

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

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>566</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FCA US LLC</u></p> <p><u>1000 CHRYSLER DRIVE</u> <u>CIMS 485-08-64</u> <u>AUBURN HILLS, MI 48326-2766</u></p>	<p>1c Effective date of plan <u>01/01/2011</u></p> <p>2b Employer Identification Number (EIN) <u>27-0187394</u></p> <p>2c Plan Sponsor's telephone number <u>248-576-5741</u></p> <p>2d Business code (see instructions) <u>336100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	STEVEN LANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	14548
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2382
	6a(2)	1943
	6b	12037
	6c	
	6d	13980
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

<p>A Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>566</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FCA US LLC</p>	<p>D Employer Identification Number (EIN) 27-0187394</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
AETNA DMO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-2289438	96150	732	3	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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)
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)
	(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)
	(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	841
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

<p>A Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>566</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FCA US LLC</p>	<p>D Employer Identification Number (EIN) 27-0187394</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
DELTA PREFERRED NATIONAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1791480	54305	756	5775	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	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	

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)
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)
	(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)
	(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	1833823
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES		B Three-digit plan number (PN) ▶	566
C Plan sponsor's name as shown on line 2a of Form 5500 FCA US LLC		D Employer Identification Number (EIN) 27-0187394	

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

VSP

(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
06-1227840	39616	638	5575	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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
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	

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)
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)
	(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)
	(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	113563
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

<p>A Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES</p>	<p>B Three-digit plan number (PN) ▶ 566</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FCA US LLC</p>	<p>D Employer Identification Number (EIN) 27-0187394</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
DELTA DENTAL MICHIGAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1791480	54305	700	3	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 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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	

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)
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)
	(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)
	(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	1177
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES</p>	<p>B Three-digit plan number (PN) ▶ 566</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FCA US LLC</p>	<p>D Employer Identification Number (EIN) 27-0187394</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
UNITED CONCORDIA MICHIGAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-2289438	96150	728	7	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 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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	

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)
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)
	(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)
	(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	1678
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

A Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES	B Three-digit plan number (PN) ▶	566
C Plan sponsor's name as shown on line 2a of Form 5500 FCA US LLC	D Employer Identification Number (EIN) 27-0187394	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TOWERS WATSON DELAWARE INC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 50	NONE	350683	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)

BUCK GLOBAL LLC

83-1116912

(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?
49 50	NONE	141051	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)

MERCER HR CONSULTING

13-2836910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	96690	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SSDC SERVICES CORP

38-3357459

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 49 50	NONE	57274	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)

WOLVERING SOLUTIONS

38-2233061

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	55686	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)

CASTLIGHT HEALTH

26-1989091

(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?
49 50	NONE	45074	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MERATIVE

88-1430661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	34567	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)

OPTAVISE

02-0677999

(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?
50 49	NONE	19491	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES	B Three-digit plan number (PN) ▶ 566
C Plan sponsor's name as shown on line 2a of Form 5500 FCA US LLC	D Employer Identification Number (EIN) 27-0187394

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	36644	25610
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27499862	21572046
(2) U.S. Government securities	1c(2)	1841284	2452202
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	10341763	15836425
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	622313	513906
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	82862086	86357141
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	20762479	22837460

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	143966431	149594790
Liabilities			
g Benefit claims payable.....	1g	1960118	2168781
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1960118	2168781
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	142006313	147426009

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)	57116343	
(B) Participants.....	2a(1)(B)	11436601	
(C) Others (including rollovers).....	2a(1)(C)	1408213	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		69961157
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5418	
(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)	4481780	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		4487198
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	5737	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4756881	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		4762618
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	26978675	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	26354530	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		624145
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4961470	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		84796588

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46134456	
(2) To insurance carriers for the provision of benefits	2e(2)	28480998	
(3) Other	2e(3)	2011531	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		76626985
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)	1824352	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	256029	
(7) Actuarial fees	2i(7)	491734	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	177792	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2749907
j Total expenses. Add all expense amounts in column (b) and enter total	2j		79376892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5419696
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		40000000
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.		X	

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

FCA US LLC

Health Care Benefits Plan for Salaried Non-Represented Retirees

As of and for the Year Ended December 31, 2024

FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Retirees

Financial Statements and Supplemental Schedules

As of and for the Year Ended December 31, 2024

Contents

Independent Auditor's Report	<u>1</u>
Financial Statements	
Statements of Net Assets Available for Benefits (modified cash basis)	<u>5</u>
Statement of Changes in Net Assets Available for Benefits (modified cash basis)	<u>6</u>
Notes to Financial Statements	<u>7</u>
Supplemental Schedules	
Schedule of Assets (Held at End of Year)	<u>21</u>
Schedule of Detail of Institutional Money Market Portfolio	<u>22</u>

Independent Auditors' Report

To the Plan Administrator and Members of the Employee Benefits Committee of
FCA US LLC H&W Plan Salaried Retiree

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

We have performed audits of the financial statements of FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Retirees (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—modified cash basis and of benefit obligations—modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits—modified cash basis and of changes in benefit obligations—modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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.

Basis of Accounting

We draw attention to Note 5 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America and, as a result, the financial statements may not be suitable for another purpose. Our opinion is not modified with respect to this matter.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(i) - Schedule of Detail of Institutional Money Market Portfolio as of or 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

Chicago, Illinois

October 13, 2025

FCA US LLC Health Care Benefits Plan for Salaried
Non-Represented Retirees

Statements of Net Assets Available for Benefits

(Modified Cash Basis)

	December 31	
	2024	2023
Assets		
Cash	\$ 25,610	\$ 36,644
Participant-directed investments	149,569,180	143,929,787
Net assets available for benefits	<u>\$ 149,594,790</u>	<u>\$ 143,966,431</u>

See accompanying notes.

FCA US LLC Health Care Benefits Plan for Salaried
Non-Represented Retirees

Statement of Changes in Net Assets Available for Benefits

(Modified Cash Basis)

Year Ended December 31, 2024

Additions	
Contributions:	
Employer, net of participant reimbursements	\$ 57,116,343
Participants	11,436,601
Total contributions	<u>68,552,944</u>
Government subsidies	1,408,213
Total additions	<u>69,961,157</u>
Deductions	
Benefits paid directly to participants	(45,925,793)
Benefits paid to service providers	(28,480,998)
Insurance premiums paid for health benefits	(2,011,531)
Administrative expenses	(2,749,907)
Total deductions	<u>(79,168,229)</u>
Investment Income	
Interest, dividends, and other income (expense)	9,249,816
Net appreciation in fair value of investments	5,585,615
Total investment Income	<u>14,835,431</u>
Net Increase	<u>5,628,359</u>
Net assets available for benefits	
Beginning of year	143,966,431
End of year	<u><u>\$ 149,594,790</u></u>

See accompanying notes.

Notes to Financial Statements

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Plan Description

The following description of the FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Retirees (the Plan) provides only general information. Participants should refer to the Plan’s legal document for a complete description of the Plan’s provisions, copies of which may be obtained from the Plan sponsor.

General

The Plan was effective January 1, 2011, and provides health care benefits to eligible retirees of FCA US LLC (the Company or FCA) who are not covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2020, the Plan has eliminated duplicate Health Care Retirement Account (HRA) stipends of \$1,750 to spouses of retirees where the spouse was also a participant of the Plan.

Effective January 1, 2020, The Plan has changed the post 65 health coverage from a self-insured benefit to an insured benefit for retirees that retired prior to February 1, 1988.

Contributions

During 2024, FCA contributed \$57,116,343 to pay medical claims and premiums, as well as administrative expenses associated with the Plan. The Plan pays for all benefits covered under the Plan document, subject to participant co-payments and deductibles. Participants may contribute specified amounts to the Plan to fund the cost of premium sharing for incremental benefit elections, co-payments, and deductibles.

Participants Retiring	2024 Retiree Contribution	2023 Retiree Contribution
Pre-65	32%	30%
Post-65	n/a	n/a

Retirement Health Care Account (RHCA)s

Certain participants have a postretirement health care savings account. The funds held in the RHCA may be utilized to pay for future premium share costs and for reimbursement of eligible out-of-pocket health care expenses.

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Plan Description (continued)

Upon the death of the participant, if there is a surviving spouse (if that surviving spouse is the designated beneficiary or no beneficiary is designated), the RHCA balance will be transferred to an account established in the surviving spouse's name and the funds can be used for premium share costs and for reimbursement of eligible out-of-pocket health care expenses incurred up to their death or until the funds are exhausted, whichever occurs first. The surviving spouse may designate a beneficiary(ies). Upon the death of the surviving spouse, any balance remaining in the RHCA is paid to the surviving spouse's estate or beneficiary(ies). If there is a surviving spouse but the participant designated a non-spouse as beneficiary or if there is not a surviving spouse then any balance remaining in a RHCA at the time of a participant's death is paid to the participant's estate or designated beneficiary.

No contributions are allowed to the RHCA after July 1, 2012. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Benefits

The Plan provides health care benefits (hospital, surgical, medical, drugs, vision, hearing, and dental) to all eligible and enrolled participants and their eligible covered dependents. The third-party administrators process claims submitted by participants and determine the benefits to be paid based on the provisions of the Plan. At age 65, FCA provided health care coverage ends and a Health Care Retiree Account (HRA) is established to help cover health care costs. Post-age-65 retirees and their eligible dependents receive benefits under Medicare Parts A and B. Participants and their eligible dependents can pay for their current and future health care costs including Medicare and any supplemental coverage with money from their HRA. The HRA balance is unfunded and is not included in the financial statements. The balance in individual HRA accounts is funded when participants submit their claims and the claims are approved by the HRA administrator (in accordance with federal guidelines outlined in IRS Publication 502). The amount funded does not exceed the allocated balance in the participants' HRA accounts. The funding of the HRA accounts is conducted by the HRA administrator on a daily basis.

Employees hired on or after January 1, 2004 are not eligible to receive FCA-provided health care coverage or the HRA at retirement.

The Plan offers Health Savings Account (HSA) as an option available only for retirees who elect high deductible health Plan (HDHP). The account allows for Company and participant contributions, up to IRS limits. The assets of this account are not held by the Plan and excluded as the Plan is not obligated to pay the benefits.

Administration

FCA is responsible for the overall administration of the Plan and is named plan administrator.

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements have been prepared on a modified cash basis of accounting. Under a modified cash basis of accounting, revenue is recognized when received rather than when earned and expenses are recognized when paid rather than when incurred. Investments are stated at fair value. Accordingly, the accompanying financial statements are not intended to present net assets available for benefits and the changes therein in conformity with generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See *Note 6, Fair Value Measurements* for further discussion and disclosures related to fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis. Investment income consists of interest and dividend income as well as realized gains and losses on investments sold during the year and the unrealized appreciation (depreciation) on investments held at the end of the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

The Pension Investment Committee is responsible for determining the Plan's valuation policies and the Company is responsible for analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments. The Pension Investment Committee reports to the Board of Directors of the Company.

Benefits

Premiums paid by the Company are recorded as insurance premiums paid for health benefits in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded as benefits paid directly to participants and benefits paid to service providers when paid by third-party claims processor.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to Bank of America Merrill Lynch, N.A. (the Trustee). All other administrative expenses such as professional fees are paid by the Company on behalf of the Plan. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. In addition, certain investment related

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies (continued)

Expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Related-Party and Party-In-Interest Transactions

The Company, the participants, the Trustee, and State Street Bank, all have been identified as parties-in-interest. The Plan invests in shares of mutual funds and self-directed funds managed by the Trustee. Transactions as such qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. Certain administrative expenses of the Plan are paid by the Company and qualify as party-in-interest transactions.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants accounts and amounts reported in the financial statements.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

As of December 31, 2024 and 2023, the plan had investments of \$63,322,846 and \$63,255,489 respectively, that were concentrated in two funds.

No Recent Accounting Pronouncements

Note 3. Postretirement Benefits

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

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Postretirement Benefits (continued)

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with FCA. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31.

The benefit obligation information is as follows:

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 2,168,781	\$ 1,960,118
Postretirement benefit obligations		
Current retirees	418,628,840	427,412,011
Other participants fully eligible for benefits	30,477,085	48,140,436
Other participants not yet fully eligible for benefits	77,528,441	94,061,190
Total postretirement benefit obligations	<u>526,634,366</u>	<u>569,613,637</u>
Total benefit obligations	<u>\$ 528,803,147</u>	<u>\$ 571,573,755</u>

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Postretirement Benefits (continued)

A reconciliation of the changes in the total benefit obligation for the year ended December 31, 2024 is as follows:

Amounts currently payable	
Balance at beginning of year	\$ 1,960,118
Benefits, premiums, and administrative expenses reported and approved for payment, including benefits reclassified from benefit obligations	79,376,892
Benefits, premiums paid, and administrative expenses	(79,168,229)
Balance at end of year	<u>2,168,781</u>
Postretirement benefit obligation	
Balance at beginning of year	569,613,637
Increase (decrease) during the year for:	
Change in discount rate assumption	(10,213,651)
Change in mortality assumption	(60,809)
Change in Healthcare cost/aging & trend	(18,171,214)
Interest cost	28,371,529
Benefits accumulated	14,252,184
Benefits adjustment, premiums, and administrative expenses, net of participant contributions, reclassified to amounts currently payable	(57,157,310)
Balance at end of year	<u>526,634,366</u>
Total benefit obligations	
End of year	<u><u>\$ 528,803,147</u></u>

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Postretirement Benefits (continued)

The more significant actuarial assumptions used in the determination of the postretirement benefit obligation are as follows:

<u>Economic assumptions:</u>	
Discount rate	5.76% at December 31, 2024 and 5.51% at December 31, 2023
<u>Demographic assumptions:</u>	
Mortality	For measurement purposes, FCA Non-Bargaining Unit specific mortality tables for males and females were used. For 2024, these tables had a base year of 2017 assuming generational improvements using Scale MSS-2024. For 2023, these tables had a base year of 2017 assuming generational improvements using Scale MSS-2023.
Disability	The probability of becoming disabled is based on the 1987 Commissioner's Group Disability Table prepared by the Society of Actuaries (1987 CGDT) with 12 Month Elimination. 5% males and 10% females of the 1987 CGDT rates were applied.
<u>Medical insurance assumptions:</u>	
Increase in medical costs (applicable to pre-65 eligible employees only)	For measurement purposes, the assumed annual rate of increase in the per-capita cost of health care benefits due to factors other than changes in the composition of the plan population by age and dependency status reflects the expectation of higher future short-term increases recognized in 2024 and 2023. For 2024, the annual rate of increase was 6.82%, declining to an ultimate rate of 3.95% in 2049 and after. For 2023, the annual rate of increase was 5.54%, declining to an ultimate rate of 3.95% in 2047 and after. The health care cost trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If assumed rates increased by one percentage point in each year, the obligation as of December 31, 2024 and 2023 would increase by approximately \$ 5 million.

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

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Postretirement Benefits (continued)

Employer Group Waiver Plan (EGWP)

The Plan implemented an EGWP structure beginning January 1, 2015. EGWP is a Center for Medicare Services (CMS) - approved program offering savings opportunities for employers that provide prescription drug benefits to their Medicare-eligible retirees. Insurance companies contract CMS to offer this benefit to the retirees' employers on CMS's behalf.

The certified sponsoring insurance company receives the payments and passes the savings on to the employer, who then passes certain amounts to the employer's sponsored health and welfare plans. There are several key elements of the program, including a low-income subsidy, a late enrollment penalty, a low-income cost sharing subsidy, a direct subsidy, a reinsurance (catastrophic) subsidy, and a subsidy related to the Coverage Gap Discount Program. The Plan's postretirement benefit obligation as of December 31, 2024 and 2023, reflects the impact of the implementation of this structure, with the government subsidies presented in the statement of changes in net assets available for benefits.

Claims Incurred But Not Reported

Plan obligations at December 31, 2024 for incurred but not reported claims are estimated based on claims data provided by the Plan's third-party administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Note 4. Benefit Obligations

At December 31, 2024 and 2023, the Plan has a deficiency of net assets available for benefits compared to the benefit obligation, the funding of which is not required under ERISA. If the Plan continues, it is expected that FCA and/or the plan participants will fund the deficiency through future contributions to the Plan.

Note 5. Investment Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of December 31, 2024 and 2023, and for the years then ended. Accordingly, Bank of America Merrill Lynch, a qualified institution, has certified that the following investment information included in the accompanying financial statements is complete and accurate:

- Cash and investments as shown in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income as shown in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2024.
- Investment information included in the schedule of assets (held at end of year) and schedule of detail institutional money market portfolio as of December 31, 2024.

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 5. Investment Information Certified by the Plan's Trustee (continued)

At the request of the Plan Administrator, the Plans' independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedules.

Note 6. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

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

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based the lowest level input that is significant to the fair value measure in its entirety.

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 6. Fair Value Measurements (continued)

The following table presents Plan assets and information of assets measured at fair value on a recurring basis:

	Level 1	Level 2	Balance at December 31, 2024
Plan investments:			
Cash equivalents	\$ 1,617,968	\$ 19,711,275	\$ 21,329,243
Government securities	2,135,458	316,744	2,452,202
Corporate debt securities	—	15,836,425	15,836,425
Common stock	374,765	—	374,765
Mutual funds	86,357,139	—	86,357,139
Self-directed brokerage	19,719,773	3,139,170	22,858,943
	<u>\$ 110,205,103</u>	<u>\$ 39,003,614</u>	<u>\$ 149,208,717</u>
Other assets (liabilities):			
Receivables			360,463
Total investments			<u>\$ 149,569,180</u>

	Level 1	Level 2	Balance at December 31, 2023
Plan investments:			
Cash equivalents	\$ 2,526,940	\$ 24,756,675	\$ 27,283,615
Government securities	—	1,841,284	1,841,284
Corporate debt securities	—	10,341,763	10,341,763
Common stock	481,218	—	481,218
Mutual funds	82,862,086	—	82,862,086
Self-directed brokerage	18,389,450	2,408,176	20,797,626
	<u>\$ 104,259,694</u>	<u>\$ 39,347,898</u>	<u>\$ 143,607,592</u>
Other assets (liabilities):			
Receivables			322,195
Total investments			<u>\$ 143,929,787</u>

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 6. Fair Value Measurements (continued)

Valuation Techniques Used in the Fair Value Measurement of Financial Assets Carried at Fair Value

The institutional money market portfolio is a separately managed fund consisting of short-term investments, certificates of deposit, commercial paper, fixed-income investments, including corporate and asset-backed securities. The short-term investments, certificates of deposits and commercial paper (collectively, "cash equivalents") are valued at fair value based on their outstanding balances and are categorized as Level 2.

Pricing for corporate debt securities and asset-backed securities, including those within participant's self-directed brokerage accounts was obtained from unadjusted quotations from brokers or pricing services used by the Trustee and are categorized as Level 2.

Mutual funds and equity investments (common stock), including those within participants' self-directed brokerage accounts, are valued based on unadjusted quoted market prices in active markets and are categorized as Level 1.

Note 7. Tax Status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS), stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employees' Beneficiary Association. The Plan and the trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The Plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan and trust's operations into compliance with the Code.

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

Note 8. Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Code. Upon termination, the Plan's net assets will be allocated for payment in an order of priority determined in accordance with ERISA, applicable regulations, and the Plan document.

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees
Notes to Financial Statements
December 31, 2024 and 2023

Note 9. Reconciliation to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 149,594,790	\$ 143,966,431
Benefit obligations - Amounts currently payable	(2,168,781)	(1,960,118)
Net assets available for benefits per Form 5500	<u>\$ 147,426,009</u>	<u>\$ 142,006,313</u>

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

Change in net assets per the financial statements	\$ 5,628,359
Benefit obligations:	
Amounts currently payable at the beginning of the year	1,960,118
Amounts currently payable at the end of the year	(2,168,781)
Change in net assets per Form 5500	<u>\$ 5,419,696</u>

Note 10. Subsequent Events

Management has evaluated subsequent events for the Plan through October 13, 2025, the date the financial statements were available to be issued.

No subsequent events were noted.

Supplemental Schedules

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Assets Form 5500
(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, Par, or Maturity Value	(d) Cost	(e) Current Value
<i>Mutual funds:</i>			
Vanguard	Vanguard Developed Markets Index Fund - Institutional	*	\$ 10,759,235
Vanguard	Vanguard Emerging Markets Stock Index Fund - Admiral	*	3,160,624
Vanguard	Vanguard Extended Market Index Fund Admiral Class	*	6,114,434
Vanguard	Vanguard Institutional Index Fund - Institutional	*	28,803,071
Vanguard	Vanguard Total Bond Market Index Fund Institutional Class	*	37,519,775
Total mutual funds			86,357,139
<i>Other investments:</i>			
Various	Institutional Money Market ⁽¹⁾	*	39,617,870
Various	Self-directed brokerage accounts	*	22,858,943
Daimler	Common stock - Daimler AG	*	374,765
	Cash-Sweep Account	*	—
Merrill Lynch ⁽²⁾	Pending Settlement Fund & Other	*	360,463
Total other investments			63,212,041
<i>Total participant-directed investments</i>			<u><u>\$ 149,569,180</u></u>

*Cost information not required

⁽¹⁾ See attached schedule for details

⁽²⁾ A party-in-interest as defined by ERISA

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Corporate Debt Securities</i>			%
\$ 251,000	ABBVIE INC SR UNSECURED 03/25 3.8	3.80	250,366
\$ 169,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 07/25 6.5	6.50	170,151
\$ 150,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/25 4.45	4.45	149,657
\$ 173,000	AIR LEASE CORP SR UNSECURED 02/25 2.3	2.30	172,507
\$ 65,000	AIR LEASE CORP SR UNSECURED 03/25 3.25	3.25	64,751
\$ 40,000	AMERICAN EXPRESS CO SR UNSECURED 03/25 VAR	5.30	40,026
\$ 493,000	AMERICAN HONDA FINANCE SR UNSECURED 10/25 VAR	5.16	494,625
\$ 95,000	AMERICAN HONDA FINANCE SR UNSECURED 10/25 VAR	4.87	95,175
\$ 716,000	AUST + NZ BANKING GROUP SR UNSECURED 144A 07/25 VAR	5.12	717,517
\$ 120,000	BAE SYSTEMS HOLDINGS INC COMPANY GUAR 144A 12/25 3.85	3.85	119,014
\$ 200,000	BANCO SANTANDER SA 08/25 5.147	5.15	200,137
\$ 252,000	BANK OF NEW ZEALAND SR UNSECURED 144A 02/25 2	2.00	250,777
\$ 37,000	BANK OF NOVA SCOTIA SR UNSECURED 01/25 1.45	1.45	36,966
\$ 143,000	BANK OF NOVA SCOTIA SR UNSECURED 02/25 2.2	2.20	142,561
\$ 199,000	BARCLAYS BANK PLC NY CERT OF DEPO 05/25 VAR	4.84	199,000
\$ 27,000	BAYLOR SCOTT + WHITE HOL UNSECURED 11/25 0.827	0.83	26,093
\$ 593,000	BMW US CAPITAL LLC COMPANY GUAR 144A 04/25 VAR	5.21	593,927
\$ 200,000	BNP PARIBAS 144A 01/25 3.375	3.38	199,914
\$ 250,000	BPCE SA 144A 01/25 2.375	2.38	249,723
\$ 399,000	BPCE SA 144A 01/25 VAR	4.94	399,022
\$ 187,000	CANADIAN IMPERIAL BANK SR UNSECURED 04/25 3.3	3.30	185,972
\$ 410,000	CATERPILLAR FINL SERVICE SR UNSECURED 06/25 VAR	4.89	410,665
\$ 31,000	CHARLES SCHWAB CORP SR UNSECURED 03/25 3	3.00	30,866
\$ 34,000	CHARLES SCHWAB CORP SR UNSECURED 04/25 3.625	3.63	33,848
\$ 82,679	CHASE AUTO OWNER TRUST CHAOT 2024 2A A2 144A	5.66	82,677
\$ 40,000	CHEVRON CORP SR UNSECURED 05/25 1.554	1.55	39,535
\$ 55,000	COLONIAL PIPELINE CO SR UNSECURED 144A 10/25 3.75	3.75	54,736
\$ 976,000	COMMONWEALTH BANK AUST SR UNSECURED 144A 03/25 VAR	5.11	976,852
\$ 368,000	CREDIT SUISSE NEW YORK SR UNSECURED 01/25 7.95	7.95	368,207
\$ 255,000	CRH AMERICA INC COMPANY GUAR 144A 05/25 3.875	3.88	253,818
\$ 126,000	DTE ELECTRIC CO GENL REF MOR 03/25 3.375	3.38	125,734
\$ 40,000	ENBRIDGE INC COMPANY GUAR 02/25 2.5	2.50	39,878
\$ 41,000	EQUITABLE FINANCIAL LIFE SECURED 144A 07/25 1.4	1.40	40,217
\$ 46,000	ERAC USA FINANCE LLC COMPANY GUAR 144A 11/25 3.8	3.80	45,690

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

<u>Original Face Amount</u>	<u>Description of Investment</u>	<u>Coupon</u>	<u>Current Value</u>
<i>Corporate Debt Securities (continued)</i>			
\$ 440,000	FED CAISSES DESJARDINS SR UNSECURED 144A 02/25 2.05	2.05	438,516
\$ 100,000	FORD CREDIT AUTO OWNER TRUST/F FORDR 2020 2 A 144A	1.06	96,743
\$ 369,000	GENERAL MOTORS FINL CO SR UNSECURED 04/25 VAR	5.67	369,839
\$ 27,000	GREAT WEST LIFECO US FI COMPANY GUAR 144A 08/25 0.904	0.90	26,374
\$ 77,000	HONDA MOTOR CO LTD SR UNSECURED 03/25 2.271	2.27	76,644
\$ 200,000	HSBC USA INC SR UNSECURED 03/25 5.625	5.63	200,112
\$ 40,000	HUMANA INC SR UNSECURED 04/25 4.5	4.50	39,948
\$ 66,582	HYUNDAI AUTO LEASE SECURITIZAT HALST 2023 A A3 144A	5.05	66,488
\$ 10,450	HYUNDAI AUTO RECEIVABLES TRUST HART 2021 C A3	0.74	10,249
\$ 112,000	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 07/25 6	6.00	112,519
\$ 622,000	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 08/25 VAR	5.52	624,347
\$ 592,000	JOHN DEERE CAPITAL CORP SR UNSECURED 07/25 VAR	4.87	592,938
\$ 57,000	LENNAR CORP COMPANY GUAR 05/25 4.75	4.75	56,981
\$ 584,000	MACQUARIE BANK LTD SR UNSECURED 144A 03/25 VAR	5.68	585,411
\$ 170,000	MASTERCARD INC SR UNSECURED 03/25 2	2.00	169,226
\$ 300,000	MERCEDES BENZ FIN NA COMPANY GUAR 144A 08/25 VAR	4.94	300,072
\$ 201,000	MITSUBISHI UFJ FIN GRP SR UNSECURED 02/25 2.193	2.19	200,199
\$ 217,000	MITSUBISHI UFJ FIN GRP SR UNSECURED 07/25 1.412	1.41	212,681
\$ 250,000	NATIONAL AUSTRALIA BANK SR UNSECURED 144A 05/25 VAR	5.13	250,401
\$ 60,000	NORTHWESTERN MUTUAL GLBL SR SECURED 144A 06/25 VAR	5.07	60,134
\$ 101,000	NUCOR CORP SR UNSECURED 05/25 3.95	3.95	100,738
\$ 47,000	PACCAR FINANCIAL CORP SR UNSECURED 02/25 1.8	1.80	46,864
\$ 99,000	PENSKE TRUCK LEASING/PTL SR UNSECURED 144A 03/25 3.95	3.95	98,686
\$ 40,000	PHILIP MORRIS INTL INC SR UNSECURED 05/25 1.5	1.50	39,566
\$ 331,000	PUBLIC STORAGE OP CO COMPANY GUAR 07/25 VAR	4.97	331,700
\$ 210,000	QUEST DIAGNOSTICS INC SR UNSECURED 03/25 3.5	3.50	208,884
\$ 498,000	ROCHE HOLDINGS INC COMPANY GUAR 144A 03/25 VAR	4.93	498,370
\$ 78,000	ROYAL BANK OF CANADA SR UNSECURED 04/25 3.375	3.38	77,571
\$ 66,000	ROYAL BANK OF CANADA SR UNSECURED 04/25 VAR	5.21	66,097
\$ 21,173	SANTANDER DRIVE AUTO RECEIVABL SDART 2023 5 A2	6.31	21,230
\$ 47,792	SBNA AUTO RECEIVABLES TRUST SBAT 2024 A A2 144A	5.70	47,791
\$ 287,000	SOCIETE GENERALE 144A 01/25 2.625	2.63	286,476
\$ 200,000	SWEDBANK AB 144A 04/25 3.356	3.36	199,153
\$ 125,000	TESLA AUTO LEASE TRUST TESLA 2023 B A3 144A	6.13	125,858

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Corporate Debt Securities (continued)</i>			
\$ 77,239	TESLA AUTO LEASE TRUST TESLA 2024 A A2A 144A	5.37	77,234
\$ 141,000	TORONTO DOMINION BANK SR UNSECURED 01/25 VAR	4.78	141,005
\$ 68,000	TORONTO DOMINION BANK SR UNSECURED 06/25 3.766	3.77	67,538
\$ 16,873	TOYOTA AUTO RECEIVABLES OWNER TAOT 2021 D A3	0.71	16,559
\$ 273,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 01/25 VAR	4.69	273,013
\$ 65,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 09/25 VAR	5.02	65,158
\$ 169,000	TRANS ALLEGHENY INTERSTA SR UNSECURED 144A 06/25 3.85	3.85	167,967
\$ 590,000	UPMC SECURED 04/25 3.6	3.60	588,156
\$ 311,000	VOLKSWAGEN GROUP AMERICA COMPANY GUAR 144A 09/25 VAR	5.30	311,700
\$ 75,000	WESTERN UNION CO/THE SR UNSECURED 01/25 2.85	2.85	74,957
\$ 42,000	WILLIAMS COMPANIES INC SR UNSECURED 01/25 3.9	3.90	41,979
\$ 112,000	WOODSIDE FINANCE LTD COMPANY GUAR 144A 03/25 3.65	3.65	111,749
<i>Government Securities</i>			
\$ 132,000	FLORIDA ST WTR POLL CONTROL FI FLSPOL 01/25 FIXED OID 2.15	2.15	131,858
\$ 50,000	LOS ANGELES CA UNIF SCH DIST LOS ANGELES SER QRR	4.85	50,000
\$ 55,000	RIVERSIDE CNTY CA PENSN OBLG RIV 02/25 FIXED 2.667	2.67	54,866
\$ 80,000	RIVERSIDE CNTY CA PENSN OBLG RIV 02/25 FIXED 4.94	4.94	80,021
\$ 48,700	TREASURY BILL 01/25 0.00000	—	48,574
\$ 1,100	TREASURY BILL 01/25 0.00000	—	1,096
\$ 1,600	TREASURY BILL 02/25 0.00000	—	1,592
\$ 7,500	TREASURY BILL 02/25 0.00000	—	7,464
\$ 121,200	TREASURY BILL 09/25 0.00000	—	118,064
\$ 1,809,000	US TREASURY FRN 04/25 VAR	4.44	1,808,967
\$ 76,500	US TREASURY FRN 07/25 VAR	4.40	76,473
\$ 73,500	US TREASURY N/B 02/25 2	2.00	73,228

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Short-term and other investments</i>			
\$ 250,000	AMERICAN ELEC PWR INC	—	244,284
\$ 257,000	AUST + NEW ZEA	—	251,086
\$ 263,000	BANK AMER SECS INC	—	260,459
\$ 2,200,000	BARCLAYS CAPITAL REPO REPO	4.45	2,200,000
\$ 595,000	BAYERISCHE LANDESBANK N Y INST 01/25 VAR	4.63	595,000
\$ 102,000	BNP PARIBAS NY BRANCH 10/25 FIXED 4.39	4.39	102,000
\$ 250,000	BPCE	—	240,917
\$ 252,000	BPCE	—	242,461
\$ 121,000	CANADIAN IMPERIAL BK	4.62	121,013
\$ 250,000	CATHOLIC HLTH INTS	—	248,194
\$ 250,000	CISCO SYSTEMS INC	—	248,831
\$ 256,000	CISCO SYSTEMS INC 01/25 ZCP	—	254,895
\$ 250,000	CITIGROUP GLOBAL MKTS INC S	—	249,815
\$ 301,000	CONSOLIDATED ED CO N	—	298,794
\$ 124,000	CREDIT AGRICOLE	4.59	124,000
\$ 167,400	CREDIT INDL ET COML INSTL CTF 06/25 FIXED 5.42	5.42	168,080
\$ 251,000	DANSKE BANK A/S	—	245,536
\$ 200,000	DEUTSCHE BANK AG NY	4.77	200,000
\$ 152,000	DEUTSCHE BANK AG NY	4.86	152,000
\$ 100,000	DEUTSCHE BANK AG NY	4.63	100,000
\$ 250,000	DEXIA S A 02/25 ZCP	—	248,824
\$ 407,000	DEXIA S A 06/25 ZCP	—	397,966
\$ 271,000	GOTHAM FDG CORP	—	268,735
\$ 499,000	HSBC USA INC	—	490,284
\$ 250,000	INTESA FUNDING LLC	—	246,422
\$ 396,000	LIBERTY FUNDING LLC	—	395,586
\$ 106,000	LLOYDS BANK CORPORATE	5.41	106,000
\$ 250,000	LVMH MOET HEN LV SE	—	246,573
\$ 255,000	MACQUARIE BANK LIMITED	4.82	255,000
\$ 198,000	MITSUBISHI TR + BKG CORP N Y	4.62	198,000
\$ 204,000	MITSUBISHI TR + BKG CORP N Y	4.77	204,000
\$ 200,000	MIZUHO BK LTD NEW YORK BRH INS 05/24 VAR	4.69	200,000
\$ 400,000	NATIONAL BK KUWAIT NY BRH INST	5.00	400,037
\$ 439,000	NESTLE FIN FRANCE S. 04/25 ZCP	—	432,746

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Short-term and other investments (continued)</i>			
\$ 181,000	NORDDEUTSCHE LANDESBANK	5.55	181,000
\$ 200,000	NORDEA BANK ABP 04/25 VAR	4.53	200,000
\$ 395,000	NORDEA BK AB PUBL NY	4.65	395,000
\$ 250,000	NRW. BANK	—	246,858
\$ 750,000	NRW. BANK 09/25 ZCP	—	725,708
\$ 398,000	OESTERREICHISCHE	—	395,379
\$ 2,200,000	PARIBAS REPO	4.46	2,200,000
\$ 250,000	ROYAL BK CDA	4.72	250,015
\$ 257,000	SHEFFIELD RECEIVABLE	—	254,472
\$ 287,000	SKANDIN ENS BANKEN	4.74	287,000
\$ 1,220,798	SSC GOVERNMENT MM GVMXX	4.41	1,220,798
\$ 402,000	SSM HEALTH CARE CORP	—	400,840
\$ 100,000	STANDARD CHRTRD BNKN	4.23	100,000
\$ 189,000	STANDARD CHRTRD BNKN	4.65	189,016
\$ 400,000	SUMITOMO MITSUI BKG CORP 02/25 VAR	4.61	400,000
\$ 198,000	SVENSKA HANDELSBANKEN AB	—	198,000
\$ 250,000	SVENSKA HANDLSBNKN A	4.78	249,978
\$ 271,000	TORONTO DOMINION BANK	—	262,729
\$ 100,000	TORONTO DOMINION BK	4.79	100,032
\$ 184,000	TORONTO DOMINION BK 10/25 FIXED 4.5	4.50	184,000
\$ 173,000	TORONTO DOMINION BK 12/25 FIXED 4.58	4.58	173,000
\$ 250,000	UBS AG LONDON 12/25 ZCP	—	239,780
\$ 397,170	US DOLLAR	—	397,170
\$ 300,000	VICTORY RECEIVABLES	—	298,109
\$ 400,000	VICTORY RECEIVABLES	—	397,222
\$ 250,000	VICTORY RECEIVABLES 03/25 ZCP	—	247,599
\$ 397,000	WESTPAC BANKING CORP.	4.70	397,000
\$ 101,000	WESTPAC BKING CORP N	5.32	100,998
	Total Institutional Money Market		39,617,870

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Assets Form 5500
(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, Par, or Maturity Value	(d) Cost	(e) Current Value
<i>Mutual funds:</i>			
Vanguard	Vanguard Developed Markets Index Fund - Institutional	*	\$ 10,759,235
Vanguard	Vanguard Emerging Markets Stock Index Fund - Admiral	*	3,160,624
Vanguard	Vanguard Extended Market Index Fund Admiral Class	*	6,114,434
Vanguard	Vanguard Institutional Index Fund - Institutional	*	28,803,071
Vanguard	Vanguard Total Bond Market Index Fund Institutional Class	*	37,519,775
Total mutual funds			86,357,139
<i>Other investments:</i>			
Various	Institutional Money Market ⁽¹⁾	*	39,617,870
Various	Self-directed brokerage accounts	*	22,858,943
Daimler	Common stock - Daimler AG	*	374,765
	Cash-Sweep Account	*	—
Merrill Lynch ⁽²⁾	Pending Settlement Fund & Other	*	360,463
Total other investments			63,212,041
<i>Total participant-directed investments</i>			<u><u>\$ 149,569,180</u></u>

*Cost information not required

⁽¹⁾ See attached schedule for details

⁽²⁾ A party-in-interest as defined by ERISA

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Corporate Debt Securities</i>			%
\$ 251,000	ABBVIE INC SR UNSECURED 03/25 3.8	3.80	250,366
\$ 169,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 07/25 6.5	6.50	170,151
\$ 150,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/25 4.45	4.45	149,657
\$ 173,000	AIR LEASE CORP SR UNSECURED 02/25 2.3	2.30	172,507
\$ 65,000	AIR LEASE CORP SR UNSECURED 03/25 3.25	3.25	64,751
\$ 40,000	AMERICAN EXPRESS CO SR UNSECURED 03/25 VAR	5.30	40,026
\$ 493,000	AMERICAN HONDA FINANCE SR UNSECURED 10/25 VAR	5.16	494,625
\$ 95,000	AMERICAN HONDA FINANCE SR UNSECURED 10/25 VAR	4.87	95,175
\$ 716,000	AUST + NZ BANKING GROUP SR UNSECURED 144A 07/25 VAR	5.12	717,517
\$ 120,000	BAE SYSTEMS HOLDINGS INC COMPANY GUAR 144A 12/25 3.85	3.85	119,014
\$ 200,000	BANCO SANTANDER SA 08/25 5.147	5.15	200,137
\$ 252,000	BANK OF NEW ZEALAND SR UNSECURED 144A 02/25 2	2.00	250,777
\$ 37,000	BANK OF NOVA SCOTIA SR UNSECURED 01/25 1.45	1.45	36,966
\$ 143,000	BANK OF NOVA SCOTIA SR UNSECURED 02/25 2.2	2.20	142,561
\$ 199,000	BARCLAYS BANK PLC NY CERT OF DEPO 05/25 VAR	4.84	199,000
\$ 27,000	BAYLOR SCOTT + WHITE HOL UNSECURED 11/25 0.827	0.83	26,093
\$ 593,000	BMW US CAPITAL LLC COMPANY GUAR 144A 04/25 VAR	5.21	593,927
\$ 200,000	BNP PARIBAS 144A 01/25 3.375	3.38	199,914
\$ 250,000	BPCE SA 144A 01/25 2.375	2.38	249,723
\$ 399,000	BPCE SA 144A 01/25 VAR	4.94	399,022
\$ 187,000	CANADIAN IMPERIAL BANK SR UNSECURED 04/25 3.3	3.30	185,972
\$ 410,000	CATERPILLAR FINL SERVICE SR UNSECURED 06/25 VAR	4.89	410,665
\$ 31,000	CHARLES SCHWAB CORP SR UNSECURED 03/25 3	3.00	30,866
\$ 34,000	CHARLES SCHWAB CORP SR UNSECURED 04/25 3.625	3.63	33,848
\$ 82,679	CHASE AUTO OWNER TRUST CHAOT 2024 2A A2 144A	5.66	82,677
\$ 40,000	CHEVRON CORP SR UNSECURED 05/25 1.554	1.55	39,535
\$ 55,000	COLONIAL PIPELINE CO SR UNSECURED 144A 10/25 3.75	3.75	54,736
\$ 976,000	COMMONWEALTH BANK AUST SR UNSECURED 144A 03/25 VAR	5.11	976,852
\$ 368,000	CREDIT SUISSE NEW YORK SR UNSECURED 01/25 7.95	7.95	368,207
\$ 255,000	CRH AMERICA INC COMPANY GUAR 144A 05/25 3.875	3.88	253,818
\$ 126,000	DTE ELECTRIC CO GENL REF MOR 03/25 3.375	3.38	125,734
\$ 40,000	ENBRIDGE INC COMPANY GUAR 02/25 2.5	2.50	39,878
\$ 41,000	EQUITABLE FINANCIAL LIFE SECURED 144A 07/25 1.4	1.40	40,217
\$ 46,000	ERAC USA FINANCE LLC COMPANY GUAR 144A 11/25 3.8	3.80	45,690

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

<u>Original Face Amount</u>	<u>Description of Investment</u>	<u>Coupon</u>	<u>Current Value</u>
<i>Corporate Debt Securities (continued)</i>			
\$ 440,000	FED CAISSES DESJARDINS SR UNSECURED 144A 02/25 2.05	2.05	438,516
\$ 100,000	FORD CREDIT AUTO OWNER TRUST/F FORDR 2020 2 A 144A	1.06	96,743
\$ 369,000	GENERAL MOTORS FINL CO SR UNSECURED 04/25 VAR	5.67	369,839
\$ 27,000	GREAT WEST LIFECO US FI COMPANY GUAR 144A 08/25 0.904	0.90	26,374
\$ 77,000	HONDA MOTOR CO LTD SR UNSECURED 03/25 2.271	2.27	76,644
\$ 200,000	HSBC USA INC SR UNSECURED 03/25 5.625	5.63	200,112
\$ 40,000	HUMANA INC SR UNSECURED 04/25 4.5	4.50	39,948
\$ 66,582	HYUNDAI AUTO LEASE SECURITIZAT HALST 2023 A A3 144A	5.05	66,488
\$ 10,450	HYUNDAI AUTO RECEIVABLES TRUST HART 2021 C A3	0.74	10,249
\$ 112,000	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 07/25 6	6.00	112,519
\$ 622,000	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 08/25 VAR	5.52	624,347
\$ 592,000	JOHN DEERE CAPITAL CORP SR UNSECURED 07/25 VAR	4.87	592,938
\$ 57,000	LENNAR CORP COMPANY GUAR 05/25 4.75	4.75	56,981
\$ 584,000	MACQUARIE BANK LTD SR UNSECURED 144A 03/25 VAR	5.68	585,411
\$ 170,000	MASTERCARD INC SR UNSECURED 03/25 2	2.00	169,226
\$ 300,000	MERCEDES BENZ FIN NA COMPANY GUAR 144A 08/25 VAR	4.94	300,072
\$ 201,000	MITSUBISHI UFJ FIN GRP SR UNSECURED 02/25 2.193	2.19	200,199
\$ 217,000	MITSUBISHI UFJ FIN GRP SR UNSECURED 07/25 1.412	1.41	212,681
\$ 250,000	NATIONAL AUSTRALIA BANK SR UNSECURED 144A 05/25 VAR	5.13	250,401
\$ 60,000	NORTHWESTERN MUTUAL GLBL SR SECURED 144A 06/25 VAR	5.07	60,134
\$ 101,000	NUCOR CORP SR UNSECURED 05/25 3.95	3.95	100,738
\$ 47,000	PACCAR FINANCIAL CORP SR UNSECURED 02/25 1.8	1.80	46,864
\$ 99,000	PENSKE TRUCK LEASING/PTL SR UNSECURED 144A 03/25 3.95	3.95	98,686
\$ 40,000	PHILIP MORRIS INTL INC SR UNSECURED 05/25 1.5	1.50	39,566
\$ 331,000	PUBLIC STORAGE OP CO COMPANY GUAR 07/25 VAR	4.97	331,700
\$ 210,000	QUEST DIAGNOSTICS INC SR UNSECURED 03/25 3.5	3.50	208,884
\$ 498,000	ROCHE HOLDINGS INC COMPANY GUAR 144A 03/25 VAR	4.93	498,370
\$ 78,000	ROYAL BANK OF CANADA SR UNSECURED 04/25 3.375	3.38	77,571
\$ 66,000	ROYAL BANK OF CANADA SR UNSECURED 04/25 VAR	5.21	66,097
\$ 21,173	SANTANDER DRIVE AUTO RECEIVABL SDART 2023 5 A2	6.31	21,230
\$ 47,792	SBNA AUTO RECEIVABLES TRUST SBAT 2024 A A2 144A	5.70	47,791
\$ 287,000	SOCIETE GENERALE 144A 01/25 2.625	2.63	286,476
\$ 200,000	SWEDBANK AB 144A 04/25 3.356	3.36	199,153
\$ 125,000	TESLA AUTO LEASE TRUST TESLA 2023 B A3 144A	6.13	125,858

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Corporate Debt Securities (continued)</i>			
\$ 77,239	TESLA AUTO LEASE TRUST TESLA 2024 A A2A 144A	5.37	77,234
\$ 141,000	TORONTO DOMINION BANK SR UNSECURED 01/25 VAR	4.78	141,005
\$ 68,000	TORONTO DOMINION BANK SR UNSECURED 06/25 3.766	3.77	67,538
\$ 16,873	TOYOTA AUTO RECEIVABLES OWNER TAOT 2021 D A3	0.71	16,559
\$ 273,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 01/25 VAR	4.69	273,013
\$ 65,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 09/25 VAR	5.02	65,158
\$ 169,000	TRANS ALLEGHENY INTERSTA SR UNSECURED 144A 06/25 3.85	3.85	167,967
\$ 590,000	UPMC SECURED 04/25 3.6	3.60	588,156
\$ 311,000	VOLKSWAGEN GROUP AMERICA COMPANY GUAR 144A 09/25 VAR	5.30	311,700
\$ 75,000	WESTERN UNION CO/THE SR UNSECURED 01/25 2.85	2.85	74,957
\$ 42,000	WILLIAMS COMPANIES INC SR UNSECURED 01/25 3.9	3.90	41,979
\$ 112,000	WOODSIDE FINANCE LTD COMPANY GUAR 144A 03/25 3.65	3.65	111,749
<i>Government Securities</i>			
\$ 132,000	FLORIDA ST WTR POLL CONTROL FI FLSPOL 01/25 FIXED OID 2.15	2.15	131,858
\$ 50,000	LOS ANGELES CA UNIF SCH DIST LOS ANGELES SER QRR	4.85	50,000
\$ 55,000	RIVERSIDE CNTY CA PENSN OBLG RIV 02/25 FIXED 2.667	2.67	54,866
\$ 80,000	RIVERSIDE CNTY CA PENSN OBLG RIV 02/25 FIXED 4.94	4.94	80,021
\$ 48,700	TREASURY BILL 01/25 0.00000	—	48,574
\$ 1,100	TREASURY BILL 01/25 0.00000	—	1,096
\$ 1,600	TREASURY BILL 02/25 0.00000	—	1,592
\$ 7,500	TREASURY BILL 02/25 0.00000	—	7,464
\$ 121,200	TREASURY BILL 09/25 0.00000	—	118,064
\$ 1,809,000	US TREASURY FRN 04/25 VAR	4.44	1,808,967
\$ 76,500	US TREASURY FRN 07/25 VAR	4.40	76,473
\$ 73,500	US TREASURY N/B 02/25 2	2.00	73,228

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Short-term and other investments</i>			
\$ 250,000	AMERICAN ELEC PWR INC	—	244,284
\$ 257,000	AUST + NEW ZEA	—	251,086
\$ 263,000	BANK AMER SECS INC	—	260,459
\$ 2,200,000	BARCLAYS CAPITAL REPO REPO	4.45	2,200,000
\$ 595,000	BAYERISCHE LANDESBANK N Y INST 01/25 VAR	4.63	595,000
\$ 102,000	BNP PARIBAS NY BRANCH 10/25 FIXED 4.39	4.39	102,000
\$ 250,000	BPCE	—	240,917
\$ 252,000	BPCE	—	242,461
\$ 121,000	CANADIAN IMPERIAL BK	4.62	121,013
\$ 250,000	CATHOLIC HLTH INTS	—	248,194
\$ 250,000	CISCO SYSTEMS INC	—	248,831
\$ 256,000	CISCO SYSTEMS INC 01/25 ZCP	—	254,895
\$ 250,000	CITIGROUP GLOBAL MKTS INC S	—	249,815
\$ 301,000	CONSOLIDATED ED CO N	—	298,794
\$ 124,000	CREDIT AGRICOLE	4.59	124,000
\$ 167,400	CREDIT INDL ET COML INSTL CTF 06/25 FIXED 5.42	5.42	168,080
\$ 251,000	DANSKE BANK A/S	—	245,536
\$ 200,000	DEUTSCHE BANK AG NY	4.77	200,000
\$ 152,000	DEUTSCHE BANK AG NY	4.86	152,000
\$ 100,000	DEUTSCHE BANK AG NY	4.63	100,000
\$ 250,000	DEXIA S A 02/25 ZCP	—	248,824
\$ 407,000	DEXIA S A 06/25 ZCP	—	397,966
\$ 271,000	GOTHAM FDG CORP	—	268,735
\$ 499,000	HSBC USA INC	—	490,284
\$ 250,000	INTESA FUNDING LLC	—	246,422
\$ 396,000	LIBERTY FUNDING LLC	—	395,586
\$ 106,000	LLOYDS BANK CORPORATE	5.41	106,000
\$ 250,000	LVMH MOET HEN LV SE	—	246,573
\$ 255,000	MACQUARIE BANK LIMITED	4.82	255,000
\$ 198,000	MITSUBISHI TR + BKG CORP N Y	4.62	198,000
\$ 204,000	MITSUBISHI TR + BKG CORP N Y	4.77	204,000
\$ 200,000	MIZUHO BK LTD NEW YORK BRH INS 05/24 VAR	4.69	200,000
\$ 400,000	NATIONAL BK KUWAIT NY BRH INST	5.00	400,037
\$ 439,000	NESTLE FIN FRANCE S. 04/25 ZCP	—	432,746

FCA US LLC
Health Care Benefits Plan for Salaried Non-Represented Retirees

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio
(Held at End of Year) (continued)

December 31, 2024

Original Face Amount	Description of Investment	Coupon	Current Value
<i>Short-term and other investments (continued)</i>			
\$ 181,000	NORDDEUTSCHE LANDESBANK	5.55	181,000
\$ 200,000	NORDEA BANK ABP 04/25 VAR	4.53	200,000
\$ 395,000	NORDEA BK AB PUBL NY	4.65	395,000
\$ 250,000	NRW. BANK	—	246,858
\$ 750,000	NRW. BANK 09/25 ZCP	—	725,708
\$ 398,000	OESTERREICHISCHE	—	395,379
\$ 2,200,000	PARIBAS REPO	4.46	2,200,000
\$ 250,000	ROYAL BK CDA	4.72	250,015
\$ 257,000	SHEFFIELD RECEIVABLE	—	254,472
\$ 287,000	SKANDIN ENS BANKEN	4.74	287,000
\$ 1,220,798	SSC GOVERNMENT MM GVMXX	4.41	1,220,798
\$ 402,000	SSM HEALTH CARE CORP	—	400,840
\$ 100,000	STANDARD CHRTRD BNKN	4.23	100,000
\$ 189,000	STANDARD CHRTRD BNKN	4.65	189,016
\$ 400,000	SUMITOMO MITSUI BKG CORP 02/25 VAR	4.61	400,000
\$ 198,000	SVENSKA HANDELSBANKEN AB	—	198,000
\$ 250,000	SVENSKA HANDLSBNKN A	4.78	249,978
\$ 271,000	TORONTO DOMINION BANK	—	262,729
\$ 100,000	TORONTO DOMINION BK	4.79	100,032
\$ 184,000	TORONTO DOMINION BK 10/25 FIXED 4.5	4.50	184,000
\$ 173,000	TORONTO DOMINION BK 12/25 FIXED 4.58	4.58	173,000
\$ 250,000	UBS AG LONDON 12/25 ZCP	—	239,780
\$ 397,170	US DOLLAR	—	397,170
\$ 300,000	VICTORY RECEIVABLES	—	298,109
\$ 400,000	VICTORY RECEIVABLES	—	397,222
\$ 250,000	VICTORY RECEIVABLES 03/25 ZCP	—	247,599
\$ 397,000	WESTPAC BANKING CORP.	4.70	397,000
\$ 101,000	WESTPAC BKING CORP N	5.32	100,998
	Total Institutional Money Market		39,617,870

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information - enter all requested information

1a Name of plan FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES	1b Three-digit plan number (PN) ▶ 566
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FCA US LLC 1000 CHRYSLER DRIVE CIMS 485-08-64 AUBURN HILLS MI 48326-2766	1c Effective date of plan 01/01/2011
	2b Employer Identification Number (EIN) 27-0187394
	2c Plan Sponsor's telephone number 248-576-5741
	2d Business code (see instructions) 336100

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

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

SIGN HERE	<i>St L Lane</i>	<i>10/9/2025</i>	STEVEN LANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	14,548
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)	2,382
a (2) Total number of active participants at the end of the plan year	6a(2)	1,943
b Retired or separated participants receiving benefits	6b	12,037
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	13,980
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
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)	
(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	

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

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

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

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

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