	Jul	2028	5.000	15,000	17,966	15,262	101.747	
WASHINGTON ST	Jul	2031	5.000	345,000	393,314	350,717	101.657	
WASHINGTON ST	Feb	2026	5.000	10,000	12,040	10,218	102.178	
WASHINGTON ST	Aug	2043	5.000	110,000	137,999	115,449	104.953	
WASHINGTON ST	Aug	2044	5.000	300,000	368,391	313,912	104.637	
WAXAHACHIE TEX INDPT SCH DIST	Feb	2048	5.000	500,000	543,510	534,556	106.911	
WHITMAN CNTY WASH REORG SCH DIST NO 300 COLFAX	Dec	2029	5.000	10,000	11,797	10,615	106.149	
WISCONSIN ST	May	2038	5.000	880,000	1,072,905	910,572	103.474	
WISCONSIN ST	May	2043	5.000	1,000,000	1,135,310	1,103,781	110.378	
WISCONSIN ST	May	2040	4.000	380,000	443,072	380,566	100.149	
YAKIMA & BENTON CNTYS WASH SCH DIST NO 116-200 GRA	Dec	2029	5.000	30,000	34,167	31,293	104.324	
	Total				\$ 86,217,882	\$ 95,040,554	\$ 86,381,052	
Bonds: Corporate debt securities								
ALABAMA POWER CO	Aug	2044	4.150	\$ 14,000	\$ 14,112	\$ 11,496	\$ 82.117	
ARIZONA PUBLIC SERVICE CO	Sep	2035	5.500	50,000	66,088	49,632	99.264	
BALTIMORE GAS AND ELECTRIC CO	Oct	2036	6.350	17,000	21,498	18,224	107.199	
BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVER	May	2047	3.460	100,000	107,900	74,975	74.975	
BURLINGTON NORTHERN SANTA FE LLC	Aug	2036	6.200	50,000	62,794	53,736	107.472	
CSX CORP	May	2042	4.750	125,000	138,106	112,770	90.216	
DUKE ENERGY PROGRESS LLC	May	2042	4.100	60,000	55,644	49,127	81.878	
COMCAST CORP	Jan	2033	4.250	140,000	164,320	130,598	93.284	
CONSOLIDATED EDISON COMPANY OF NEW YORK INC	Mar	2036	5.850	10,000	11,946	10,343	103.434	

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

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Bonds: Corporate debt securities								
CONSOLIDATED EDISON COMPANY OF NEW YORK INC		Dec 2039	5.500		\$ 24,000	\$ 28,564	\$ 23,725	\$ 98.855
DUKE ENERGY CAROLINAS LLC		Apr 2038	6.050		21,000	29,294	22,087	105.176
DUKE UNIVERSITY		Oct 2046	3.299		700,000	523,298	512,330	73.190
EMERSON ELECTRIC CO		Apr 2039	6.125		40,000	54,604	42,339	105.848
FLORIDA POWER & LIGHT CO		Jun 2054	5.600		100,000	99,136	99,913	99.913
GILEAD SCIENCES INC		Sep 2035	4.600		34,000	37,701	32,042	94.240
HEWLETT PACKARD ENTERPRISE CO		Oct 2034	5.000		40,000	39,631	38,474	96.184
HOME DEPOT INC		Dec 2036	5.875		110,000	137,352	115,937	105.397
JPMORGAN CHASE & CO		Jan 2035	5.336		50,000	50,000	49,722	99.443
KENTUCKY UTILITIES CO		Nov 2040	5.125		30,000	39,656	28,395	94.651
LOCKHEED MARTIN CORP		Dec 2042	4.070		125,000	125,000	104,074	83.259
LOWE'S COMPANIES INC		Oct 2036	5.800		16,000	20,761	16,588	103.677
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		Jul 2038	3.959		55,000	62,984	48,751	88.638
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		Jul 2050	2.989		275,000	275,000	185,578	67.483
MICROSOFT CORP		Oct 2040	4.500		41,000	46,980	39,306	95.869
MISSISSIPPI POWER CO		Jul 2051	3.100		30,000	29,680	19,548	65.160
NORFOLK SOUTHERN CORP		Feb 2048	4.150		55,000	66,257	43,856	79.738
NORTHROP GRUMMAN CORP		Nov 2040	5.050		95,000	108,394	89,196	93.890
NORTHWESTERN UNIVERSITY		Dec 2047	4.198		75,000	84,800	63,518	84.690
NORTHWESTERN UNIVERSITY		Dec 2044	4.643		105,000	130,840	96,142	91.564
NORTHWESTERN UNIVERSITY		Dec 2057	3.662		250,000	200,454	184,140	73.656
ORACLE CORP		Apr 2038	6.500		62,000	87,124	66,478	107.223
DUKE ENERGY INDIANA LLC		Oct 2035	6.120		38,000	47,643	39,952	105.138
TXNM A A2		Aug 2051	6.028		2,765,000	2,987,257	2,869,213	103.769
PACIFICORP		Apr 2037	5.750		50,000	69,137	50,226	100.452
PEPSICO INC		May 2047	4.000		50,000	57,685	40,017	80.034
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Oct 2040	4.875		285,000	378,235	273,247	95.876
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Oct 2037	3.619		35,000	39,572	30,052	85.864
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Jul 2046	3.150		23,000	24,843	16,584	72.105
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Nov 2052	3.745		500,000	439,610	385,205	77.041
RTX CORP		Apr 2047	4.350		60,000	76,588	49,224	82.040
SHELL INTERNATIONAL FINANCE BV		Dec 2038	6.375		47,000	64,515	51,145	108.820
VVC 2023-A A2		May 2043	5.172		1,260,000	1,235,690	1,231,889	97.769
LELAND STANFORD JUNIOR UNIVERSITY		Jun 2044	3.563		20,000	16,093	15,432	77.161
LELAND STANFORD JUNIOR UNIVERSITY		May 2048	3.647		370,000	424,950	286,532	77.441
UNION PACIFIC CORP		Feb 2044	4.821		30,000	37,562	26,057	86.856
UNION PACIFIC CORP		Feb 2035	3.375		45,000	41,156	39,018	86.707
RTX CORP		Jul 2038	6.125		34,000	43,541	35,636	104.813

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

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Bonds: Corporate debt securities								
UNIVERSITY OF NOTRE DAME DU LAC	Feb 2045	3.438		\$ 285,000	\$ 290,205	\$ 216,147	\$ 75.841	
UNIVERSITY OF NOTRE DAME DU LAC	Feb 2048	3.394		135,000	146,728	99,893	73.995	
VIRGINIA ELECTRIC AND POWER CO	Jan 2043	4.000		55,000	65,062	43,854	79.734	
WELLS FARGO & CO	Jan 2035	5.499		150,000	150,000	149,108	99.405	
WYETH LLC	Apr 2037	5.950		29,000	35,833	30,284	104.428	
XCEL ENERGY INC	Jul 2036	6.500		52,000	72,907	55,539	106.806	
	Total			\$ 9,217,000	\$ 9,664,730	\$ 8,467,294		
	Total Bonds			\$ 239,560,130	\$ 169,623,454	\$ 151,296,703		
Common stocks and exchange traded funds								
ADMA BIOLOGICS ORD			1,260		\$ 24,831	\$ 21,609	\$ 17.150	
ABBOTT LABORATORIES ORD			3,040		69,956	343,854	113.110	
ABBVIE ORD			3,200		231,030	568,640	177.700	
ACUSHNET HOLDINGS ORD			8,486		399,438	603,185	71.080	
AIRBNB CL A ORD			3,867		552,687	508,162	131.410	
AIR PRODUCTS AND CHEMICALS ORD			2,666		447,203	773,247	290.040	
ALPHABET CL C ORD			4,118		412,585	784,232	190.440	
ALPHABET CL A ORD			13,940		723,798	2,638,842	189.300	
ALTRIA GROUP ORD			3,159		123,428	165,184	52.290	
AMAZON COM ORD			17,798		1,649,070	3,904,703	219.390	
AMERICAN EXPRESS ORD			3,165		89,595	939,340	296.790	
AMERICAN TOWER REIT			1,953		274,519	358,200	183.410	
AMERICAN WATER WORKS ORD			2,965		359,553	369,113	124.490	
AMPHENOL CL A ORD			9,249		175,454	642,343	69.450	
APPLE ORD			24,086		76,657	6,031,616	250.420	
BJ'S WHOLESALE CLUB HOLD ORD			17,228		594,584	1,539,322	89.350	
BERKSHIRE HATHAWAY CL B ORD			4,792		942,730	2,172,118	453.280	
BLACKROCK ORD			647		423,079	663,246	1,025.110	
BOSTON BEER CL A ORD			377		135,784	113,092	299.980	
BRISTOL MYERS SQUIBB ORD			3,614		77,726	204,408	56.560	
CMS ENERGY ORD			1,066		56,973	71,049	66.650	
CARLYLE GROUP ORD			4,171		132,647	210,594	50.490	
CELSIUS HOLDINGS ORD			1,435		55,389	37,798	26.340	
CHRLS RIVER LABS ORD			2,449		316,164	452,085	184.600	
CHARTER COMMUNICATIONS CL A ORD			2,324		865,464	796,597	342.770	
CHEMED ORD			299		149,906	158,410	529.800	
CHEVRON ORD			4,887		420,019	707,833	144.840	
CLEAN HARBORS ORD			1,562		247,179	359,479	230.140	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Common stocks and exchange traded funds								
COCA-COLA ORD				6,453		\$ 362,693	\$ 401,764	\$ 62.260
COMPASS MINERALS INTERNATIONAL ORD				5,550		146,505	62,438	11.250
CROCS ORD				93		12,606	10,186	109.530
CROWN HOLDINGS ORD				10,994		869,883	909,094	82.690
DANAHER ORD				2,093		159,648	480,448	229.550
DOMINOS PIZZA ORD				1,609		606,141	675,394	419.760
DRAFTKINGS CL A ORD				3,458		139,167	128,638	37.200
ENTEGRIS ORD				10,131		1,094,726	1,003,577	99.060
EQUITY LIFESTYLE PROP REIT ORD				2,271		150,981	151,249	66.600
EVERGY ORD				1,208		60,191	74,352	61.550
EVERSOURCE ENERGY ORD				1,169		84,101	67,136	57.430
EXXON MOBIL ORD				9,603		562,560	1,032,995	107.570
META PLATFORMS CL A ORD				4,622		684,860	2,706,227	585.510
FIRSTSERVICE SUB VTG ORD				1,165		192,869	210,888	181.020
GENERAL DYNAMICS ORD				3,417		859,078	900,345	263.490
GRACO ORD				1,845		112,572	155,515	84.290
GUIDEWIRE SOFTWARE ORD				513		79,176	86,482	168.580
H AND E EQUIPMENT SERVICES ORD				1,889		95,923	92,485	48.960
HEALTH EQUITY ORD				2,386		150,693	228,937	95.950
JACK HENRY AND ASSOCIATES ORD				2,246		339,236	393,724	175.300
HERSHEY FOODS ORD				1,849		368,310	313,128	169.350
HOME DEPOT ORD				1,402		29,148	545,364	388.990
HUB GROUP CL A ORD				2,155		90,251	96,027	44.560
INTUIT ORD				1,502		278,293	944,007	628.500
INVESCO S&P SC INFO				772		36,645	36,848	47.730
WCM INTL SC GROWTH INST				170,377		4,260,000	3,538,730	20.770
INVITATION HOMES ORD				3,860		81,282	123,404	31.970
ISHARES:RUSS 2000 ETF				1,347		258,150	297,633	220.960
ISHARES:US OIL E&S ETF				17,707		406,072	350,776	19.810
ISHARES:US O&G E&P ETF				3,859		364,962	345,882	89.630
ISHARES:CORE MSCI TIS				264,031		18,364,972	17,455,089	66.110
JPMORGAN CHASE ORD				2,257		89,791	541,025	239.710
JANUS INTERNATIONAL GROUP ORD				12,995		179,801	95,513	7.350
JOHNSON & JOHNSON ORD				7,041		423,730	1,018,269	144.620
KLA ORD				1,126		358,626	709,515	630.120
ESTEE LAUDER CL A ORD				886		158,554	66,432	74.980
LAZARD ORD				6,606		187,545	340,077	51.480
ELI LILLY ORD				1,585		325,997	1,223,620	772.000

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Common stocks and exchange traded funds								
MANPOWERGROUP ORD				186		\$ 11,181	\$ 10,736	\$ 57.720
MARKETAXESS HOLDINGS ORD				229		65,353	51,763	226.040
MARTIN MARIETTA MATERIALS ORD				1,108		247,959	572,282	516.500
MASTERCARD CL A ORD				3,356		69,147	1,767,169	526.570
MCDONALD'S ORD				2,516		455,321	729,363	289.890
MICROSOFT ORD				14,039		347,659	5,917,439	421.500
MORGAN STANLEY ORD				7,322		150,953	920,522	125.720
NEOGEN ORD				9,140		165,144	110,960	12.140
NEXTERA ENERGY ORD				10,240		605,274	734,106	71.690
NIKE CL B ORD				4,444		388,348	336,277	75.670
NISOURCE ORD				2,387		63,099	87,746	36.760
NVIDIA ORD				36,790		10,866	4,940,529	134.290
O REILLY AUTOMOTIVE ORD				207		83,623	245,461	1,185.800
OSHKOSH ORD				1,306		132,913	124,161	95.070
OTIS WORLDWIDE ORD				8,594		545,348	795,890	92.610
PARKER HANNIFIN ORD				2,330		778,332	1,481,950	636.030
PFIZER ORD				17,141		519,492	454,751	26.530
PHILIP MORRIS INTERNATIONAL ORD				12,769		1,032,490	1,536,749	120.350
PRESTIGE CONSUMER HEALTHCARE ORD				1,975		113,887	154,228	78.090
PROCTER & GAMBLE ORD				6,682		380,353	1,120,237	167.650
PROSPERITY BANCSHARES ORD				15,413		888,636	1,161,370	75.350
RTX ORD				6,083		514,769	703,925	115.720
REGENERON PHARMACEUTICALS ORD				327		94,848	232,932	712.330
RYMAN HOSPITALITY PROP REIT ORD				1,235		111,903	128,860	104.340
S&P GLOBAL ORD				1,079		43,308	537,374	498.030
SPS COMMERCE ORD				518		93,545	95,307	183.990
SPDR S&P SFTWRE & SVC				477		70,510	90,134	188.960
SPDR S&P RETAIL				2,414		173,156	192,130	79.590
SPDR S&P METALS&MINING				403		23,118	22,878	56.770
SPDR S&P INSURANCE ETF				4,311		194,262	243,485	56.480
SPDR S&P BIOTECH				1,662		147,981	149,680	90.060
SPDR S&P OIL&GAS EXP				2,272		305,880	300,745	132.370
SALESFORCE ORD				3,957		615,119	1,322,944	334.330
JOHN B SANFILIPPO AND SON ORD				1,505		136,205	131,101	87.110
SEL SECTOR:RL EST SPDR				32,915		1,301,676	1,339,311	40.690
SEL SECTOR:UTIL SPDR				5,596		340,825	423,561	75.690
SEMPRA ORD				7,505		434,746	658,339	87.720
SERVICE CORPORATION INTERNATIONL ORD				2,372		164,018	189,333	79.820

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Common stocks and exchange traded funds								
ARS PHARMACEUTICALS ORD				408		\$ 5,704	\$ 4,304	\$ 10.550
SITIME ORD				688		68,768	147,597	214.530
STOCK YARDS BANCORP ORD				3,204		128,223	229,438	71.610
SUMMIT MATERIALS CL A ORD				3,432		117,798	173,659	50.600
TJX ORD				2,415		82,188	291,756	120.810
TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD				6,295		479,050	1,243,200	197.490
TEREX CORP				3,589		215,119	165,884	46.220
TESLA ORD				2,260		372,369	912,678	403.840
TEXAS INSTRUMENTS ORD				4,108		130,958	770,291	187.510
TEXTRON ORD				2,214		171,507	169,349	76.490
THERMO FISHER SCIENTIFIC ORD				1,601		71,046	832,888	520.230
TIMKEN ORD				1,917		140,250	136,816	71.370
TRADEWEB MARKETS CL A ORD				285		25,491	37,312	130.920
TRANSUNION ORD				1,453		98,347	134,708	92.710
TYLER TECHNOLOGIES ORD				990		312,838	570,874	576.640
UBER TECHNOLOGIES ORD				3,704		214,585	223,425	60.320
UNION PACIFIC ORD				5,683		853,156	1,295,951	228.040
UNITED PARCEL SERVICE CL B ORD				2,837		285,440	357,746	126.100
UNITEDHEALTH GRP ORD				2,655		747,458	1,343,058	505.860
VAIL RESORTS ORD				751		182,816	140,775	187.450
VISA CL A ORD				5,530		96,273	1,747,701	316.040
WARNER MUSIC GROUP CL A ORD				4,673		160,791	144,863	31.000
WASTE MANAGEMENT ORD				2,333		144,524	470,776	201.790
WM BLAIR:INTL LDRS R6				525,196		12,077,621	10,188,811	19.400
ZOOMINFO TECHNOLOGIES ORD				15,471		416,410	162,600	10.510
ALCON ORD				4,532		271,905	384,721	84.890
ALLEGION ORD				1,280		156,481	167,270	130.680
ACCENTURE CL A ORD				2,666		154,399	937,872	351.790
APTIV ORD				5,704		466,669	344,978	60.480
SEADRILL ORD				3,046		156,495	118,581	38.930
STERIS ORD				4,266		519,764	876,919	205.560
LAM RESEARCH ORD				7,118		30,375	514,133	72.230
NATHANS FAMOUS ORD				1,411		96,882	110,921	78.610
				Total Common stocks and exchange traded funds		\$ 74,326,133	\$ 119,319,097	
Cash equivalents								
DWS GVT MM SRS INST				32,627,094		\$ 32,627,094	\$ 32,627,094	\$ 1.000
				Total Cash equivalents		\$ 32,627,094	\$ 32,627,094	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)		
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Mortgage loans									
1155 15TH STREET		Jun 2027	5.475		\$ 44,411	\$ 44,411	\$ 41,510	\$ 93.467	
555 TUCKAHOE ROAD		Mar 2045	3.490		155,849	155,849	126,530	81.188	
AIRPARK NASHVILLE		Jun 2047	3.990		98,758	98,758	89,937	91.068	
AIRPARK NASHVILLE 2		Jun 2047	4.533		25,883	25,883	24,244	93.668	
AIRPARK NASHVILLE 3		Jun 2047	3.598		49,359	49,359	44,034	89.212	
AUSTIN CENTRE		Jul 2027	3.740		167,411	167,411	153,793	91.866	
BOUTWELL BUSINESS CENTER		Sep 2048	4.108		92,952	92,952	83,899	90.260	
GLOBAL SELF STORAGE		Jul 2043	4.167		26,832	26,832	23,584	87.897	
GRAND AVENUE GARAGE		Jan 2049	4.637		82,503	82,503	77,886	94.404	
GRAND PLAZA		Feb 2051	4.700		267,953	267,953	216,668	80.861	
GRAND PLAZA 2		Feb 2051	4.870		14,194	14,194	11,665	82.182	
HAYWOOD OAKS		Dec 2051	3.425		322,461	322,461	307,499	95.360	
HEID LOFTS		Dec 2049	3.925		201,598	201,598	183,127	90.837	
LAKE PLEASANT & CANNERY CORNER		Jun 2029	4.220		193,232	193,232	176,510	91.346	
LAUREL PROMENADE FUNDING LLC		Mar 2040	4.191		30,013	30,013	26,626	88.714	
NAPA SQUARE		Apr 2026	4.015		47,160	47,160	45,047	95.519	
NORTH COUNTY SQUARE FUNDING LLC		Dec 2048	4.236		52,864	52,864	50,706	95.919	
PEACHTREE 25th CML		May 2050	4.442		81,403	81,403	80,507	98.899	
PEACHTREE 25th CML 2		May 2050	4.380		5,030	5,030	4,975	98.894	
PEACHTREE 25th CML 3		May 2050	4.380		3,258	3,258	3,222	98.892	
SHEAR PORTFOLIO		Feb 2043	4.396		198,062	198,062	170,683	86.176	
SOMERNOVA		Dec 2025	4.459		94,806	94,806	93,646	98.777	
SOUTHRIDGE ASHEVILLE LLC		Jun 2050	3.220		115,974	115,974	103,600	89.330	
THE EMBASSY		Jun 2054	4.208		42,836	42,836	37,890	88.453	
THE WOODS ON CHERRY CREEK		Feb 2052	3.409		265,766	265,766	238,154	89.610	
THE WOODS ON CHERRY CREEK 2		Feb 2052	4.396		10,065	10,065	9,426	93.653	
THE WOODS ON CHERRY CREEK 3		Feb 2052	6.065		12,860	12,860	12,915	100.425	
VERANDA OWNER LLC		Nov 2062	4.725		62,500	62,500	56,947	91.114	
		Total Mortgage loans				\$ 2,765,993	\$ 2,765,993	\$ 2,495,230	
Other invested assets									
Adams Street Private Credit Fund, LP						\$ 373,732	\$ 473,420		
Adams Street Senior Private Credit Fund II, LP						2,380,365	2,435,281		
AEA Mezzanine Fund III, LP						35,466	22,299		
Aquiline Technology Growth Fund II, LP						1,889,288	1,640,097		
Blackstone Capital Partners VIII, LP						3,911,646	4,561,185		
Cyprum Investors IV, LP						7,719	10,635		
CYPRUM PARALLEL INVESTORS V LP						410,391	340,667		
First Eagle Direct Lending Fund IV, LLC						2,925,514	2,545,792		

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Other invested assets								
	First Eagle Direct Lending IV Co-Invest, LLC					\$ 1,173,257	\$ 1,086,649	
	GCG Investors IV, LP					17,417	24,212	
	GLC Direct Credit Fund, LP					18,843	42,896	
	Goldman Sachs Private Equity Partners XI, LP					95,026	720,753	
	GoldPoint Mezzanine Partners IV, LP					125,924	108,676	
	Graycliff Mezzanine II Parallel, LP					34,045	51,000	
	Graycliff Mezzanine III, LP					399,873	272,631	
	Heartwood Forestland REIT III, LLC					1,129,406	74,496	
	LAZARD INT STRGC EQ ACW EX US TRST					11,174,943	10,583,109	
	Lyme Conservation Opportunities Fund, LP					751,496	626,885	
	Lyme Forest Fund IV, LP					642,898	442,859	
	Lyme Forest Fund V, LP					2,858,769	3,993,855	
	Midwest Mezzanine Fund V SBIC, LP					234,779	243,119	
	Midwest Mezzanine Fund VI SBIC, LP					542,289	888,845	
	Morgan Stanley IFHF SPV, LP					8,139	11,722	
	Morgan Stanley Premium Partners Fund SPV, LP					4,451	13,415	
	PJC Fund V, LP					4,530,000	4,184,432	
	Point Judith Venture Fund IV, LP					2,403,724	4,139,128	
	Savano Capital Partners II, LP					803,164	707,235	
	Stonepeak Infrastructure Fund III, LP					2,258,612	3,167,178	
	Total Other invested assets					\$ 41,141,176	\$ 43,412,471	
	Grand Total					\$ 242,326,123	\$ 320,483,850	\$ 349,150,595

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Acquired and Disposed Within Year)

Year ended December 31, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(c) Cost of acquisitions	(d) Proceeds of dispositions
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		
Bonds: Corporate debt securities						
JPMORGAN CHASE & CO	Jan 2030	5.012		\$ 50,000	\$ 50,000	\$ (51,179)
MORGAN STANLEY	Jan 2030	5.173		25,000	25,000	(25,692)
WELLS FARGO & CO	Jan 2030	5.198		100,000	100,000	(102,846)
Total Bonds				\$ 175,000	\$ 175,000	\$ (179,717)
Grand Total				\$ 175,000	\$ 175,000	\$ (179,717)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4j-Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ 57,183,933	\$ -	\$ -	\$ -	\$ 57,183,933	\$ 57,183,933	\$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ -	\$ 43,260,903	\$ -	\$ -	\$ 43,260,903	\$ 43,260,903	\$ -
Fidelity Salem Street Trust	Fidelity Long-Term Treasury Bond Index Fund	\$ -	\$ 55,569,557	\$ -	\$ -	\$ 71,256,309	\$ 55,569,557	\$ (15,686,752)
Series Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ 129,857,331	\$ -	\$ -	\$ -	\$ 129,857,331	\$ 129,857,331	\$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ -	\$ 105,730,730	\$ -	\$ -	\$ 105,730,730	\$ 105,730,730	\$ -

See accompanying independent auditors' report.

<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 AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 514</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>AMICA MUTUAL INSURANCE COMPANY</p> <p>P.O. BOX 6008</p> <p>PROVIDENCE RI 02940-6008</p>	<p>1c Effective date of plan 01/01/2015</p> <p>2b Employer Identification Number (EIN) 05-0348344</p> <p>2c Plan Sponsor's telephone number 800-652-6422</p> <p>2d Business code (see instructions) 524150</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>Samuel C. Palmisano</i>	10/14/2025	SAMUEL C. PALMISANO
	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 type="checkbox"/> Same as Plan Sponsor AMICA BENEFIT PLANS COMMITTEE P.O. BOX 6008 PROVIDENCE RI 02940-6008	3b Administrator's EIN 05-0348344 3c Administrator's telephone number 800-652-6422																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 2,338																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">1,896</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">1,896</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	0	6a(2)	0	6b	1,896	6c	0	6d	1,896	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																				
6a(2)	0																				
6b	1,896																				
6c	0																				
6d	1,896																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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 checked="" 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 checked="" type="checkbox"/> General assets of the sponsor
--	--

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

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

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

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

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

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

Receipt Confirmation Code _____

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4j-Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ 57,183,933	\$ -	\$ -	\$ -	\$ 57,183,933	\$ 57,183,933	\$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ -	\$ 43,260,903	\$ -	\$ -	\$ 43,260,903	\$ 43,260,903	\$ -
Fidelity Salem Street Trust	Fidelity Long-Term Treasury Bond Index Fund	\$ -	\$ 55,569,557	\$ -	\$ -	\$ 71,256,309	\$ 55,569,557	\$ (15,686,752)
Series Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ 129,857,331	\$ -	\$ -	\$ -	\$ 129,857,331	\$ 129,857,331	\$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional	\$ -	\$ 105,730,730	\$ -	\$ -	\$ 105,730,730	\$ 105,730,730	\$ -

See accompanying independent auditors' report.

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: Securities of the U.S. Government and Federal Agencies								
US INTERNATIONAL DEVELOPMENT FINANCE CORP	May 2030	3.430		\$ 254,520	\$ 256,755	\$ 244,606	\$ 96.105	
US INTERNATIONAL DEVELOPMENT FINANCE CORP	Oct 2034	3.000		588,885	588,885	533,341	90.568	
TOTE SHIPHOLDINGS LLC	Oct 2040	3.400		403,000	445,315	346,910	86.082	
UNITED STATES TREASURY	Nov 2042	2.750		78,000	63,683	58,281	74.719	
UNITED STATES TREASURY	Feb 2044	3.625		150,000	161,127	126,586	84.391	
UNITED STATES TREASURY	Aug 2044	3.125		70,000	71,534	54,359	77.656	
UNITED STATES TREASURY	Feb 2045	2.500		48,000	44,357	33,315	69.406	
UNITED STATES TREASURY	Feb 2046	2.500		5,275,000	3,947,184	3,606,781	68.375	
UNITED STATES TREASURY	May 2047	3.000		300,000	323,818	221,859	73.953	
UNITED STATES TREASURY	Feb 2048	3.000		400,000	348,125	293,688	73.422	
UNITED STATES TREASURY	Nov 2026	2.000		1,500,000	1,589,180	1,439,590	95.973	
UNITED STATES TREASURY	May 2027	2.375		1,000,000	1,075,898	957,734	95.773	
UNITED STATES TREASURY	May 2025	2.750		500,000	490,156	497,207	99.441	
UNITED STATES TREASURY	May 2053	-		10,000,000	3,172,600	2,593,879	25.939	
UNITED STATES TREASURY	Aug 2053	-		25,000,000	7,882,800	6,452,302	25.809	
UNITED STATES TREASURY	Aug 2044	-		25,000,000	10,336,000	9,289,732	37.159	
UNITED STATES TREASURY	May 2048	-		30,000,000	10,576,200	9,288,068	30.960	
UNITED STATES TREASURY	Nov 2049	-		30,000,000	10,001,700	8,658,666	28.862	
GNR 2021-056 PE	Mar 2051	1.500		317,095	318,334	237,482	74.893	
GNR 2021-027 DC	Feb 2051	1.250		257,582	258,991	191,459	74.329	
GNR 2014-172 AD	Jan 2046	2.200		60,778	60,503	57,674	94.892	
GNR 2014-135 AK	Aug 2055	3.000		62,585	64,902	55,201	88.202	
GNR 2013-100 MA	Feb 2043	3.500		4,811	5,012	4,692	97.527	
GNR 2013-071 LA	Oct 2042	3.000		20,800	20,988	19,863	95.498	
GNR 2013-068 B	Aug 2043	2.500		100,222	100,375	96,363	96.149	
GNR 2013-053 KA	Oct 2041	3.000		100,919	104,136	97,157	96.272	
GNR 2013-012 B	Nov 2052	2.070		327,434	331,220	307,340	93.863	
GNR 2009-106 HA	Nov 2039	4.000		61,554	64,632	59,684	96.962	
GNR 2009-076 MB	Sep 2039	5.000		45,788	50,080	45,445	99.251	
GN 794556	Jan 2042	3.500		55,916	57,087	51,216	91.595	
GN 749248	May 2031	4.000		152,887	158,907	150,248	98.274	
GN 740981	Oct 2040	4.500		24,442	25,966	23,779	97.287	
GN 736617	Dec 2035	4.000		113,839	121,345	110,398	96.978	
GN 697490	Sep 2038	6.500		14,828	14,962	15,607	105.256	
GN 692196	Nov 2038	6.000		25,837	26,212	26,653	103.158	
GN 616866	Feb 2027	3.000		5,489	5,616	5,395	98.281	
GN 554855	May 2031	7.000		3,956	4,127	4,063	102.692	
GN 542820	May 2031	7.000		935	973	979	104.634	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: Securities of the U.S. Government and Federal Agencies								
G2 MA6650	May 2050	5.000		\$ 25,908	\$ 26,783	\$ 25,195	\$ 97.246	
G2 MA6649	May 2050	4.500		17,466	18,044	16,576	94.905	
G2 MA2335	Nov 2029	3.000		24,840	25,461	24,156	97.245	
G2 MA0387	Sep 2042	3.500		52,023	54,868	47,086	90.509	
G2 BO9168	Jul 2049	4.500		14,312	15,493	13,702	95.737	
G2 BN5590	Jul 2049	4.500		44,834	48,253	42,922	95.735	
G2 BN5576	Jun 2049	4.500		58,302	62,875	55,816	95.737	
G2 742253	May 2030	4.500		40,851	42,000	40,636	99.475	
G2 005246	Nov 2026	3.000		7,563	7,741	7,462	98.662	
G2 004835	Oct 2040	5.000		32,469	34,417	32,266	99.376	
G2 004691	May 2040	4.500		245	255	238	97.023	
G2 004671	Apr 2040	4.500		8,019	8,373	7,804	97.324	
G2 004649	Mar 2040	4.500		3,181	3,345	3,097	97.368	
G2 003747	Aug 2035	5.000		4,984	4,858	4,996	100.239	
G2 003556	May 2034	5.500		9,494	9,402	9,666	101.814	
G2 003544	Apr 2034	5.500		6,167	6,150	6,278	101.814	
G2 003346	Feb 2033	5.500		9,976	10,054	10,156	101.806	
G2 003132	Sep 2031	6.000		5,125	5,196	5,224	101.944	
G2 002740	Apr 2029	6.000		5,169	5,241	5,265	101.854	
G2 002687	Dec 2028	6.000		761	770	773	101.552	
G2 002659	Oct 2028	7.000		782	815	805	102.905	
G2 002602	Jun 2028	6.000		1,905	1,932	1,932	101.401	
FNR 2021-024 AD	Nov 2049	2.250		1,326,746	1,340,013	813,291	61.300	
FN MA5071	Jul 2053	5.000		272,783	266,560	263,238	96.501	
FN MA4918	Feb 2053	5.000		229,217	221,625	221,774	96.753	
FN MA4085	Jul 2050	2.500		43,620	44,390	35,211	80.723	
FN MA4025	May 2050	2.500		222,220	226,039	179,382	80.723	
FN MA3971	Mar 2050	3.000		53,512	54,382	44,678	83.491	
FN MA3942	Feb 2050	3.000		42,085	42,769	35,426	84.177	
FN FS6101	Aug 2053	5.500		467,148	461,820	462,030	98.904	
FN FS5781	Aug 2053	5.500		310,231	296,319	306,201	98.701	
FN FS4663	May 2053	5.000		455,701	439,645	440,217	96.602	
FN FS0031	Oct 2051	2.500		628,732	531,967	512,335	81.487	
FN CB6878	Aug 2053	6.000		354,512	347,975	356,914	100.678	
FN CB6750	Jul 2053	5.500		578,409	560,438	572,071	98.904	
FN CB4600	Sep 2052	3.500		112,054	100,744	99,734	89.005	
FN CB2800	Feb 2052	3.000		523,035	471,225	444,176	84.923	
FN BY3047	Jul 2053	5.500		269,737	264,890	266,373	98.753	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: Securities of the U.S. Government and Federal Agencies								
FN BW0777	Aug 2052	4.500		\$ 100,051	\$ 96,299	\$ 94,631	\$ 94.583	
FN BV6675	Apr 2052	4.000		537,525	546,091	499,053	92.843	
FN BQ9317	Dec 2050	2.500		37,433	39,650	31,163	83.251	
FN BQ9294	Dec 2050	2.500		53,760	56,885	44,758	83.256	
FN BQ8502	Dec 2050	2.500		32,778	34,520	27,229	83.071	
FN BP7157	Jun 2050	3.000		65,623	69,012	56,386	85.924	
FN BP6792	May 2050	3.000		94,449	99,275	81,184	85.955	
FN BP6370	May 2050	3.000		49,139	51,642	42,222	85.924	
FN BM6312	Aug 2046	3.500		84,571	89,037	76,198	90.100	
FN BL2542	May 2039	3.830		456,846	531,511	399,293	87.402	
FN BJ5829	Jun 2048	4.500		50,423	51,690	48,121	95.434	
FN BH5663	Jun 2047	3.500		149,274	154,359	134,178	89.887	
FN BE9242	Mar 2047	4.500		40,241	43,233	38,502	95.678	
FN BE8500	Feb 2047	3.500		28,576	29,545	25,810	90.320	
FN BE0252	Sep 2046	4.000		37,576	39,714	34,975	93.078	
FN BD4800	Sep 2046	3.500		30,988	32,019	27,911	90.070	
FN BD0676	Jan 2047	3.500		11,572	11,983	10,452	90.320	
FN AS8796	Feb 2047	3.000		75,736	79,890	65,820	86.907	
FN AN8199	Jan 2036	3.500		468,363	552,321	408,351	87.187	
FN 813842	Jan 2035	6.811		1,354	1,347	1,361	100.511	
FN 781606	Oct 2034	5.000		12,585	12,229	12,584	99.991	
FN 735227	Feb 2035	5.500		9,243	9,182	9,397	101.663	
FN 555592	Jul 2033	5.500		3,314	3,293	3,367	101.608	
FN 357771	May 2025	5.000		145	141	144	99.685	
FH ZT1951	May 2049	3.500		25,688	26,363	22,988	89.490	
FH SD8324	May 2053	5.500		346,645	338,412	342,392	98.773	
FH SD2856	May 2053	5.500		257,606	252,232	254,749	98.891	
FH SD1533	Sep 2052	4.500		137,738	132,229	130,256	94.568	
FH QD2254	Nov 2051	3.500		93,589	84,114	82,930	88.611	
FH QB7304	Jan 2051	2.500		610,648	568,571	504,794	82.665	
FH QB7050	Dec 2050	2.500		50,969	53,987	42,432	83.251	
FH QB6585	Dec 2050	2.500		48,888	51,485	40,609	83.067	
FH QB6580	Dec 2050	2.500		29,599	31,153	24,588	83.070	
FH QA9793	May 2050	3.000		45,437	47,747	39,041	85.924	
FH QA4861	Dec 2049	4.500		55,662	60,411	53,208	95.591	
FH H02005	Dec 2037	6.000		1,340	1,348	1,395	104.062	
FH G30359	Aug 2027	5.000		654	638	651	99.987	
FEDERAL HOME LOAN BANKS	Mar 2040	2.340		1,000,000	1,001,800	676,870	67.687	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: Securities of the U.S. Government and Federal Agencies								
FEDERAL HOME LOAN BANKS	Feb 2027	2.600		\$ 400,000	\$ 400,000	\$ 385,660	\$ 96.415	
	Total			\$ 144,125,248	\$ 64,918,170	\$ 56,448,357		
Bonds: States, political subdivisions and special revenue								
ALPINE UTAH SCH DIST	Mar 2030	5.000		\$ 25,000	\$ 29,563	\$ 25,981	\$ 103.926	
ARLINGTON CNTY VA	Aug 2037	4.000		1,500,000	1,825,620	1,534,269	102.285	
BENTON CNTY WASH SCH DIST NO 400 RICHLAND	Dec 2027	5.000		100,000	124,919	104,529	104.529	
BENTON CNTY WASH SCH DIST NO 400 RICHLAND	Dec 2028	5.000		230,000	285,531	240,187	104.429	
BENTON CNTY WASH SCH DIST NO 400 RICHLAND	Dec 2029	5.000		205,000	253,312	213,865	104.324	
BIRDVILLE TEX INDPT SCH DIST	Feb 2048	5.000		500,000	532,965	532,671	106.534	
CACHE CNTY UTAH SCH DIST	Jun 2028	4.000		40,000	46,630	40,465	101.164	
CALIFORNIA EDL FACS AUTH REV	Jun 2046	5.000		1,000,000	1,244,410	1,186,854	118.685	
CALIFORNIA EDL FACS AUTH REV	Apr 2051	5.000		1,000,000	1,257,960	1,183,186	118.319	
CHANNELVIEW TEX INDPT SCH DIST	Aug 2025	5.059		20,000	20,601	20,008	100.040	
CHANNELVIEW TEX INDPT SCH DIST	Aug 2035	5.926		10,000	10,835	10,007	100.073	
CHARLOTTE N C STORM WTR FEE REV	Dec 2054	4.000		1,750,000	1,741,850	1,672,305	95.560	
CHESTERFIELD CNTY VA	Jan 2043	4.000		1,000,000	1,015,000	1,009,061	100.906	
CLARK CNTY WASH SCH DIST NO 122 RIDGEFIELD	Dec 2030	5.000		20,000	24,542	20,850	104.251	
COLORADO HOUSING AND FINANCE AUTHORITY	May 2050	3.500		215,000	236,921	212,646	98.905	
COLORADO HOUSING AND FINANCE AUTHORITY	May 2025	1.112		150,000	150,000	148,327	98.884	
COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2025	1.212		150,000	150,000	146,070	97.380	
COLORADO HOUSING AND FINANCE AUTHORITY	May 2026	1.466		225,000	225,000	216,285	96.127	
COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2026	1.516		225,000	225,000	213,077	94.701	
COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2026	1.369		125,000	125,000	118,962	95.170	
COLORADO HOUSING AND FINANCE AUTHORITY	Nov 2027	1.489		130,000	130,000	120,069	92.361	
CONROE TEX INDPT SCH DIST	Feb 2038	4.000		130,000	148,842	130,140	100.108	
CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT	Aug 2040	4.000		510,000	510,000	513,991	100.783	
COWLITZ CNTY WASH SCH DIST NO 402 KALAMA	Dec 2029	5.000		400,000	461,072	424,594	106.149	
CROSBY TEX INDPT SCH DIST	Feb 2031	4.000		60,000	61,158	60,017	100.028	
CROWLEY TEX INDPT SCH DIST	Feb 2053	5.250		400,000	431,792	430,764	107.691	
CRYSTAL CITY TEX INDPT SCH DIST	Feb 2025	4.000		10,000	11,312	10,006	100.056	
CURATORS UNIV MO SYS FACS REV	Nov 2035	5.000		500,000	589,095	571,702	114.340	
DAVIS CNTY UTAH SCH DIST	Jun 2039	5.000		1,000,000	1,157,510	1,126,988	112.699	
DELAWARE ST	Jan 2027	5.000		8,000	9,670	8,348	104.352	
DELAWARE ST	May 2044	4.000		1,500,000	1,481,670	1,514,261	100.951	
DENTON TEX INDPT SCH DIST	Aug 2053	5.000		610,000	654,922	647,027	106.070	
DENVER COLO CITY & CNTY BRD WTR COMMRS WTR REV	Sep 2054	5.000		1,000,000	1,106,360	1,078,895	107.890	
DICKINSON TEX INDPT SCH DIST	Feb 2035	5.941		15,000	16,125	15,010	100.069	
DISTRICT COLUMBIA HSG FIN AGY MULTIFAMILY HSG REV	Mar 2049	3.236		478,094	478,094	430,822	90.112	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Bonds: States, political subdivisions and special revenue								
	DUCHESNE CNTY UTAH SCH DIST	Jun 2030	4.000		\$ 290,000	\$ 322,778	\$ 291,703	\$ 100.587
	EAGLE MTN & SAGINAW TEX INDPT SCH DIST	Aug 2031	5.000		15,000	16,718	15,262	101.746
	EAGLE MTN & SAGINAW TEX INDPT SCH DIST	Aug 2028	5.000		265,000	333,526	268,327	101.256
	EAGLE MTN & SAGINAW TEX INDPT SCH DIST	Aug 2033	2.022		325,000	325,000	258,463	79.527
	EL PASO TEX INDPT SCH DIST	Aug 2025	5.000		35,000	40,375	35,363	101.038
	ELGIN TEX INDPT SCH DIST	Aug 2025	5.000		100,000	104,953	100,994	100.994
	ESCAMBIA CNTY FLA HSG FIN AUTH SINGLE FAMILY MTG R	Apr 2025	1.850		65,000	64,919	64,561	99.325
	ESCAMBIA CNTY FLA HSG FIN AUTH SINGLE FAMILY MTG R	Apr 2026	1.950		70,000	69,913	68,137	97.338
	FAIRFAX CNTY VA	Oct 2043	4.000		510,000	506,578	513,191	100.626
	FAIRFAX CNTY VA WTR AUTH WTR REV	Apr 2050	4.000		155,000	153,518	147,870	95.400
	FLORIDA HSG FIN CORP REV	Jul 2047	4.000		65,000	69,442	64,898	99.844
	FLORIDA HSG FIN CORP REV	Jul 2048	4.000		205,000	220,621	204,679	99.843
	FLORIDA ST	Jul 2030	4.000		130,000	150,506	131,197	100.921
	FLORIDA ST	Jul 2044	4.000		105,000	106,167	105,387	100.368
	FLORIDA ST	Jul 2053	4.125		1,000,000	982,390	995,994	99.599
	FLORIDA ST BRD ED PUB ED	Jun 2032	4.000		255,000	292,365	257,197	100.861
	FLORIDA ST BRD ED PUB ED	Jun 2027	5.000		25,000	27,106	25,618	102.472
	FLORIDA ST BRD ED PUB ED	Jun 2029	5.000		15,000	17,009	15,363	102.421
	FLORIDA ST BRD ED PUB ED	Jun 2031	4.000		125,000	147,765	126,738	101.390
	FORT BEND TEX INDPT SCH DIST	Aug 2050	4.000		500,000	597,125	468,981	93.796
	FRANKLIN CNTY WASH SCH DIST NO 001 PASCO	Dec 2031	5.000		500,000	584,225	525,349	105.070
	FRANKLIN CNTY WASH SCH DIST NO 001 PASCO	Dec 2032	5.000		525,000	613,829	550,580	104.872
	FRISCO TEX INDPT SCH DIST	Aug 2049	4.000		100,000	118,233	94,364	94.364
	GARLAND TEX INDPT SCH DIST	Feb 2039	5.000		500,000	559,385	550,954	110.191
	GEORGIA ST	Feb 2031	4.600		250,000	251,300	248,704	99.482
	GREGORY PORTLAND TEX INDPT SCH DIST	Feb 2039	5.000		500,000	553,350	545,056	109.011
	GUILFORD CNTY N C	Aug 2030	5.461		100,000	121,125	103,682	103.682
	HAYS TEX CONS INDPT SCH DIST	Feb 2029	5.000		5,000	5,910	5,178	103.568
	HAYS TEX CONS INDPT SCH DIST	Feb 2048	5.000		500,000	529,365	529,197	105.839
	HOUSTON TEX INDPT SCH DIST	Feb 2037	4.000		100,000	113,104	100,129	100.129
	HOUSTON TEX INDPT SCH DIST	Feb 2032	4.000		100,000	114,166	100,626	100.626
	ILLINOIS HSG DEV AUTH REV	Oct 2048	4.000		370,000	396,988	369,556	99.880
	ILLINOIS HSG DEV AUTH REV	Oct 2048	4.500		185,000	207,178	186,463	100.791
	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV	Jul 2048	6.370		300,000	300,000	305,901	101.967
	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV	Jul 2053	6.400		320,000	320,000	324,617	101.443
	INDIANA UNIV REVS	Jun 2060	3.067		275,000	173,148	172,667	62.788
	IOWA FINANCE AUTHORITY	Jul 2046	4.000		50,000	52,742	50,000	100.000
	IOWA FINANCE AUTHORITY	Jul 2047	4.000		150,000	159,318	149,888	99.926

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>	
Bonds: States, political subdivisions and special revenue								
IOWA FINANCE AUTHORITY	Jul 2027	2.400		\$ 100,000	\$ 100,000	\$ 94,796	\$ 94.796	
KATY TEX INDPT SCH DIST	Feb 2047	4.000		100,000	116,213	94,355	94.355	
KELLER TEX INDPT SCH DIST	Feb 2025	4.000		10,000	11,251	10,006	100.056	
KING & PIERCE CNTY WASH SCH DIST NO 408 AUBURN	Dec 2032	5.000		10,000	11,460	10,493	104.926	
KING CNTY WASH SCH DIST NO 403 RENTON	Dec 2031	5.000		25,000	28,427	26,277	105.108	
LEWIS & THURSTON CNTYS WASH SCH DIST NO 401 CENTRA	Dec 2030	5.000		25,000	29,428	25,834	103.336	
LITTLE ELM TEX INDPT SCH DIST	Aug 2046	5.000		100,000	125,770	102,654	102.654	
LOUISIANA HSG CORP SINGLE FAMILY MTG REV	Sep 2041	1.550		534,495	534,495	446,539	83.544	
MADISON & FREMONT CNTYS IDAHO JT SCH DIST NO 322 S	Sep 2039	5.000		145,000	182,311	154,889	106.820	
MALAKOFF TEX INDPT SCH DIST	Feb 2026	4.620		20,000	20,099	20,002	100.009	
MARION CNTY ORE SCH DIST NO 014J JEFFERSON	Jun 2037	5.000		25,000	27,750	25,914	103.658	
MASON CNTY WASH SCH DIST NO 309 SHELTON	Dec 2029	5.000		30,000	36,044	31,297	104.324	
MASSACHUSETTS COMMONWEALTH	Aug 2031	4.500		200,000	207,636	195,256	97.628	
MASSACHUSETTS ST DEV FIN AGY REV	Jul 2040	5.000		1,000,000	1,414,010	1,189,110	118.911	
MASSACHUSETTS ST DEV FIN AGY REV	Jul 2050	5.000		240,000	296,148	281,967	117.486	
MELISSA TEX INDPT SCH DIST	Aug 2033	5.000		425,000	488,830	447,748	105.353	
METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct 2054	5.000		250,000	271,790	270,061	108.024	
METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct 2054	4.000		1,930,000	1,883,589	1,803,778	93.460	
METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN	Jul 2029	1.336		500,000	500,000	435,210	87.042	
MINNESOTA ST	Aug 2037	5.000		10,000	12,773	10,557	105.573	
MINNESOTA ST	Aug 2043	4.000		1,000,000	1,035,720	1,014,517	101.452	
MINNESOTA ST HSG FIN AGY HOMEOWNERSHIP FIN	Feb 2051	1.580		638,038	638,038	497,751	78.013	
MINNESOTA HOUSING FINANCE AGENCY	Jan 2048	4.000		345,000	371,037	343,733	99.633	
MINNESOTA HOUSING FINANCE AGENCY	Jul 2051	3.000		765,000	837,438	740,236	96.763	
MINNESOTA HOUSING FINANCE AGENCY	Jul 2053	5.591		500,000	500,000	502,664	100.533	
MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec 2043	5.458		150,000	150,000	141,663	94.442	
MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec 2048	5.508		400,000	400,000	370,256	92.564	
MISSISSIPPI ST	Nov 2034	5.245		350,000	332,892	346,968	99.134	
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Oct 2044	4.072		255,000	297,710	214,090	83.957	
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Jan 2046	3.651		250,000	300,783	194,553	77.821	
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Aug 2057	3.652		110,000	81,406	81,068	73.698	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Aug 2036	2.970		89,394	89,394	82,373	92.145	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	May 2038	3.750		50,000	53,835	49,983	99.965	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov 2045	4.000		60,000	64,913	59,950	99.917	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov 2025	2.500		15,000	15,356	14,767	98.447	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	May 2047	4.000		230,000	246,371	229,770	99.900	
MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov 2043	2.625		112,957	115,153	89,382	79.130	
NEBRASKA INVT FIN AUTH SINGLE FAMILY HSG REV	Sep 2045	3.500		85,000	90,956	85,851	101.001	

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

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Bonds: States, political subdivisions and special revenue								
	NEBRASKA INVT FIN AUTH SINGLE FAMILY HSG REV	Sep 2048	4.000		\$ 265,000	\$ 281,915	\$ 265,167	\$ 100.063
	NEVADA HSG DIV SINGLE FAMILY MTG REV	Nov 2044	1.900		362,858	362,858	310,629	85.606
	NEW JERSEY ST EDL FACS AUTH REV	Mar 2053	4.000		1,860,000	1,819,065	1,776,737	95.524
	NEW MEXICO MTG FIN AUTH	Mar 2045	3.250		70,000	74,255	70,274	100.392
	NEW MEXICO MTG FIN AUTH	Jul 2050	3.500		240,000	258,504	234,361	97.651
	NEW MEXICO MTG FIN AUTH	May 2042	1.620		896,004	896,004	767,193	85.624
	NEW YORK STATE DORMITORY AUTHORITY	Oct 2050	5.000		1,190,000	1,465,842	1,371,609	115.261
	NORTH CAROLINA ST	Jun 2035	4.000		160,000	175,943	160,360	100.225
	NORTH DAKOTA PUB FIN AUTH	Oct 2044	5.000		1,000,000	1,131,140	1,098,302	109.830
	NORTHWEST TEX INDPT SCH DIST	Feb 2048	5.000		305,000	326,515	322,791	105.833
	OHIO ST	Mar 2040	5.000		1,000,000	1,355,500	1,080,117	108.012
	OHIO ST	May 2034	5.000		750,000	937,620	776,616	103.549
	OHIO ST	May 2035	5.000		750,000	914,235	775,615	103.415
	OHIO ST	Jun 2036	5.000		1,000,000	1,272,970	1,069,953	106.995
	OHIO HOUSING FINANCE AGENCY	Sep 2046	3.500		195,000	209,609	197,751	101.411
	OHIO HOUSING FINANCE AGENCY	Mar 2028	2.550		135,000	137,488	129,495	95.922
	OHIO HOUSING FINANCE AGENCY	Sep 2028	2.600		110,000	112,023	105,025	95.477
	OHIO ST WTR DEV AUTH WTR POLLUTN CTL REV	Dec 2046	4.000		1,500,000	1,499,925	1,454,961	96.997
	OKLAHOMA ST WTR RES BRD REVOLVING FD REV	Apr 2049	5.000		500,000	548,745	540,002	108.000
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2039	5.000		400,000	452,660	445,534	111.384
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.375		650,000	633,438	663,592	102.091
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.000		275,000	271,681	270,310	98.295
	ORANGE CNTY FLA HSG FIN AUTH HOMEOWNER REV	Sep 2050	1.650		270,885	270,885	252,174	93.093
	OREGON	Aug 2039	5.382		35,000	38,618	34,503	98.581
	OREGON	Aug 2026	5.011		10,000	12,138	10,092	100.923
	OREGON	Nov 2031	5.000		20,000	22,583	20,814	104.069
	OREGON	Nov 2041	2.765		390,000	390,000	290,190	74.408
	OREGON	May 2028	1.472		500,000	500,000	454,534	90.907
	OWYHEE & CANYON CNTYS IDAHO JT SCH DIST NO 370	Sep 2036	4.000		2,020,000	2,461,693	2,086,607	103.297
	PENNSYLVANIA ST HIGHER EDL FACS AUTH REV	Aug 2039	2.942		125,000	123,523	97,434	77.947
	PIERCE & KING CNTYS WASH SCH DIST NO 417 FIFE	Dec 2039	4.000		225,000	262,618	225,507	100.225
	PIERCE CNTY WASH SCH DIST NO 010 TACOMA	Dec 2039	4.000		1,000,000	1,206,060	1,009,156	100.916
	PIERCE CNTY WASH SCH DIST NO 403 BETHEL	Dec 2035	5.000		170,000	220,631	181,959	107.035
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Mar 2046	3.500		160,000	170,866	159,547	99.717
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Jun 2051	2.000		1,843,772	1,843,772	1,552,172	84.185
	PORT ARTHUR TEX INDPT SCH DIST	Feb 2045	4.000		140,000	156,471	133,109	95.078
	PORT HOUSTON AUTH TEX HARRIS CNTY	Oct 2036	4.000		800,000	979,529	816,738	102.092
	PROSPER TEX INDPT SCH DIST	Feb 2026	5.000		5,000	6,040	5,104	102.088

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

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Bonds: States, political subdivisions and special revenue								
	RHODE ISLAND HSG & MTG FIN CORP	Oct 2054	6.250		\$ 100,000	\$ 105,801	\$ 102,664	\$ 102.664
	RHODE IS INFRASTRUCTURE BK ST REVOLVING FD REV	Oct 2053	4.125		2,000,000	1,975,600	1,887,184	94.359
	ROCKWALL TEX INDPT SCH DIST	Feb 2036	1.976		250,000	250,000	185,851	74.340
	SAN ANTONIO TEX INDPT SCH DIST	Aug 2028	5.000		40,000	40,558	40,415	101.038
	SAN ANTONIO TEX INDPT SCH DIST	Aug 2048	5.000		150,000	152,094	150,718	100.479
	SAN ANTONIO TEX INDPT SCH DIST	Aug 2043	5.000		620,000	634,452	624,790	100.773
	SANTA FE TEX INDPT SCH DIST	Feb 2027	5.000		5,000	5,738	5,207	104.132
	SEVIER CNTY UTAH SCH DIST SEVIER SCH DIST	Jun 2031	4.000		140,000	165,206	145,585	103.989
	SEVIER CNTY UTAH SCH DIST SEVIER SCH DIST	Jun 2032	4.000		130,000	152,763	134,756	103.658
	SOUTH DAKOTA CONSERVANCY DIST REV	Aug 2054	5.000		1,250,000	1,367,413	1,342,018	107.361
	SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY	Nov 2048	4.000		285,000	301,356	284,493	99.822
	TAMPA FLA WTR & WASTEWATER SYS REV	Oct 2054	5.000		500,000	551,955	537,853	107.571
	TAYLOR TEX INDPT SCH DIST	Feb 2033	4.000		500,000	568,440	502,363	100.473
	TENNESSEE HOUSING DEVELOPMENT AGENCY	Jul 2050	3.500		600,000	638,058	577,110	96.185
	TENNESSEE ST	Aug 2033	5.000		130,000	156,673	133,303	102.541
	TENNESSEE ST	Aug 2035	5.000		140,000	169,119	143,389	102.421
	BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	Jul 2047	3.660		320,000	347,615	258,086	80.652
	BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	May 2026	5.000		275,000	289,724	282,275	102.645
	BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	May 2054	4.125		1,500,000	1,436,250	1,371,576	91.438
	TEXAS NATURAL GAS SECURITIZATION FINANCE CORPORATI	Apr 2039	5.169		2,050,000	2,053,050	2,011,768	98.135
	TEXAS ST	Apr 2039	5.517		600,000	741,376	600,812	100.135
	TEXAS ST	Apr 2040	4.681		635,000	771,791	586,077	92.296
	TEXAS ST	Oct 2025	5.000		5,000	6,016	5,064	101.288
	TEXAS ST	Oct 2036	5.000		170,000	202,191	171,422	100.837
	TEXAS ST	Oct 2039	3.228		300,000	229,953	242,939	80.980
	TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Sep 2038	2.750		527,568	527,568	458,335	86.877
	TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Mar 2036	2.000		140,817	140,817	124,719	88.568
	TOMBALL TEX INDPT SCH DIST	Feb 2044	4.000		100,000	114,715	97,236	97.236
	TOOELE CNTY UTAH SCH DIST	Jun 2025	5.000		10,000	11,889	10,072	100.725
	UNION CNTY ORE SCH DIST NO 11 IMBLER	Jun 2029	5.700		65,000	79,087	67,879	104.429
	UNIV PITTSBURGH OF THE COMWLTH SYS OF HIGHER ED PA	Sep 2041	3.005		125,000	124,623	96,697	77.358
	UNIVERSITY COLO ENTERPRISE SYS REV	Jun 2039	4.000		1,500,000	1,788,120	1,504,242	100.283
	UNIVERSITY MICH UNIV REVS	Apr 2052	3.504		250,000	248,663	181,296	72.518
	UNIVERSITY TEXAS PERMANENT UNIVERSITY FUND	Jul 2053	4.000		1,000,000	971,370	935,187	93.519
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2039	5.000		55,000	67,766	58,443	106.259
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2049	5.000		1,395,000	2,031,999	1,590,463	114.012
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2050	5.000		650,000	1,059,360	744,149	114.484
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2054	4.000		500,000	488,885	465,430	93.086

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

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Bonds: States, political subdivisions and special revenue								
STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug	2053	5.250	\$ 400,000	\$ 438,040	\$ 433,936	\$ 108.484	
STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug	2044	5.000	500,000	542,115	542,457	108.491	
STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug	2046	5.000	300,000	320,107	316,835	105.612	
UNIVERSITY VA UNIV REVS	Apr	2044	5.000	1,750,000	2,130,468	1,790,805	102.332	
VAN TEX INDPT SCH DIST	Feb	2030	4.000	20,000	21,679	20,006	100.031	
VIRGINIA BEACH VA	Feb	2044	4.000	1,000,000	999,950	1,007,587	100.759	
VIRGINIA ST HSG DEV AUTH	Jun	2035	2.850	250,000	257,923	210,311	84.124	
VIRGINIA ST HSG DEV AUTH	Sep	2026	1.402	250,000	250,000	237,602	95.041	
VIRGINIA ST HSG DEV AUTH	Nov	2040	2.980	250,000	250,000	190,224	76.090	
WASHINGTON CNTY ORE SCH DIST NO 48J BEAVERTON	Jun	2036	5.000	410,000	475,338	423,954	103.403	
WASHINGTON MULTNOMAH & YAMHILL CNTYS ORE SCH DIST	Jun	2035	5.000	325,000	369,558	336,559	103.557	
WASHINGTON MULTNOMAH & YAMHILL CNTYS ORE SCH DIST	Jun	2036	5.000	1,015,000	1,138,397	1,049,627	103.412	
WASHINGTON ST	Feb	2035	5.000	15,000	17,100	15,755	105.031	
WASHINGTON ST	Feb	2037	5.000	250,000	305,028	257,461	102.985	
WASHINGTON ST	Jan	2025	5.000	45,000	50,897	45,000	100.000	
WASHINGTON ST	Jul	2032	5.000	105,000	117,620	106,701	101.620	
WASHINGTON ST	Jul	2028	5.000	15,000	17,966	15,262	101.747	
WASHINGTON ST	Jul	2031	5.000	345,000	393,314	350,717	101.657	
WASHINGTON ST	Feb	2026	5.000	10,000	12,040	10,218	102.178	
WASHINGTON ST	Aug	2043	5.000	110,000	137,999	115,449	104.953	
WASHINGTON ST	Aug	2044	5.000	300,000	368,391	313,912	104.637	
WAXAHACHIE TEX INDPT SCH DIST	Feb	2048	5.000	500,000	543,510	534,556	106.911	
WHITMAN CNTY WASH REORG SCH DIST NO 300 COLFAX	Dec	2029	5.000	10,000	11,797	10,615	106.149	
WISCONSIN ST	May	2038	5.000	880,000	1,072,905	910,572	103.474	
WISCONSIN ST	May	2043	5.000	1,000,000	1,135,310	1,103,781	110.378	
WISCONSIN ST	May	2040	4.000	380,000	443,072	380,566	100.149	
YAKIMA & BENTON CNTYS WASH SCH DIST NO 116-200 GRA	Dec	2029	5.000	30,000	34,167	31,293	104.324	
	Total				\$ 86,217,882	\$ 95,040,554	\$ 86,381,052	
Bonds: Corporate debt securities								
ALABAMA POWER CO	Aug	2044	4.150	\$ 14,000	\$ 14,112	\$ 11,496	\$ 82.117	
ARIZONA PUBLIC SERVICE CO	Sep	2035	5.500	50,000	66,088	49,632	99.264	
BALTIMORE GAS AND ELECTRIC CO	Oct	2036	6.350	17,000	21,498	18,224	107.199	
BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVER	May	2047	3.460	100,000	107,900	74,975	74.975	
BURLINGTON NORTHERN SANTA FE LLC	Aug	2036	6.200	50,000	62,794	53,736	107.472	
CSX CORP	May	2042	4.750	125,000	138,106	112,770	90.216	
DUKE ENERGY PROGRESS LLC	May	2042	4.100	60,000	55,644	49,127	81.878	
COMCAST CORP	Jan	2033	4.250	140,000	164,320	130,598	93.284	
CONSOLIDATED EDISON COMPANY OF NEW YORK INC	Mar	2036	5.850	10,000	11,946	10,343	103.434	

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Bonds: Corporate debt securities								
CONSOLIDATED EDISON COMPANY OF NEW YORK INC		Dec 2039	5.500		\$ 24,000	\$ 28,564	\$ 23,725	\$ 98.855
DUKE ENERGY CAROLINAS LLC		Apr 2038	6.050		21,000	29,294	22,087	105.176
DUKE UNIVERSITY		Oct 2046	3.299		700,000	523,298	512,330	73.190
EMERSON ELECTRIC CO		Apr 2039	6.125		40,000	54,604	42,339	105.848
FLORIDA POWER & LIGHT CO		Jun 2054	5.600		100,000	99,136	99,913	99.913
GILEAD SCIENCES INC		Sep 2035	4.600		34,000	37,701	32,042	94.240
HEWLETT PACKARD ENTERPRISE CO		Oct 2034	5.000		40,000	39,631	38,474	96.184
HOME DEPOT INC		Dec 2036	5.875		110,000	137,352	115,937	105.397
JPMORGAN CHASE & CO		Jan 2035	5.336		50,000	50,000	49,722	99.443
KENTUCKY UTILITIES CO		Nov 2040	5.125		30,000	39,656	28,395	94.651
LOCKHEED MARTIN CORP		Dec 2042	4.070		125,000	125,000	104,074	83.259
LOWE'S COMPANIES INC		Oct 2036	5.800		16,000	20,761	16,588	103.677
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		Jul 2038	3.959		55,000	62,984	48,751	88.638
MASSACHUSETTS INSTITUTE OF TECHNOLOGY		Jul 2050	2.989		275,000	275,000	185,578	67.483
MICROSOFT CORP		Oct 2040	4.500		41,000	46,980	39,306	95.869
MISSISSIPPI POWER CO		Jul 2051	3.100		30,000	29,680	19,548	65.160
NORFOLK SOUTHERN CORP		Feb 2048	4.150		55,000	66,257	43,856	79.738
NORTHROP GRUMMAN CORP		Nov 2040	5.050		95,000	108,394	89,196	93.890
NORTHWESTERN UNIVERSITY		Dec 2047	4.198		75,000	84,800	63,518	84.690
NORTHWESTERN UNIVERSITY		Dec 2044	4.643		105,000	130,840	96,142	91.564
NORTHWESTERN UNIVERSITY		Dec 2057	3.662		250,000	200,454	184,140	73.656
ORACLE CORP		Apr 2038	6.500		62,000	87,124	66,478	107.223
DUKE ENERGY INDIANA LLC		Oct 2035	6.120		38,000	47,643	39,952	105.138
TXNM A A2		Aug 2051	6.028		2,765,000	2,987,257	2,869,213	103.769
PACIFICORP		Apr 2037	5.750		50,000	69,137	50,226	100.452
PEPSICO INC		May 2047	4.000		50,000	57,685	40,017	80.034
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Oct 2040	4.875		285,000	378,235	273,247	95.876
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Oct 2037	3.619		35,000	39,572	30,052	85.864
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Jul 2046	3.150		23,000	24,843	16,584	72.105
PRESIDENT AND FELLOWS OF HARVARD COLLEGE		Nov 2052	3.745		500,000	439,610	385,205	77.041
RTX CORP		Apr 2047	4.350		60,000	76,588	49,224	82.040
SHELL INTERNATIONAL FINANCE BV		Dec 2038	6.375		47,000	64,515	51,145	108.820
VVC 2023-A A2		May 2043	5.172		1,260,000	1,235,690	1,231,889	97.769
LELAND STANFORD JUNIOR UNIVERSITY		Jun 2044	3.563		20,000	16,093	15,432	77.161
LELAND STANFORD JUNIOR UNIVERSITY		May 2048	3.647		370,000	424,950	286,532	77.441
UNION PACIFIC CORP		Feb 2044	4.821		30,000	37,562	26,057	86.856
UNION PACIFIC CORP		Feb 2035	3.375		45,000	41,156	39,018	86.707
RTX CORP		Jul 2038	6.125		34,000	43,541	35,636	104.813

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Bonds: Corporate debt securities								
UNIVERSITY OF NOTRE DAME DU LAC		Feb 2045	3.438		\$ 285,000	\$ 290,205	\$ 216,147	\$ 75.841
UNIVERSITY OF NOTRE DAME DU LAC		Feb 2048	3.394		135,000	146,728	99,893	73.995
VIRGINIA ELECTRIC AND POWER CO		Jan 2043	4.000		55,000	65,062	43,854	79.734
WELLS FARGO & CO		Jan 2035	5.499		150,000	150,000	149,108	99.405
WYETH LLC		Apr 2037	5.950		29,000	35,833	30,284	104.428
XCEL ENERGY INC		Jul 2036	6.500		52,000	72,907	55,539	106.806
		Total			\$ 9,217,000	\$ 9,664,730	\$ 8,467,294	
		Total Bonds			\$ 239,560,130	\$ 169,623,454	\$ 151,296,703	
Common stocks and exchange traded funds								
ADMA BIOLOGICS ORD				1,260		\$ 24,831	\$ 21,609	\$ 17.150
ABBOTT LABORATORIES ORD				3,040		69,956	343,854	113.110
ABBVIE ORD				3,200		231,030	568,640	177.700
ACUSHNET HOLDINGS ORD				8,486		399,438	603,185	71.080
AIRBNB CL A ORD				3,867		552,687	508,162	131.410
AIR PRODUCTS AND CHEMICALS ORD				2,666		447,203	773,247	290.040
ALPHABET CL C ORD				4,118		412,585	784,232	190.440
ALPHABET CL A ORD				13,940		723,798	2,638,842	189.300
ALTRIA GROUP ORD				3,159		123,428	165,184	52.290
AMAZON COM ORD				17,798		1,649,070	3,904,703	219.390
AMERICAN EXPRESS ORD				3,165		89,595	939,340	296.790
AMERICAN TOWER REIT				1,953		274,519	358,200	183.410
AMERICAN WATER WORKS ORD				2,965		359,553	369,113	124.490
AMPHENOL CL A ORD				9,249		175,454	642,343	69.450
APPLE ORD				24,086		76,657	6,031,616	250.420
BJ'S WHOLESALE CLUB HOLD ORD				17,228		594,584	1,539,322	89.350
BERKSHIRE HATHAWAY CL B ORD				4,792		942,730	2,172,118	453.280
BLACKROCK ORD				647		423,079	663,246	1,025.110
BOSTON BEER CL A ORD				377		135,784	113,092	299.980
BRISTOL MYERS SQUIBB ORD				3,614		77,726	204,408	56.560
CMS ENERGY ORD				1,066		56,973	71,049	66.650
CARLYLE GROUP ORD				4,171		132,647	210,594	50.490
CELSIUS HOLDINGS ORD				1,435		55,389	37,798	26.340
CHRLS RIVER LABS ORD				2,449		316,164	452,085	184.600
CHARTER COMMUNICATIONS CL A ORD				2,324		865,464	796,597	342.770
CHEMED ORD				299		149,906	158,410	529.800
CHEVRON ORD				4,887		420,019	707,833	144.840
CLEAN HARBORS ORD				1,562		247,179	359,479	230.140

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Common stocks and exchange traded funds								
COCA-COLA ORD				6,453		\$ 362,693	\$ 401,764	\$ 62.260
COMPASS MINERALS INTERNATIONAL ORD				5,550		146,505	62,438	11.250
CROCS ORD				93		12,606	10,186	109.530
CROWN HOLDINGS ORD				10,994		869,883	909,094	82.690
DANAHER ORD				2,093		159,648	480,448	229.550
DOMINOS PIZZA ORD				1,609		606,141	675,394	419.760
DRAFTKINGS CL A ORD				3,458		139,167	128,638	37.200
ENTEGRIS ORD				10,131		1,094,726	1,003,577	99.060
EQUITY LIFESTYLE PROP REIT ORD				2,271		150,981	151,249	66.600
EVERGY ORD				1,208		60,191	74,352	61.550
EVERSOURCE ENERGY ORD				1,169		84,101	67,136	57.430
EXXON MOBIL ORD				9,603		562,560	1,032,995	107.570
META PLATFORMS CL A ORD				4,622		684,860	2,706,227	585.510
FIRSTSERVICE SUB VTG ORD				1,165		192,869	210,888	181.020
GENERAL DYNAMICS ORD				3,417		859,078	900,345	263.490
GRACO ORD				1,845		112,572	155,515	84.290
GUIDEWIRE SOFTWARE ORD				513		79,176	86,482	168.580
H AND E EQUIPMENT SERVICES ORD				1,889		95,923	92,485	48.960
HEALTH EQUITY ORD				2,386		150,693	228,937	95.950
JACK HENRY AND ASSOCIATES ORD				2,246		339,236	393,724	175.300
HERSHEY FOODS ORD				1,849		368,310	313,128	169.350
HOME DEPOT ORD				1,402		29,148	545,364	388.990
HUB GROUP CL A ORD				2,155		90,251	96,027	44.560
INTUIT ORD				1,502		278,293	944,007	628.500
INVESCO S&P SC INFO				772		36,645	36,848	47.730
WCM INTL SC GROWTH INST				170,377		4,260,000	3,538,730	20.770
INVITATION HOMES ORD				3,860		81,282	123,404	31.970
ISHARES:RUSS 2000 ETF				1,347		258,150	297,633	220.960
ISHARES:US OIL E&S ETF				17,707		406,072	350,776	19.810
ISHARES:US O&G E&P ETF				3,859		364,962	345,882	89.630
ISHARES:CORE MSCI TIS				264,031		18,364,972	17,455,089	66.110
JPMORGAN CHASE ORD				2,257		89,791	541,025	239.710
JANUS INTERNATIONAL GROUP ORD				12,995		179,801	95,513	7.350
JOHNSON & JOHNSON ORD				7,041		423,730	1,018,269	144.620
KLA ORD				1,126		358,626	709,515	630.120
ESTEE LAUDER CL A ORD				886		158,554	66,432	74.980
LAZARD ORD				6,606		187,545	340,077	51.480
ELI LILLY ORD				1,585		325,997	1,223,620	772.000

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Common stocks and exchange traded funds								
MANPOWERGROUP ORD				186		\$ 11,181	\$ 10,736	\$ 57.720
MARKETAXESS HOLDINGS ORD				229		65,353	51,763	226.040
MARTIN MARIETTA MATERIALS ORD				1,108		247,959	572,282	516.500
MASTERCARD CL A ORD				3,356		69,147	1,767,169	526.570
MCDONALD'S ORD				2,516		455,321	729,363	289.890
MICROSOFT ORD				14,039		347,659	5,917,439	421.500
MORGAN STANLEY ORD				7,322		150,953	920,522	125.720
NEOGEN ORD				9,140		165,144	110,960	12.140
NEXTERA ENERGY ORD				10,240		605,274	734,106	71.690
NIKE CL B ORD				4,444		388,348	336,277	75.670
NISOURCE ORD				2,387		63,099	87,746	36.760
NVIDIA ORD				36,790		10,866	4,940,529	134.290
O REILLY AUTOMOTIVE ORD				207		83,623	245,461	1,185.800
OSHKOSH ORD				1,306		132,913	124,161	95.070
OTIS WORLDWIDE ORD				8,594		545,348	795,890	92.610
PARKER HANNIFIN ORD				2,330		778,332	1,481,950	636.030
PFIZER ORD				17,141		519,492	454,751	26.530
PHILIP MORRIS INTERNATIONAL ORD				12,769		1,032,490	1,536,749	120.350
PRESTIGE CONSUMER HEALTHCARE ORD				1,975		113,887	154,228	78.090
PROCTER & GAMBLE ORD				6,682		380,353	1,120,237	167.650
PROSPERITY BANCSHARES ORD				15,413		888,636	1,161,370	75.350
RTX ORD				6,083		514,769	703,925	115.720
REGENERON PHARMACEUTICALS ORD				327		94,848	232,932	712.330
RYMAN HOSPITALITY PROP REIT ORD				1,235		111,903	128,860	104.340
S&P GLOBAL ORD				1,079		43,308	537,374	498.030
SPS COMMERCE ORD				518		93,545	95,307	183.990
SPDR S&P SFTWRE & SVC				477		70,510	90,134	188.960
SPDR S&P RETAIL				2,414		173,156	192,130	79.590
SPDR S&P METALS&MINING				403		23,118	22,878	56.770
SPDR S&P INSURANCE ETF				4,311		194,262	243,485	56.480
SPDR S&P BIOTECH				1,662		147,981	149,680	90.060
SPDR S&P OIL&GAS EXP				2,272		305,880	300,745	132.370
SALESFORCE ORD				3,957		615,119	1,322,944	334.330
JOHN B SANFILIPPO AND SON ORD				1,505		136,205	131,101	87.110
SEL SECTOR:RL EST SPDR				32,915		1,301,676	1,339,311	40.690
SEL SECTOR:UTIL SPDR				5,596		340,825	423,561	75.690
SEMPRA ORD				7,505		434,746	658,339	87.720
SERVICE CORPORATION INTERNATIONL ORD				2,372		164,018	189,333	79.820

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

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Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Common stocks and exchange traded funds								
ARS PHARMACEUTICALS ORD				408		\$ 5,704	\$ 4,304	\$ 10.550
SITIME ORD				688		68,768	147,597	214.530
STOCK YARDS BANCORP ORD				3,204		128,223	229,438	71.610
SUMMIT MATERIALS CL A ORD				3,432		117,798	173,659	50.600
TJX ORD				2,415		82,188	291,756	120.810
TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD				6,295		479,050	1,243,200	197.490
TEREX CORP				3,589		215,119	165,884	46.220
TESLA ORD				2,260		372,369	912,678	403.840
TEXAS INSTRUMENTS ORD				4,108		130,958	770,291	187.510
TEXTRON ORD				2,214		171,507	169,349	76.490
THERMO FISHER SCIENTIFIC ORD				1,601		71,046	832,888	520.230
TIMKEN ORD				1,917		140,250	136,816	71.370
TRADEWEB MARKETS CL A ORD				285		25,491	37,312	130.920
TRANSUNION ORD				1,453		98,347	134,708	92.710
TYLER TECHNOLOGIES ORD				990		312,838	570,874	576.640
UBER TECHNOLOGIES ORD				3,704		214,585	223,425	60.320
UNION PACIFIC ORD				5,683		853,156	1,295,951	228.040
UNITED PARCEL SERVICE CL B ORD				2,837		285,440	357,746	126.100
UNITEDHEALTH GRP ORD				2,655		747,458	1,343,058	505.860
VAIL RESORTS ORD				751		182,816	140,775	187.450
VISA CL A ORD				5,530		96,273	1,747,701	316.040
WARNER MUSIC GROUP CL A ORD				4,673		160,791	144,863	31.000
WASTE MANAGEMENT ORD				2,333		144,524	470,776	201.790
WM BLAIR:INTL LDRS R6				525,196		12,077,621	10,188,811	19.400
ZOOMINFO TECHNOLOGIES ORD				15,471		416,410	162,600	10.510
ALCON ORD				4,532		271,905	384,721	84.890
ALLEGION ORD				1,280		156,481	167,270	130.680
ACCENTURE CL A ORD				2,666		154,399	937,872	351.790
APTIV ORD				5,704		466,669	344,978	60.480
SEADRILL ORD				3,046		156,495	118,581	38.930
STERIS ORD				4,266		519,764	876,919	205.560
LAM RESEARCH ORD				7,118		30,375	514,133	72.230
NATHANS FAMOUS ORD				1,411		96,882	110,921	78.610
				Total Common stocks and exchange traded funds		\$ 74,326,133	\$ 119,319,097	
Cash equivalents								
DWS GVT MM SRS INST				32,627,094		\$ 32,627,094	\$ 32,627,094	\$ 1.000
				Total Cash equivalents		\$ 32,627,094	\$ 32,627,094	

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)		
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value		
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Mortgage loans									
1155 15TH STREET		Jun 2027	5.475		\$ 44,411	\$ 44,411	\$ 41,510	\$ 93.467	
555 TUCKAHOE ROAD		Mar 2045	3.490		155,849	155,849	126,530	81.188	
AIRPARK NASHVILLE		Jun 2047	3.990		98,758	98,758	89,937	91.068	
AIRPARK NASHVILLE 2		Jun 2047	4.533		25,883	25,883	24,244	93.668	
AIRPARK NASHVILLE 3		Jun 2047	3.598		49,359	49,359	44,034	89.212	
AUSTIN CENTRE		Jul 2027	3.740		167,411	167,411	153,793	91.866	
BOUTWELL BUSINESS CENTER		Sep 2048	4.108		92,952	92,952	83,899	90.260	
GLOBAL SELF STORAGE		Jul 2043	4.167		26,832	26,832	23,584	87.897	
GRAND AVENUE GARAGE		Jan 2049	4.637		82,503	82,503	77,886	94.404	
GRAND PLAZA		Feb 2051	4.700		267,953	267,953	216,668	80.861	
GRAND PLAZA 2		Feb 2051	4.870		14,194	14,194	11,665	82.182	
HAYWOOD OAKS		Dec 2051	3.425		322,461	322,461	307,499	95.360	
HEID LOFTS		Dec 2049	3.925		201,598	201,598	183,127	90.837	
LAKE PLEASANT & CANNERY CORNER		Jun 2029	4.220		193,232	193,232	176,510	91.346	
LAUREL PROMENADE FUNDING LLC		Mar 2040	4.191		30,013	30,013	26,626	88.714	
NAPA SQUARE		Apr 2026	4.015		47,160	47,160	45,047	95.519	
NORTH COUNTY SQUARE FUNDING LLC		Dec 2048	4.236		52,864	52,864	50,706	95.919	
PEACHTREE 25th CML		May 2050	4.442		81,403	81,403	80,507	98.899	
PEACHTREE 25th CML 2		May 2050	4.380		5,030	5,030	4,975	98.894	
PEACHTREE 25th CML 3		May 2050	4.380		3,258	3,258	3,222	98.892	
SHEAR PORTFOLIO		Feb 2043	4.396		198,062	198,062	170,683	86.176	
SOMERNOVA		Dec 2025	4.459		94,806	94,806	93,646	98.777	
SOUTHRIDGE ASHEVILLE LLC		Jun 2050	3.220		115,974	115,974	103,600	89.330	
THE EMBASSY		Jun 2054	4.208		42,836	42,836	37,890	88.453	
THE WOODS ON CHERRY CREEK		Feb 2052	3.409		265,766	265,766	238,154	89.610	
THE WOODS ON CHERRY CREEK 2		Feb 2052	4.396		10,065	10,065	9,426	93.653	
THE WOODS ON CHERRY CREEK 3		Feb 2052	6.065		12,860	12,860	12,915	100.425	
VERANDA OWNER LLC		Nov 2062	4.725		62,500	62,500	56,947	91.114	
		Total Mortgage loans				\$ 2,765,993	\$ 2,765,993	\$ 2,495,230	
Other invested assets									
Adams Street Private Credit Fund, LP						\$ 373,732	\$ 473,420		
Adams Street Senior Private Credit Fund II, LP						2,380,365	2,435,281		
AEA Mezzanine Fund III, LP						35,466	22,299		
Aquiline Technology Growth Fund II, LP						1,889,288	1,640,097		
Blackstone Capital Partners VIII, LP						3,911,646	4,561,185		
Cyprum Investors IV, LP						7,719	10,635		
CYPRUM PARALLEL INVESTORS V LP						410,391	340,667		
First Eagle Direct Lending Fund IV, LLC						2,925,514	2,545,792		

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value	
		<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		<u>Current value</u>	<u>Price</u>
Other invested assets								
	First Eagle Direct Lending IV Co-Invest, LLC					\$ 1,173,257	\$ 1,086,649	
	GCG Investors IV, LP					17,417	24,212	
	GLC Direct Credit Fund, LP					18,843	42,896	
	Goldman Sachs Private Equity Partners XI, LP					95,026	720,753	
	GoldPoint Mezzanine Partners IV, LP					125,924	108,676	
	Graycliff Mezzanine II Parallel, LP					34,045	51,000	
	Graycliff Mezzanine III, LP					399,873	272,631	
	Heartwood Forestland REIT III, LLC					1,129,406	74,496	
	LAZARD INT STRGC EQ ACW EX US TRST					11,174,943	10,583,109	
	Lyme Conservation Opportunities Fund, LP					751,496	626,885	
	Lyme Forest Fund IV, LP					642,898	442,859	
	Lyme Forest Fund V, LP					2,858,769	3,993,855	
	Midwest Mezzanine Fund V SBIC, LP					234,779	243,119	
	Midwest Mezzanine Fund VI SBIC, LP					542,289	888,845	
	Morgan Stanley IFHF SPV, LP					8,139	11,722	
	Morgan Stanley Premium Partners Fund SPV, LP					4,451	13,415	
	PJC Fund V, LP					4,530,000	4,184,432	
	Point Judith Venture Fund IV, LP					2,403,724	4,139,128	
	Savano Capital Partners II, LP					803,164	707,235	
	Stonepeak Infrastructure Fund III, LP					2,258,612	3,167,178	
	Total Other invested assets					\$ 41,141,176	\$ 43,412,471	
	Grand Total					\$ 242,326,123	\$ 320,483,850	\$ 349,150,595

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Acquired and Disposed Within Year)

Year ended December 31, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(c) Cost of acquisitions	(d) Proceeds of dispositions
	<u>Maturity date</u>	<u>Rate of interest</u>	<u>Shares</u>	<u>Par</u>		
Bonds: Corporate debt securities						
JPMORGAN CHASE & CO	Jan 2030	5.012		\$ 50,000	\$ 50,000	\$ (51,179)
MORGAN STANLEY	Jan 2030	5.173		25,000	25,000	(25,692)
WELLS FARGO & CO	Jan 2030	5.198		100,000	100,000	(102,846)
Total Bonds				\$ 175,000	\$ 175,000	\$ (179,717)
Grand Total				\$ 175,000	\$ 175,000	\$ (179,717)