

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PHH CORPORATION PENSION PLAN 1b Three-digit plan number (PN) 002 1c Effective date of plan 01/31/2005 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... 1661 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH, FL 33409 2b Employer Identification Number (EIN) 52-0551284 2c Plan Sponsor's telephone number 866-946-0081 2d Business code (see instructions) 551112

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEE BENEFITS COMMITTEE 1661 WORTHINGTON ROAD WEST PALM BEACH, FL 33409	3b Administrator's EIN 52-0551284 3c Administrator's telephone number 866-946-0081
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	771
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	22
a(2) Total number of active participants at the end of the plan year	6a(2)	23
b Retired or separated participants receiving benefits	6b	64
c Other retired or separated participants entitled to future benefits	6c	220
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	307
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	2
f Total. Add lines 6d and 6e	6f	309
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: 24pt;">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 PHH CORPORATION PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PHH CORPORATION</p>	<p>D Employer Identification Number (EIN) 52-0551284</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
EMPOWER ANNUITY 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
06-1050034	93629	523896-E1	309	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	

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(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	

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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	4657894

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

(6) Total additions **7c(6)** 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	
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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>PHH CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PHH CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0551284</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>39589520</u>
	b Actuarial value	2b	<u>41070066</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>377</u>	<u>28688176</u>
	b For terminated vested participants	<u>372</u>	<u>9942084</u>
	c For active participants	<u>22</u>	<u>391791</u>
	d Total	<u>771</u>	<u>39022051</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>225000</u>
	c Target normal cost	6c	<u>225000</u>

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

SIGN HERE		
	Signature of actuary	<u>09/12/2025</u> Date
	<u>ERIC PERS F.S.A., E.A.</u> Type or print name of actuary	<u>23-08115</u> Most recent enrollment number
	<u>EMPOWER</u> Firm name	<u>303-737-6275</u> Telephone number (including area code)
	<u>280 TRUMBULL ST. HARTFORD, CT 06103</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	961653
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	438465
9	Amount remaining (line 7 minus line 8)	0	523188
10	Interest on line 9 using prior year's actual return of <u>16.31</u> %	0	85332
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	608520

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.66 %
15	Adjusted funding target attainment percentage	15	105.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.71 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 62

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	225000
b Excess assets, if applicable, but not greater than line 31a	31b	225000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

A Name of plan PHH CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PHH CORPORATION	D Employer Identification Number (EIN) 52-0551284	

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(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	NONE	263252	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BAKER TILLY US LLP

39-0859910

(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	NONE	26985	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)

NFP RETIREMENT INC

340 MADISON AVENUE
19TH FLOOR
NEW YORK, NY 10179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PHH CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PHH CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0551284</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL SHORT-TERM</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-041</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>633572</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE/INTEGRITY</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-439</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>202771</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP GROWTH/EMERALD</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-540</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>204665</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRU LONG CORPORATE BOND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-714</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3616886</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRU TOT RETURN BOND (ISP)</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-814</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL STOCK L1</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>82-2436292-342</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>369732</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM TOTRETCIT CL LP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4097323-471</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7447341</u>

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PHH CORPORATION PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 PHH CORPORATION	D Employer Identification Number (EIN) 52-0551284

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	393190
(2) Participant contributions	1b(2)	0	599388
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	7817073
(10) Value of interest in pooled separate accounts	1c(10)	20091199	4657894
(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)	19477661	6623756
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	39568860	20091301
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	165079
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	165079
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	39568860	19926222

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)	951007	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		951007
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	867400	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-112134
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		449249
(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)		977525
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3133047

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5475417	
(2) To insurance carriers for the provision of benefits	2e(2)	16824952	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22300369
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)	428331	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	46985	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		475316
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22775685

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-19642638
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 543966.

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

A Name of plan <u>PHH CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHH CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0551284</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 22-1211670 20-3691708

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

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

3		128
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

PHH Corporation Pension Plan

Financial Statements as of and for the
Years Ended December 31, 2024 and 2023,
Supplemental Schedules as of and for the
Year ended December 31, 2024
And Independent Auditors' Report

PHH Corporation Pension Plan

Table of Contents

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	6
Notes to Financial Statements	7
SUPPLEMENTAL SCHEDULES:	
Form 5500, Part IV, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	16
Form 5500, Part IV, Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024	17

Independent Auditors' Report

To the Participants and Plan Administrator of
PHH Corporation Pension Plan

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

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Notes 2 and 4 to the financial statements, The Employee Benefits Committee of the Plan approved a plan of liquidation on November 20, 2024, with an effective date of December 31, 2024 and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing plan basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 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 GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Baker Tilly US, LLP

Minneapolis, Minnesota
October 15, 2025

**PHH CORPORATION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023**

	December 31,	
	2024 (in Liquidation)	2023 (Ongoing)
Assets		
Investments, at fair value:		
Registered investment companies	\$ 6,623,756	\$ 19,477,661
Pooled separate accounts	4,657,894	20,091,199
Common/collective trusts	7,817,073	—
Total investments, at fair value	19,098,723	39,568,860
Receivables and other assets:		
Contribution receivable from employer	393,190	—
Accrued interest and dividends	599,388	—
Total receivables and other assets	992,578	—
Total assets	20,091,301	39,568,860
Liabilities		
Accrued liquidation costs	165,079	—
Total liabilities	165,079	—
Net assets available for benefits	\$ 19,926,222	\$ 39,568,860

See accompanying Notes to Financial Statements.

PHH CORPORATION PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	Year Ended December 31,	
	2024	2023
	(in Liquidation)	(Ongoing)
Additions to net assets:		
Net investment income:		
Net appreciation in investments	\$ 1,314,640	\$ 5,242,669
Interest and dividends	867,400	565,945
Total net investment income	2,182,040	5,808,614
Employer contributions	951,007	—
Total net additions	3,133,047	5,808,614
Deductions from net assets:		
Benefits paid to participants	5,475,417	2,992,467
Administrative expenses	475,316	765,080
Total deductions	5,950,733	3,757,547
Net (decrease) increase in net assets available for benefits before transfers	(2,817,686)	2,051,067
Purchase of annuities (see Note 5)	(16,824,952)	—
Transfer in from another plan on January 1, 2023 (see Note 1)	—	1,165,002
Net (decrease) increase in net assets available for benefits after transfers	(19,642,638)	3,216,069
Net assets available for benefits:		
Beginning of year	39,568,860	36,352,791
End of year	\$ 19,926,222	\$ 39,568,860

See accompanying Notes to Financial Statements.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

1 - Description of Plan

The following description of the PHH Corporation Pension Plan (the Plan) provides only general information. For a more complete description of the Plan's provisions, participants should refer to the Plan document which is available from PHH Corporation (PHH or the Company), the Plan sponsor and a wholly-owned subsidiary of Onity Group Inc. (formerly Ocwen Financial Corporation) (Onity).

General

The Plan is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was effective on January 31, 2005 and is sponsored by the Company for certain eligible employees. During 2005, PHH began operating independently pursuant to a spin-off from Cendant Corporation. In connection with the spin-off, eligible employees and the related assets were transferred into the Plan on the effective date. Employee eligibility for the Plan was frozen on July 1, 1997 and subsequent to that date; the Plan only accrues additional benefits for a limited number of employees.

Effective April 1, 2022, Empower Retirement, LLC (Empower) acquired Prudential Financial, Inc.'s full-service retirement business, which included both Prudential Bank and Trust, FSB, the Plan's Trustee, and Prudential Retirement Insurance and Annuity Company, which provides administrative services to the Plan, including recordkeeping and actuarial valuation services. Effective March 31, 2023, Prudential Bank and Trust, FSB was merged into Empower Trust Company, LLC. Under the terms of a trust agreement between the Trustee and the Company, contributions to the Plan are deposited with the Trustee and invested on behalf of the Plan. The Plan Administrator has granted discretionary investment authority to one or more investment managers appointed by the Plan Administrator.

See Note 4 - Plan Termination regarding the termination of the Plan, effective December 31, 2024.

Plan Merger. On November 15, 2022, the Plan's administrative committee approved the merger of the Berkeley Federal Savings Bank Employees' Retirement Plan (Berkeley Plan), of which Onity is also the plan administrator, into the Plan as of close of business December 31, 2022. The transfer of the Berkeley Plan's assets to the Plan of \$1.2 million occurred on January 3, 2023. We determined that the effective date of the transfer for purposes of the financial statements is January 1, 2023, as this is the date that legal control of the Berkeley Plan assets was transferred to the Plan trustee. The assets transferred from the Berkeley Plan were primarily comprised of interest-earning cash deposits.

Plan Provisions

Eligibility, Vesting and Pension Benefits. Prior to the Plan being frozen, employees were eligible to participate on the first day of the month following the attainment of age 21 and completion of one year of vesting service.

Effective October 31, 1999, employees no longer were able to accrue years of service for purposes of benefit accruals except those participants who attained their normal retirement date by reaching the age of 65 on or before December 31, 1999 or participants who attained their early retirement date by reaching the age of 55 and who completed 10 years of vesting service as of December 31, 1999. All benefit accruals relating to participants at least 50 years old (but not yet 55 years old) and with at least 10 years of vesting service as of December 31, 1999, ceased as of October 31, 2004 or termination of employment, if earlier. Plan participants younger than 50 years old or with less than 10 years of vesting service as of December 31, 1999 ceased accruing benefits as of December 31, 1999 or termination of employment, if earlier.

Retirement benefits are determined based on formulas defined within the Plan Document.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

Death and Disability Benefits. The Plan provides for certain benefits for spouses of vested participants who die prior to retirement or participants who become permanently disabled. A beneficiary of a participant who dies after completing ten years of vesting service is eligible to receive a qualified pre-retirement survivor annuity in the amount of 50% of the participant's annual accrued benefit, as defined under the Plan. Payment shall commence as of the first day of the month following the month in which the participant died. Eligible active employees who become totally disabled and have completed three years of service receive annual disability benefits that are equal to the normal retirement benefits based on the assumption that the participant continued to receive credit for years of service and compensation at the same rate at the time of disability.

2 - Summary of Accounting Policies

Basis of Accounting

On September 30, 2024, Onity's Employee Benefits Committee authorized the termination of the Plan, subject to regulatory approval. The Plan was subsequently amended on November 20, 2024 to terminate the Plan effective December 31, 2024. As liquidation was considered imminent, the Statement of Net Assets Available for Benefits at December 31, 2024 and the Statement of Changes in Net Assets Available for Benefits for the year then ended are presented on the liquidation basis of accounting. The financial statements of the Plan for the prior year are prepared using the ongoing basis of accounting.

As a result of adopting the liquidation basis of accounting, the Plan recorded the following adjustments to net assets available for benefits at December 31, 2024:

Employer contribution receivable (1)	\$ 393,190
Interest and dividend income expected to be earned in liquidation (2)	599,388
Accrued expenses expected to be incurred in liquidation (3)	(165,079)
Liquidation basis adjustments, net (4)	<u>\$ 827,499</u>

- (1) Estimated based on the excess of the actuarial present value of accumulated plan benefits, prepared on the liquidation basis, over the market value of assets available for benefits as of January 1, 2025. See Note 12 - Subsequent Events.
- (2) Estimated based on actual income earned through September 2025 plus an approximate \$170 thousand estimated for the period October 1, 2025 through liquidation based on historical data.
- (3) Includes actual liquidation related expenses through August 31, 2024, that consisted of termination related expenses and administrative fees for various service providers to the Plan, including the actuary and the investment manager. No additional expenses, including the cost to sell investments, are expected to be paid out of the Plan's assets subsequent to August 31, 2024, as directly paid by the Plan sponsor.
- (4) Expected changes in the present value of accumulated plan benefits, net appreciation or depreciation in investments, and benefits paid after January 1, 2025 through liquidation are excluded from the above liquidation basis adjustments, net. Upon liquidation of the Plan, any excess or shortfall will be returned to or funded by the Plan sponsor.

Use of Estimates

The preparation of financial statements in accordance with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein; disclosure of contingent liabilities; and the actuarial present value of accumulated plan benefits as of the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Administrative Expenses

Administrative expenses may be paid by the Company at its discretion; otherwise, such expenses are paid by the Plan. Administrative expenses paid by the Plan for the periods presented include Pension Benefit Guaranty Corporation (PBGC) insurance fees, participant recordkeeping and related expenses, actuarial valuation services and expenses for certain investment advisors and consultants. Administrative expenses paid by the Company for the periods presented include legal expenses and audit fees and are excluded from these financial statements. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Investment expenses incurred by the investment funds are charged to the respective funds and included within net appreciation (depreciation) in investments.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3 - Funding Policy

Contributions to the Plan are made quarterly to the extent required by the provisions of Section 412 of the Internal Revenue Code (IRC); however, the Company may also make voluntary contributions or elect to apply certain prefunding balances against minimum required contributions. The Company has the right under the Plan to amend or suspend its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 4 - Plan Termination for more information.

Discretionary contributions of \$557,817 were paid in 2024. There were no required contributions, and no discretionary contributions paid, for Plan year 2023. The Plan is in compliance with the minimum funding requirements of ERISA for 2024 and 2023.

4 - Plan Termination

The Plan was terminated through an amendment effective December 31, 2024, subject to regulatory approval. In facilitating the termination, the net assets of the Plan will be allocated for the payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document, generally to provide the following benefits in the order indicated:

- (1) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (2) Other vested benefits insured by the PBGC up to the applicable limitations.
- (3) All other vested benefits (that is, vested benefits not insured by PBGC).
- (4) All nonvested benefits

The Employer reserves the right to rescind the termination and to make further amendments to the Plan as may be necessary or desirable to facilitate the termination of the Plan, to ensure the tax-qualified status of the Plan, and to ensure continued compliance with applicable law.

In connection with the amendment to terminate the Plan, effective as of December 31, 2024 all Participants with an accrued benefit under the Plan were immediately and fully vested for all purposes of the Plan.

In facilitating a Plan termination, certain benefits under the Plan are insured by the PBGC; however, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

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

5 - Annuity Purchase

On May 9, 2024, the Plan sponsor instructed the Plan to purchase \$16.9 million of annuities from a third-party, American National Insurance Company (ANICO), as part of a risk management strategy. These purchased annuities are contracts under which ANICO is obligated to pay benefits to named participants or their beneficiaries, representing approximately 40% of the Plan participants (as of January 1, 2024). Participants were selected by the Plan administrator based on actuarial projections. The annuity purchase had no effect on participant benefits. This transaction resulted in a \$16.9 million derecognition of both the Plan's assets and the projected benefit obligation, representing the fair value of the assets at the time of the annuity purchase.

6 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by eligible employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated eligible employees or their beneficiaries, (ii) beneficiaries of eligible employees who have died and (iii) present eligible employees or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are incorporated to the extent they are deemed attributable to employee service rendered to the valuation date.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. The actuarial present value of accumulated plan benefits was determined by Empower (formerly Prudential) and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in determining accumulated plan benefits were as follows:

Discount rate	- 6.50% (2024) - 6.50% (2023)
Mortality	- The IRS 2024 Generational Mortality Table and Pri-2012 White Collar Dataset with Scale MP-2021 (2024) - The IRS 2023 Static Mortality Table and Pri-2012 White Collar Dataset with Scale MP-2021 (2023)
Retirement	- Various rates for ages 58 to 70 and up (2024 and 2023)
Investment rate of return	- 6.50% per annum (2024) - 6.50% per annum (2023)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023 there would be no material differences from the financial statements.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

The actuarial present value of the Plan's accumulated plan benefits as of January 1, 2024 is as follows:

<i>Vested benefits:</i>	
Participants receiving benefits	\$ 26,915,145
Other participants	9,103,645
Total vested benefits	<u>36,018,790</u>
<i>Non-vested benefits</i>	<u>8,952</u>
Total actuarial present value of accumulated benefits	<u><u>\$ 36,027,742</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits was as follows:

Balance, January 1, 2023	\$ 36,724,686
Increase (decrease) attributable to:	
Interest	2,291,380
Change in actuarial assumptions	—
Other	4,143
Benefits paid to participants	<u>(2,992,467)</u>
Balance, January 1, 2024	<u><u>\$ 36,027,742</u></u>

See Note 12 - Subsequent Events for the actuarial present value of accumulated plan benefits as of January 1, 2025, prepared under the liquidation basis.

7 - Certified Investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules of assets (held at end of year), including investments held at December 31, 2024 (in liquidation) and 2023 (ongoing), and net appreciation in investments and interest and dividends for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing), was obtained by management and agreed to or derived from information certified as complete and accurate by Prudential Bank and Trust, FSB (acquired by Empower on April 1, 2022 and merged into Empower Trust Company, LLC effective March 31, 2023), a qualified institution.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

8 - Fair Value Measurements

A three-level valuation hierarchy is used to classify inputs into the measurement of assets and liabilities at fair value and the net asset values of the instruments reported are determined by the Trustee. The valuation hierarchy is based upon the relative reliability and availability to market participants of inputs for the valuation of an asset or liability as of the measurement date. Level One represents the highest level based upon unadjusted quoted prices to Level Three which are based upon unobservable inputs that reflect the assumptions a market participant would use in pricing the asset or liability. When the valuation technique used in determining the fair value of an asset or liability utilizes inputs from different levels of the hierarchy, the level within which the measurement in its entirety is categorized is based upon the lowest level input that is significant to the measurement in its entirety.

The three levels of this valuation hierarchy consist of the following:

Level One. Level One inputs are unadjusted, quoted prices for identical assets or liabilities in active markets which the Plan Administrator has the ability to access at the measurement date.

Level Two. Level Two inputs are observable for that asset or liability, either directly or indirectly, and include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, observable inputs for the asset or liability other than quoted prices and inputs derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified contractual term, the inputs must be observable for substantially the full term of the asset or liability.

Level Three. Level Three inputs are unobservable inputs for the asset or liability that reflect the Plan Administrator's assessment of the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk, and are developed based on the best information available.

Fair value is based on quoted market prices, where available. If quoted prices are not available, fair value is estimated based upon other observable inputs. Unobservable inputs are used when observable inputs are not available. Adjustments may be made to reflect the assumptions that market participants would use in pricing the asset or liability.

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

Registered Investment Companies. The Plan's investments in registered investment companies are classified in Level One of the valuation hierarchy and fair value is estimated using quoted market prices of the funds reported in the active markets on which the individual securities are traded.

Pooled Separate Accounts. The Plan's investments in pooled separate accounts are not traded in active markets and are valued at their net asset value (NAV) per unit as reported by the Trustee. The NAV per unit is used as the practical expedient to estimate fair value. The NAV per unit is based on the value of the underlying investment asset price using actual trade data, benchmark yield data, broker or dealer quotes, issuer spread data and other reference information. The Plan can redeem these investments daily at the stated price to meet benefit payments and other participant-initiated withdrawals. The Plan is required to provide a 30-day advance notice to the Trustee prior to a full redemption of trust units in these investments. The Plan has no unfunded commitments for these investments.

Common/collective Trusts. The Plan's investments in common/collective trusts are not traded in active markets and are valued at the NAV per unit, as determined by the trustee. The NAV per unit is used as the practical expedient to estimate fair value. The NAV per unit is based on the value of the underlying investment asset price using actual trade data, contract value, accrued interest, benchmark yield data, broker or dealer quotes, issuer spread data and other reference information. The Plan can redeem investments in common/collective trusts daily at the stated price to meet benefit payments and other participant-initiated withdrawals. The common collective trust requires five business days advance written notice for any Plan sponsor directed withdrawal that would exceed \$1,000,000 or 10% of the assets invested in the Fund. The Plan had no unfunded commitments or unmet notice requirements for these investments as of December 31, 2024 and 2023.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

	December 31, 2024	
	Level One	Total
Registered investment companies measured at fair value	\$ 6,623,756	\$ 6,623,756
Pooled separate accounts measured at NAV ⁽¹⁾		4,657,894
Common/collective trusts measured at NAV ⁽¹⁾		7,817,073
Total investments, at fair value		\$ 19,098,723

	December 31, 2023	
	Level One	Total
Registered investment companies measured at fair value	\$ 19,477,661	\$ 19,477,661
Pooled separate accounts measured at NAV ⁽¹⁾		20,091,199
Common/collective trusts measured at NAV ⁽¹⁾		—
Total investments, at fair value		\$ 39,568,860

- (1) Certain investments that are measured at fair value using the NAV per unit practical expedient have not been classified in the fair value hierarchy. The fair value amount presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

9 - Federal Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 8, 2015 stating that the Plan is qualified under Section 401(a) and 501(a) of the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan sponsor is responsible for reviewing the annual Required Amendments List (RAL) issued by the IRS for individually designed plans to retain qualified tax status. The Plan Administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and therefore, believes the Plan is qualified and the related trust is exempt. See Note 12 - Subsequent Events regarding receipt of a favorable determination letter from the IRS in September 2025 indicating that the termination of the Plan does not affect its qualification for federal tax purposes.

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan. The financial statement benefits of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10 - Related Party and Party-in-Interest Transactions

The Plan's investments include pooled separate accounts and a registered investment company fund (in 2024) managed by an affiliate of the Trustee. The Trustee is the custodian of the investments as defined by the Plan, and therefore, the related transactions qualify as exempt party-in-interest transactions under ERISA. As described in Note 2 - Summary of Accounting Policies, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

11 - Risks and Uncertainties

The Plan contains investments in pooled separate accounts, investments in registered investment companies and common collective trusts. Investment securities, in general, are exposed to various risks, such as equity price, interest rate, credit risks and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investment securities will occur in the near-term and that those changes could materially affect the amounts reported in the financial statements. As of December 31, 2024 and 2023, individual investment funds greater than 10% of net assets available for benefits totaled \$16,946,785 and \$30,828,548 or 85% and 78% of net assets available for benefits, respectively, and were concentrated in four funds.

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

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

12 - Subsequent Events

As disclosed in Note 4 - Plan Termination, the Plan was terminated effective December 31, 2024, subject to regulatory approval. Following the termination of the Plan, the Company has completed the following actions:

- The Plan was amended to offer eligible participants a final one-time opportunity to receive their accrued benefit in the form of a single sum payment instead of an annuity payment. The Plan Termination Lump Sum Election Period commenced September 5, 2025 and ends October 24, 2025.
- A termination notice (PBGC Form 500) was filed with the Pension Benefit Guaranty Corporation (PBGC) on June 16, 2025. The PBGC did not issue a Notice of Noncompliance within the 60-day period after receipt of the termination notice on June 25, 2025. The Plan must complete the distribution of Plan assets to close out the Plan within 180 days from expiration of the 60-day review period.
- A determination letter was requested from the IRS on January 31, 2025, and a favorable determination letter was issued by the IRS on September 8, 2025 indicating the termination of the Plan does not affect its qualification for federal tax purposes.

The Plan is in the process of liquidation, which is expected to be substantially completed by the end of 2025. The liquidation steps include a combination of lump sum payments to eligible, electing participants during the Plan Termination Lump Sum Election Period and the transfer of remaining benefits to a third-party insurance company through the purchase of a group annuity contract. The annuity purchase is scheduled for December 11, 2025 to fully fund the Plan's remaining benefit obligation.

The actuarial present value of accumulated plan benefits computed as of January 1, 2025 was prepared on the liquidation basis. The assumptions are unchanged from those disclosed in Note 6 - Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2024 with the exception of the discount rate, which was reduced from 6.50% to 4.75% (an average of survey annuity purchase rates for December 2024).

The actuarial present value of the Plan's accumulated plan benefits as of January 1, 2025 is as follows:

<i>Vested benefits:</i>	
Participants receiving benefits	\$ 12,913,509
Other participants	6,578,404
Total vested benefits	19,491,913
<i>Non-vested benefits</i>	
	—
Total actuarial present value of accumulated benefits	<u>\$ 19,491,913</u>

**PHH CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS**

The changes in the actuarial present value of the Plan's accumulated plan benefits was as follows:

Balance, January 1, 2024	\$ 36,027,742
Increase (decrease) attributable to:	
Interest	2,271,592
Change in actuarial assumptions	2,797,548
Benefits accumulated and actuarial loss	708,620
Benefits paid to participants	(22,301,565)
Plan amendments	(12,024)
Balance, January 1, 2025	<u>\$ 19,491,913</u>

Had the valuation been performed as of December 31, 2024, there would be no material differences.

The Plan has evaluated subsequent events through October 15, 2025, which is the date the financial statements were available to be issued.

PHH CORPORATION PENSION PLAN
EIN: 52-0551284
PLAN NUMBER: 002
FORM 5500, PART IV, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
<i>Common / Collective Trusts</i>				
	Great Gray Trust Company	Intl Stock II 0.32	\$ 375,669	\$ 369,732
	Great Gray Trust Company	PGIM TotRetCIT CL LP	7,553,538	7,447,341
	Total Common/collective Trusts		<u>7,929,207</u>	<u>7,817,073</u>
<i>Registered Investment Companies:</i>				
*	Empower Annuity Insurance Company of America	Vanguard Total Stock Mkt Index	1,349,506	2,509,037
	Vanguard	Vanguard Total Intl Stck Index	596,286	741,198
	Vanguard	Vanguard LT Invt Grade BondADM	4,015,283	3,373,521
	Total Registered Investment Company		<u>5,961,075</u>	<u>6,623,756</u>
<i>Pooled Separate Accounts:</i>				
*	Empower Annuity Insurance Company of America	Small Cap Growth/ Emerald	115,637	204,665
*	Empower Annuity Insurance Company of America	Small Cap Value/ Integrity	88,231	202,771
*	Empower Annuity Insurance Company of America	Pru Long Corporate Bond	4,152,076	3,616,886
*	Empower Annuity Insurance Company of America	Prudential Short-Term	622,399	633,572
	Total Pooled Separate Accounts		<u>4,978,343</u>	<u>4,657,894</u>
	Total		<u>\$ 18,868,625</u>	<u>\$ 19,098,723</u>

(*) Represents party-in-interest to the Plan, as defined by ERISA.

PHH CORPORATION PENSION PLAN
EIN: 52-0551284
PLAN NUMBER: 002
FORM 5500, PART IV, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Realized Gain/(Loss)
Category (iii) - A series of transactions in excess of 5% of Plan Assets						
Vanguard	Vanguard Total Stock Mkt Index	\$170,395		\$170,395	\$170,395	
			\$7,535,500	\$4,300,825	\$7,535,500	\$3,234,675
Vanguard	Vanguard Total Intl Stck Indx	\$93,324		\$93,324	\$93,324	
			\$3,100,000	\$2,360,636	\$3,100,000	\$739,364
Vanguard	Vanguard LT Invt Grade BondADM	\$1,581,942		\$1,581,942	\$1,581,942	
			\$3,050,000	\$3,651,142	\$3,050,000	\$(601,142)
PRIAC(*) (1)	Pru Tot Return Bond (ISP)	\$2,656,845		\$2,656,845	\$2,656,845	
			\$14,232,881	\$13,705,251	\$14,232,881	\$527,630
PRIAC(*) (1)	Pru Long Corporate Bond	\$1,323,977		\$1,323,977	\$1,323,977	
			\$3,120,000	\$3,697,163	\$3,120,000	\$(577,163)
PRIAC(*) (1)	Prudential Short-Term	\$22,583,226		\$22,583,226	\$22,583,226	
			\$22,924,213	\$22,715,412	\$22,924,213	\$208,801
GGTC (2)	PGIM TotRetCIT CL LP	\$7,553,538		\$7,553,538	\$7,553,538	
			\$—	\$—	\$—	\$—

(*) Represents party-in-interest to the Plan.

(1) Prudential Retirement Insurance and Annuity Company

(2) Great Gray Trust Company

There were no category (i), (ii) or (iv) transactions.

Distribution of active participants by age and service

Number of active participants as of January 1, 2024 – distribution by age and service

Active participant counts are shown below.

Attained age	Years of credited service									Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39		40+
Under 25											
25-29											
30-34											
35-39											
40-44											
45-49											
50-54		4	2								6
55-59		3	6	4							13
60-64			1								1
65-69			1		1						2
70+											
Total		7	10	4	1						22

Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under “Actuarial assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

The funding target is developed based on the full yield curve published from the month prior to the valuation date.

Sponsor elections

Discount rate: Full yield curve based on the average daily corporate bond yields from the month prior to the valuation date

Mortality table: Prescribed IRS generational mortality table – separate

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus \$700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

PHH Corporation Pension Plan
EIN / PN 52-0551284/002
Form 5500 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Termination Age

<u>Age</u>	<u>Unisex Rates</u>
30	4.84%
35	5.02%
40	4.15%
45	3.73%
50	3.49%

This is the 2003 SOA Pension Plan Turnover Study
Select & Ultimate Table, Ultimate (Service >=10) Rates

Retirement Age – Active Participants

<u>Age</u>	<u>Rates</u>
58	10.0%
59	15.0%
60	40.0%
61	0.0%
62	0.0%
63	0.0%
64	0.0%
65	80.0%
66	0.0%
67	0.0%
68	0.0%
69	0.0%
70 and up	100.0%

Retirement Age – Vested Terminated Participants

PHH vested terminated participants eligible for subsidized early retirement:

<u>Age</u>	<u>Rates</u>
55	10.0%
56	10.0%
57	15.0%
58	15.0%
59	15.0%
60	50.0%
61	25.0%
62	25.0%
63	25.0%
64	25.0%
65 and up	100.0%

Age 65 for all others.

Form of Payment

PHH participants: 100% assumed to elect a life annuity.

Berkeley participants: 100% assumed to elect a lump sum.

417(e) Mortality

IRS 2024 Applicable Mortality Table for 417(e).

417(e) Interest

Same as valuation liability interest rates.

Survivor's Benefit

It is assumed that 80% of active male participants and 60% of active female participants are married with husbands three years older than their spouses.

Disability

None.

PHH CORPORATION PENSION PLAN
EIN: 52-0551284
PLAN NUMBER: 002
FORM 5500, PART IV, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Realized Gain/(Loss)
Category (iii) - A series of transactions in excess of 5% of Plan Assets						
Vanguard	Vanguard Total Stock Mkt Index	\$170,395		\$170,395	\$170,395	
			\$7,535,500	\$4,300,825	\$7,535,500	\$3,234,675
Vanguard	Vanguard Total Intl Stck Indx	\$93,324		\$93,324	\$93,324	
			\$3,100,000	\$2,360,636	\$3,100,000	\$739,364
Vanguard	Vanguard LT Invt Grade BondADM	\$1,581,942		\$1,581,942	\$1,581,942	
			\$3,050,000	\$3,651,142	\$3,050,000	\$(601,142)
PRIAC(*) (1)	Pru Tot Return Bond (ISP)	\$2,656,845		\$2,656,845	\$2,656,845	
			\$14,232,881	\$13,705,251	\$14,232,881	\$527,630
PRIAC(*) (1)	Pru Long Corporate Bond	\$1,323,977		\$1,323,977	\$1,323,977	
			\$3,120,000	\$3,697,163	\$3,120,000	\$(577,163)
PRIAC(*) (1)	Prudential Short-Term	\$22,583,226		\$22,583,226	\$22,583,226	
			\$22,924,213	\$22,715,412	\$22,924,213	\$208,801
GGTC (2)	PGIM TotRetCIT CL LP	\$7,553,538		\$7,553,538	\$7,553,538	
			\$—	\$—	\$—	\$—

(*) Represents party-in-interest to the Plan.

(1) Prudential Retirement Insurance and Annuity Company

(2) Great Gray Trust Company

There were no category (i), (ii) or (iv) transactions.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan PHH CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PHH CORPORATION		D Employer Identification Number (EIN) 52-0551284	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>
2 Assets:	
a Market value	2a 39,589,520
b Actuarial value	2b 41,070,066
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	377 28,688,176 28,688,176
b For terminated vested participants	372 9,942,084 9,942,084
c For active participants	22 391,791 401,617
d Total	771 39,022,051 39,031,877
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.12%
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 225,000
c Target normal cost	6c 225,000

Statement by Enrolled Actuary

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

SIGN HERE	Eric Pers <i>EP</i>	9/12/25
	Signature of actuary	Date
ERIC PERS F.S.A., E.A.	Type or print name of actuary	2308115
EMPOWER	Firm name	Most recent enrollment number
280 TRUMBULL ST.		303-737-6275
HARTFORD CT 06103	Address of the firm	Telephone number (including area code)

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
	<input checked="" type="checkbox"/> N/A, full yield curve used		
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 225,000
b Excess assets, if applicable, but not greater than line 31a			31b 225,000
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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

PHH Corporation Pension Plan

EIN / PN: 52-0551284 / 002

Form 5500 2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	0.00%	0.000000	1.000000	0.000000
56	0.00%	0.000000	1.000000	0.000000
57	0.00%	0.000000	1.000000	0.000000
58	10.00%	0.100000	0.900000	5.800000
59	15.00%	0.135000	0.765000	7.965000
60	40.00%	0.306000	0.459000	18.360000
61	0.00%	0.000000	0.459000	0.000000
62	0.00%	0.000000	0.459000	0.000000
63	0.00%	0.000000	0.459000	0.000000
64	0.00%	0.000000	0.459000	0.000000
65	80.00%	0.367200	0.091800	23.868000
66	0.00%	0.000000	0.091800	0.000000
67	0.00%	0.000000	0.091800	0.000000
68	0.00%	0.000000	0.091800	0.000000
69	0.00%	0.000000	0.091800	0.000000
70	100.00%	0.091800	0.000000	6.426000
				62.419000

Plan provisions

Plan Effective Date

The PHH Corporation Pension Plan was effective January 31, 2005 and was formed as a spin-off from the Cendent Corporation Plan.

The Berkeley Federal Savings Bank Employees' Retirement Plan was merged into the PHH Corporation Pension Plan on December 31, 2022.

Final Earnings

PHH:

The average annual compensation (base salary plus commissions, but not in excess of the IRC Section 401(a)(17) limit) for the 60 highest consecutive months during the last 120 months of employment.

Berkeley:

Average pay during the highest 10 consecutive years of membership up to Normal Retirement Age; use base pay through December 31, 1985 and total pay excluding bonuses and commissions thereafter.

Service

A plan year in which a Participant is credited with 1,000 or more hours of service. Fractional years of Benefit Service accrue for plan years in which an employee commences or terminated employment.

Form of Annuity

Life Annuity.

Contingent Annuitant Option (50%, 66 2/3%, or 100%), Ten-year Certain and Life, and Social Security Level Income Option are available as optional forms of payment.

Berkeley participants are eligible to take their benefit as a lump sum.

Normal Retirement Date

Age 65 and five years of service.

Social Security

The amount available at the Participant's Social Security Retirement Age, based on the Social Security Act in effect at termination/retirement, based on the Participant's earning's history during employment with PHH. (Earnings before hire and after termination are assumed to be \$0.)

Participation Eligibility

PHH:

Plan Participation was frozen as of July 1, 1997. Prior to that date, PHH employees were eligible to participate in the plan after completion of one year of service and attainment of age 21.

Berkeley:

All employees, other than permanent part-time employees or employees who receive all of their compensation in the form of commissions or condominium association employees of Berkeley Resorts Management, are eligible for membership in the Plan as of January 1 following the attainment of age 20-1/2, if not covered by a collective bargaining agreement in which pensions were bargained.

Benefit Formula

PHH:

The greater of 1 or 2 : (1) 2.0% of Final Average Earnings multiplied by years of benefit service (up to a maximum of 30 years), minus 50% of annualized Primary Social Security Benefit OR (2) \$264 times years of benefit service up to four years, plus \$72 times years of benefit service in excess of four years. (Total service in this calculation cannot exceed 30 years.)

Benefit accruals were frozen as of 10/31/1999 for active participants not yet 50 years old with less than 10 years of service as of 10/31/1999. For active participants at least 50 years old (but not yet 55 years old) and with at least 10 years of service as of 12/31/1999, all benefit accruals ceased as of 10/31/2004, or termination of employment, if earlier.

PHH Corporation Pension Plan
EIN / PN 52-0551284/002
Form 5500 2024 Schedule SB, Part V – Summary of Plan Provisions

Berkeley: Accrued Benefit under prior formula as of December 31, 1988, plus; 2% of Compensation plus .375% of Compensation in excess of the current Tabular Social Security Limit, multiplied by years of service after December 31, 1988 to a maximum of 25 years from date of employment.

Past service to January 1, 1989 plus future service cannot exceed 25 years. Benefits were frozen as of April 15, 1993.

Early Eligibility

PHH: Age 55 and 10 years of service.

Berkeley: Age 55 and 5 years of service.

Early Benefit Amount

PHH: The greater of (1) or (2) and reduced 1/3 of 1% for each month that benefits commence prior to age 60: (1) 60% of Final Average Earnings multiplied by a service fraction (years of service at retirement divided by the greater of 30 years or the number of projected years of service assuming continued employment through normal retirement date), minus 50% of annualized Primary Social Security Benefit. OR (2) \$264 times years of service up to four years, plus \$72 times years of service in excess of four years. (Total service in this calculation cannot exceed 30 years.)

Berkeley: Actuarially reduced benefit for early retirement.

Vesting Schedule

Five years of vesting service

Vesting Benefit

Normal Retirement benefit at age 65, or a benefit reduced 0.5% per month for each month prior to age 65 that benefits commence.

Preretirement Spouse Benefit

Eligibility: Five years of vesting service

Benefit Formula: If married vested Participant dies prior to benefit commencement, a 50% Survivor Benefit will be payable to the spouse. The spouse receives the benefit that would have been payable had the Participant terminated on the day before death, survived until Early Retirement date and elected to receive the benefit in the form of a 50% Survivor Option.

If a Participant with at least 10 years of service dies prior to benefit commencement and either (1) there is no spouse or (2) the spouse dies before the youngest child reaches age 21, then a temporary survivor's benefit will be paid to such children.

Special Provisions:

Certain Arval employees who participated in the PHH Plan commenced their PHH pension payments after being part of the sale of PHH Arval to Avis. The ultimate benefits payable from this merged plan will offset the accumulated value of these benefits received while actively employed (but the net benefit shall not be less than the amount they had been receiving before being reacquired by Cendant).

Disability Benefit

PHH: Total and permanent disability after three years of active service.

Berkeley: Based upon qualification for Social Security Disability; the benefit is the actuarial equivalent of the accrued benefit.

Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under “Actuarial assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

The funding target is developed based on the full yield curve published from the month prior to the valuation date.

Sponsor elections

Discount rate: Full yield curve based on the average daily corporate bond yields from the month prior to the valuation date

Mortality table: Prescribed IRS generational mortality table – separate

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus \$700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

Termination Age

<u>Age</u>	<u>Unisex Rates</u>
30	4.84%
35	5.02%
40	4.15%
45	3.73%
50	3.49%

This is the 2003 SOA Pension Plan Turnover Study
Select & Ultimate Table, Ultimate (Service >=10) Rates

Retirement Age – Active Participants

<u>Age</u>	<u>Rates</u>
58	10.0%
59	15.0%
60	40.0%
61	0.0%
62	0.0%
63	0.0%
64	0.0%
65	80.0%
66	0.0%
67	0.0%
68	0.0%
69	0.0%
70 and up	100.0%

Retirement Age – Vested Terminated Participants

PHH vested terminated participants eligible for subsidized early retirement:

<u>Age</u>	<u>Rates</u>
55	10.0%
56	10.0%
57	15.0%
58	15.0%
59	15.0%
60	50.0%
61	25.0%
62	25.0%
63	25.0%
64	25.0%
65 and up	100.0%

Age 65 for all others.

Form of Payment

PHH participants: 100% assumed to elect a life annuity.

Berkeley participants: 100% assumed to elect a lump sum.

417(e) Mortality

IRS 2024 Applicable Mortality Table for 417(e).

417(e) Interest

Same as valuation liability interest rates.

Survivor's Benefit

It is assumed that 80% of active male participants and 60% of active female participants are married with husbands three years older than their spouses.

Disability

None.

Distribution of active participants by age and service

Number of active participants as of January 1, 2024 – distribution by age and service

Active participant counts are shown below.

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
25-29											
30-34											
35-39											
40-44											
45-49											
50-54		4	2								6
55-59		3	6	4							13
60-64			1								1
65-69			1		1						2
70+											
Total		7	10	4	1						22

PHH Corporation Pension Plan

EIN / PN: 52-0551284 / 002

Form 5500 2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
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56	0.00%	0.000000	1.000000	0.000000
57	0.00%	0.000000	1.000000	0.000000
58	10.00%	0.100000	0.900000	5.800000
59	15.00%	0.135000	0.765000	7.965000
60	40.00%	0.306000	0.459000	18.360000
61	0.00%	0.000000	0.459000	0.000000
62	0.00%	0.000000	0.459000	0.000000
63	0.00%	0.000000	0.459000	0.000000
64	0.00%	0.000000	0.459000	0.000000
65	80.00%	0.367200	0.091800	23.868000
66	0.00%	0.000000	0.091800	0.000000
67	0.00%	0.000000	0.091800	0.000000
68	0.00%	0.000000	0.091800	0.000000
69	0.00%	0.000000	0.091800	0.000000
70	100.00%	0.091800	0.000000	6.426000
				62.419000

Plan provisions

Plan Effective Date

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Form of Annuity

Life Annuity.

Contingent Annuitant Option (50%, 66 2/3%, or 100%), Ten-year Certain and Life, and Social Security Level Income Option are available as optional forms of payment.

Berkeley participants are eligible to take their benefit as a lump sum.

Normal Retirement Date

Age 65 and five years of service.

PHH Corporation Pension Plan
EIN / PN 52-0551284/002
Form 5500 2024 Schedule SB, Part V – Summary of Plan Provisions

Social Security

The amount available at the Participant's Social Security Retirement Age, based on the Social Security Act in effect at termination/retirement, based on the Participant's earning's history during employment with PHH. (Earnings before hire and after termination are assumed to be \$0.)

Participation Eligibility

PHH:

Plan Participation was frozen as of July 1, 1997. Prior to that date, PHH employees were eligible to participate in the plan after completion of one year of service and attainment of age 21.

Berkeley:

All employees, other than permanent part-time employees or employees who receive all of their compensation in the form of commissions or condominium association employees of Berkeley Resorts Management, are eligible for membership in the Plan as of January 1 following the attainment of age 20-1/2, if not covered by a collective bargaining agreement in which pensions were bargained.

Benefit Formula

PHH:

The greater of 1 or 2 : (1) 2.0% of Final Average Earnings multiplied by years of benefit service (up to a maximum of 30 years), minus 50% of annualized Primary Social Security Benefit OR (2) \$264 times years of benefit service up to four years, plus \$72 times years of benefit service in excess of four years. (Total service in this calculation cannot exceed 30 years.)

Benefit accruals were frozen as of 10/31/1999 for active participants not yet 50 years old with less than 10 years of service as of 10/31/1999. For active participants at least 50 years old (but not yet 55 years old) and with at least 10 years of service as of 12/31/1999, all benefit accruals ceased as of 10/31/2004, or termination of employment, if earlier.

PHH Corporation Pension Plan
EIN / PN 52-0551284/002
Form 5500 2024 Schedule SB, Part V – Summary of Plan Provisions

Berkeley: Accrued Benefit under prior formula as of December 31, 1988, plus; 2% of Compensation plus .375% of Compensation in excess of the current Tabular Social Security Limit, multiplied by years of service after December 31, 1988 to a maximum of 25 years from date of employment.

Past service to January 1, 1989 plus future service cannot exceed 25 years. Benefits were frozen as of April 15, 1993.

Early Eligibility

PHH: Age 55 and 10 years of service.

Berkeley: Age 55 and 5 years of service.

Early Benefit Amount

PHH: The greater of (1) or (2) and reduced 1/3 of 1% for each month that benefits commence prior to age 60: (1) 60% of Final Average Earnings multiplied by a service fraction (years of service at retirement divided by the greater of 30 years or the number of projected years of service assuming continued employment through normal retirement date), minus 50% of annualized Primary Social Security Benefit. OR (2) \$264 times years of service up to four years, plus \$72 times years of service in excess of four years. (Total service in this calculation cannot exceed 30 years.)

Berkeley: Actuarially reduced benefit for early retirement.

Vesting Schedule

Five years of vesting service

Vesting Benefit

Normal Retirement benefit at age 65, or a benefit reduced 0.5% per month for each month prior to age 65 that benefits commence.

Preretirement Spouse Benefit

Eligibility: Five years of vesting service

Benefit Formula: If married vested Participant dies prior to benefit commencement, a 50% Survivor Benefit will be payable to the spouse. The spouse receives the benefit that would have been payable had the Participant terminated on the day before death, survived until Early Retirement date and elected to receive the benefit in the form of a 50% Survivor Option.

If a Participant with at least 10 years of service dies prior to benefit commencement and either (1) there is no spouse or (2) the spouse dies before the youngest child reaches age 21, then a temporary survivor's benefit will be paid to such children.

Special Provisions:

Certain Arval employees who participated in the PHH Plan commenced their PHH pension payments after being part of the sale of PHH Arval to Avis. The ultimate benefits payable from this merged plan will offset the accumulated value of these benefits received while actively employed (but the net benefit shall not be less than the amount they had been receiving before being reacquired by Cendant).

Disability Benefit

PHH: Total and permanent disability after three years of active service.

Berkeley: Based upon qualification for Social Security Disability; the benefit is the actuarial equivalent of the accrued benefit.

PHH CORPORATION PENSION PLAN
EIN: 52-0551284
PLAN NUMBER: 002
FORM 5500, PART IV, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
<i>Common / Collective Trusts</i>				
	Great Gray Trust Company	Intl Stock II 0.32	\$ 375,669	\$ 369,732
	Great Gray Trust Company	PGIM TotRetCIT CL LP	7,553,538	7,447,341
	Total Common/collective Trusts		7,929,207	7,817,073
<i>Registered Investment Companies:</i>				
*	Empower Annuity Insurance Company of America	Vanguard Total Stock Mkt Index	1,349,506	2,509,037
	Vanguard	Vanguard Total Intl Stck Index	596,286	741,198
	Vanguard	Vanguard LT Invt Grade BondADM	4,015,283	3,373,521
	Total Registered Investment Company		5,961,075	6,623,756
<i>Pooled Separate Accounts:</i>				
*	Empower Annuity Insurance Company of America	Small Cap Growth/ Emerald	115,637	204,665
*	Empower Annuity Insurance Company of America	Small Cap Value/ Integrity	88,231	202,771
*	Empower Annuity Insurance Company of America	Pru Long Corporate Bond	4,152,076	3,616,886
*	Empower Annuity Insurance Company of America	Prudential Short-Term	622,399	633,572
	Total Pooled Separate Accounts		4,978,343	4,657,894
	Total		\$ 18,868,625	\$ 19,098,723

(*) Represents party-in-interest to the Plan, as defined by ERISA.