

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.) [x] 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: [x] 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: AMERICAN BUREAU OF SHIPPING RETIREE HEALTH & WELFARE PLAN
1b Three-digit plan number (PN): 510
1c Effective date of plan: 04/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN BUREAU OF SHIPPING
Mailing address (include room, apt., suite no. and street, or P.O. Box): 1701 CITY PLAZA DRIVE, SPRING, TX 77389
2b Employer Identification Number (EIN): 13-4921556
2c Plan Sponsor's telephone number: 281-877-6712
2d Business code (see instructions): 541990

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input 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	872
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)	303
	6a(2)	350
	6b	624
	6c	0
	6d	974
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan AMERICAN BUREAU OF SHIPPING RETIREE HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>510</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN BUREAU OF SHIPPING</p>	<p>D Employer Identification Number (EIN) 13-4921556</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0120327	379	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 161537</p>	<p>(b) Total amount of fees paid 123855</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

LOCKTON COMPANIES LLC PO BOX 123042
DALLAS, TX 75312-3042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
161537			3

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

IAS SERIES OF LOCKTON SPECIALTIES L 180 MONTGOMERY ST
SAN FRANCISCO, CA 94104-4205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	78108	PRODUCER SERVICE FEES	3

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

LOCKTON COMPANIES LLC

PO BOX 650823
DALLAS, TX 75265-0823

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	43788	SUPPLEMENTAL COMPENSATION	3

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

EDGEWOOD PARTNERS INS CENTER

1390 WILLOW PASS RD STE 800
CONCORD, CA 94520-7924

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1294	SUPPLEMENTAL COMPENSATION	3

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

LOCKTON COMPANIES LLC

PO BOX 123042 DEPT 3042
DALLAS, TX 75312-3042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	665	MARKETING FEES	3

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		1088164
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 style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan AMERICAN BUREAU OF SHIPPING RETIREE HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>510</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN BUREAU OF SHIPPING</p>	<p>D Employer Identification Number (EIN) 13-4921556</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0139944	428	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 27007</p>	<p>(b) Total amount of fees paid 36653</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC PO BOX 650823
DALLAS, TN 75264-0823

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35024	129	NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC PO BOX 123042
DALLAS, TX 75312-3042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27007	129	NON-MONETARY COMPENSATION	3

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

EDGEWOOD PARTNERS INS CENTER

1390 WILLOW PASS RD STE 800
CONCORD, CA 94520-7924

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	967	SUPPLEMENTAL COMPENSATION	3

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

LOCKTON COMPANIES LLC

PO BOX 123042 DEPT 3042
DALLAS, TX 75312-3042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	533	MARKETING FEES	3

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		438599
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan AMERICAN BUREAU OF SHIPPING RETIREE HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN BUREAU OF SHIPPING	D Employer Identification Number (EIN) 13-4921556	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 33 50 71 72	NONE	640791	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)

BLUECROSS BLUE SHIELD OF TEXAS

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	124876	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)

MORGAN STANLEY AIP GL LP

23-3060887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	106589	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)

POLEN CAPITAL

13-2984374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	61654	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)

VOYA INVESTMENT MANAGEMENT

06-0888148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	48066	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)

MCCONNELL & JONES LLP

76-0488832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(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?
19 25 28 50	NONE	22546	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)

WILLIS TOWERS WATSON

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	15579	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN BUREAU OF SHIPPING RETIREE HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN BUREAU OF SHIPPING	D Employer Identification Number (EIN) 13-4921556

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

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	242440
		240101
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3070915
(2) U.S. Government securities	1c(2)	10657002
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	3737793
(B) All other	1c(3)(B)	6172365
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	11587814
(5) Partnership/joint venture interests	1c(5)	28293608
(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)	49601177
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	52051912

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	113363114	119114873
Liabilities			
g Benefit claims payable.....	1g	45000	49000
h Operating payables.....	1h	271554	381009
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1593077	585411
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1909631	1015420
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	111453483	118099453

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)		
(B) Participants.....	2a(1)(B)	233243	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		233243
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	103192	
(B) U.S. Government securities.....	2b(1)(B)	354503	
(C) Corporate debt instruments.....	2b(1)(C)	464129	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	4156	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		925980
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	134069	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	893536	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1027605
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12335447	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	15451049	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-3115602
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5637629	
(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)		7310658
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12019513

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	815860	
(2) To insurance carriers for the provision of benefits	2e(2)	3486403	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4302263
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)	140455	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34550	
(5) Investment advisory and investment management fees	2i(5)	857100	
(6) Bank or trust company trustee/custodial fees	2i(6)	22546	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	16629	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1071280
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5373543

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6645970
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: **MCCONNELL & JONES LLP**

(2) EIN: **76-0488832**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**AMERICAN BUREAU OF SHIPPING
RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Financial Statements with
Independent Auditor's Report

December 31, 2024 and 2023

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
December 31, 2024 and 2023**

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants of
American Bureau of Shipping Retiree Health and Welfare Benefit Plan

Opinion

We have audited the financial statements of American Bureau of Shipping Retiree Health and Welfare Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and the statements of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and the statement of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits and benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Plan management (Management) is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls of the Plan. 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 ability of the Plan to continue as a going concern for a reasonable period of time.

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

Other Matter – Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2024, Schedule of Assets (Acquired and Disposed of Within Year), and Schedule of Reportable Transactions for the year then ended, (collectively, supplemental schedules), are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor (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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial



McConnell Jones

statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

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

McConnell & Jones LLP

Houston, Texas
October 14, 2025

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Statements of Net Assets Available for Benefits**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 118,874,772	\$ 113,120,674
Interest and dividends receivable	<u>240,101</u>	<u>242,440</u>
Total Assets	<u>119,114,873</u>	<u>113,363,114</u>
Liabilities		
Payable to employer	585,411	1,593,077
Accrued and other expenses	<u>381,009</u>	<u>271,554</u>
Total Liabilities	<u>966,420</u>	<u>1,864,631</u>
Net Assets Available for Benefits	<u>\$ 118,148,453</u>	<u>\$ 111,498,483</u>

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

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Statement of Changes in Net Assets Available for Benefits**

Year Ended December 31, 2024

	2024
Additions	
Contributions from participants	\$ 233,243
Investment income:	
Interest and dividends	1,953,585
Net appreciation fair value of investments	9,832,685
Net investment income	11,786,270
Total additions	12,019,513
Deductions	
Claims	811,860
Insurance premiums	3,486,403
Administrative expenses	1,071,280
Total deductions	5,369,543
Net increase	6,649,970
Net Assets Available for Benefits, Beginning of Year	111,498,483
Net Assets Available for Benefits, End of Year	\$ 118,148,453

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

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Statements of Benefit Obligations**

December 31, 2024 and 2023

	2024	2023
Amount currently payable		
Claims payable and claims incurred but not reported	\$ <u>49,000</u>	\$ <u>45,000</u>
Postretirement benefit obligations		
Current retirees	46,397,893	49,661,528
Other participants fully eligible for benefits	11,089,916	11,512,770
Other participants not yet fully eligible for benefits	<u>4,194,044</u>	<u>5,347,620</u>
	<u>61,681,853</u>	<u>66,521,918</u>
Plan's total benefit obligations	\$ <u><u>61,730,853</u></u>	\$ <u><u>66,566,918</u></u>

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Statement of Changes in Benefit Obligations**

Year Ended December 31, 2024

	2024
Amount currently payable	
Balance at beginning of year	\$ 45,000
Benefits incurred, including benefits reclassified from postretirement benefit obligations	815,860
Benefit claims paid	(811,860)
Balance at end of year	49,000
Postretirement benefit obligations	
Balance at beginning of year	66,521,918
Increase (decrease) during the year attributable to:	
Benefits earned	341,441
Interest cost	3,184,473
Benefits paid	(4,096,160)
Changes in actuarial assumptions and all others changes	(4,269,819)
Net Decrease	(4,840,065)
Balance at end of year	61,681,853
Plan's total benefit obligations	\$ 61,730,853

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

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

Note 1. Description of Plan

The following description of the American Bureau of Shipping Retiree Health and Welfare Benefit Plan (“the Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more detailed description of the Plan’s provisions.

General

The Plan is a welfare benefit plan covering eligible retirees of American Bureau of Shipping (“the Company”). The Plan was adopted effective April 1, 2006, and provides medical, dental, prescription, and life insurance benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Medical and prescription benefits are self-insured. Dental and life insurance benefits are fully insured. The Company has entered into a stop-loss insurance contract with Blue Cross Blue Shield of Texas (“BCBSTX”) to cover individual participant claims in excess of \$300,000. The Plan’s assets are held in a Voluntary Employee Beneficiary Association Trust (“the VEBA Trust”).

The Plan was amended in December 2020 to transition Medicare-eligible retirees, spouses and dependents to a private Medicare exchange delivery model, effective July 1, 2021. Medicare-eligible members no longer participate in the Plan. They receive a Health Reimbursement Arrangement (HRA) to purchase coverage on The Health Insurance Marketplace. The HRA is administrated by Via Benefits and funded through the Plan.

Eligibility

Medical

- Grandfathered participants: Employees hired prior to January 1, 2011, who have attained age 55 with at least 10 years of service (5 years of service for employees hired prior to January 1, 2000) are eligible for retiree medical benefits. Grandfathered participants must meet one of the following requirements as of December 31, 2010: 1) Age 55 with at least 10 years of service, or 2) Age 60, or 3) At least 25 years of service, or 4) Already receiving retiree medical benefits.
- All other participants: Employees hired prior to January 1, 2011, who have attained age 62 with at least 10 years of service are eligible for retiree medical benefits. Employees hired or rehired after December 31, 2010 are not eligible for retiree medical benefits.
- Effective July 1, 2021, Medicare-eligible retirees and spouses started receiving HRA to purchase medical coverage on The Health Insurance Marketplace. Grandfathered retirees and spouses receive \$4,000 annually and non-grandfathered retirees and spouses receive \$2,500 annually. Retirees are also eligible to receive reimbursement for copays made in the catastrophic drug level.

Dental

- Grandfathered participants: Employees hired prior to January 1, 2000, who have attained age 55 with at least 10 years of service (5 years of service for employees hired prior to January 1, 2000) are eligible for retiree dental benefits.
- All other participants: Employees hired prior to January 1, 2000, who have attained age 62 with at least 10 years of service are eligible for retiree dental benefits. Employees hired or rehired after December 31, 1999, are not eligible for retiree dental benefits.

Life Insurance

- Grandfathered participants: Employees hired prior to January 1, 2011, who have attained age 55 with at least 10 years of service (5 years of service for employees hired prior to January 1, 2000) are eligible for retiree life insurance benefits. Grandfathered participants must meet one of the following requirements as of

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

December 31, 2010; 1) Age 55 with at least 10 years of service, or 2) Age 60, or 3) At least 25 years of service, or 4) Already receiving retiree life insurance benefits.

- All other participants: Employees hired prior to January 1, 2011, who have attained age 62 with at least 10 years of service are eligible for retiree life insurance benefits. Employees hired or rehired on or after December 31, 2010 are not eligible for retiree life insurance benefits.

Contributions

The Company is responsible for making payments for benefit coverage under the Plan to the extent that the retired participant is not responsible for such payments. The Company may, but is not required to, contribute amounts as it deems appropriate to fund the benefits provided under the Plan. Retiree contributions are determined by the Company, and each retiree shall contribute the appropriate amount, as defined in the Summary Plan Description, for the coverage selected under the Plan. Any additional contributions necessary to cover benefit claims, premiums, and plan expenses are made by the Company either directly or through discretionary contributions to the VEBA Trust. There are no required contributions for life insurance coverage. There are no required contributions for participants who retired prior to January 1, 1989.

Spouses and surviving spouses are covered until death, re-marriage of surviving spouse, or nonpayment of contributions.

Life Insurance Benefits

The Plan provides different levels of benefits depending on the level of coverage chosen by the participant. For employees hired prior to January 1, 2000, during the first year of retirement, the life insurance benefit is the lesser of twice their salary on 1 January in the year of their retirement or \$500,000. If while actively employed, an employee elects a life insurance amount less than two times their salary, then the life insurance benefit is equal to the lesser of one times their 1 January salary of the year of retirement or \$50,000. On each of the first five retirement anniversaries, the benefit decreases by 10% of the benefit at retirement. After five years of retirement, the benefit amount is one-half of the benefit at retirement.

For employees hired on or after January 1, 2000, life insurance is a flat dollar benefit of \$10,000. There are no required contributions for life insurance coverage. Spouses and dependents are not eligible for life insurance coverage. Effective January 1, 2011, the Plan is closed to new entrants and grandfathered participants are covered under the provisions of the existing plan. All other participants are covered under the new plan provisions.

Administration of the Plan

The Plan's trustee is State Street Bank and Trust Company ("State Street"). State Street holds the Plan's assets in the VEBA Trust. BCBSTX provides medical claims processing services and CVS Caremark ("CVS") provides prescription claims processing services to the Plan. BCBSTX and CVS act as third-party administrators only and do not participate in the funding of the Plan which is self-funded. Dental and life insurance benefits are fully insured, and processing and distribution of payments are managed by Metropolitan Life Insurance Company ("MetLife"). Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Note 2. Summary of Accounting Policies

Basis of Presentation

The Plan's financial statements are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). Claim payments are recorded when paid.

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of benefit obligations are 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.

Valuation of Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). See Note 4 for discussion of fair value measurements.

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

Amounts Currently Payable

The benefit obligations for claims payable and claims incurred but not reported are estimated by the Plan's actuary based on claims data provided by the claims administrator.

Expenses

Certain administrative expenses of the Plan are paid by the Company. Administrative expenses recorded by the Plan include investment advisor fees, trustee fees, and administrative fees charged by BCBSTX and MetLife. Premiums for stop-loss insurance are included in administrative expenses in the accompanying Statement of Changes in Net Assets Available for Benefits, but no stop-loss recoveries have been netted with claims paid.

Note 3. Postretirement Benefit Obligation

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary. Actuarial assumptions are applied to historical claims-cost data in order to estimate the future annual incurred claims-costs per participant. The estimates are adjusted 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 and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers. The single equivalent discount rate is based on the plan's expected benefit payments and Gallagher's Above Median yield curve updated as of December 31st each year.

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

The following are significant assumptions used in the valuation of the postretirement benefit obligations:

	2024	2023
Discount rate	5.65%	5.08%
Weighted-average health care cost-trend rate-Medical	8.40% gradually decreasing to 4.50% by 2037 and beyond	7.50% gradually decreasing to 4.50% by 2034 and beyond
Weighted-average health care cost-trend rate-Dental	4.50%	4.50%
Weighted-average retirement age	64	64
Mortality	Pri 2012 Separate Annuitant/Non-Annuitant No Collar Mortality Table for males and females, generational projection with Scale MP-2021	Pri 2012 Separate Annuitant/Non-Annuitant No Collar Mortality Table for males and females, generational projection with Scale MP-2021

The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed health care cost trend rates increased by one percentage point, it would increase the postretirement benefit obligation as of December 31, 2024 and 2023, by \$0.9 million and \$0.9 million, respectively.

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

In 2003, the Medical Prescription Drug, Improvement and Modernization Act (“the Act”) was approved. The Act introduced a prescription drug benefit under Medicare Part D, as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The accumulated postretirement benefit obligation and the changes in benefit obligation does not reflect the impact of the Medicare subsidy because the Medicare subsidy is provided to the plan sponsor rather than directly to the Plan. Accordingly, the Plan’s postretirement benefit obligation differs from the Company’s portion of the plan sponsor’s postretirement benefit obligations. The plan is not eligible for Retiree drug subsidy payments for coverage after July 1, 2021.

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

Note 4. Fair Value Measurements

Accounting standards provide a framework for measuring fair value. The inputs used to measure fair value are assessed using a three-tiered hierarchy that prioritizes the inputs used to measure fair value. The 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. These include (a) quoted prices for similar assets and liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in markets that are not active; (c) observable inputs other than quoted prices; (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs are inputs for which little or no market data exists, therefore requiring an entity to develop its own estimates and assumptions that a market participant would use. These include certain pricing models, discounted cash flow methodologies, and similar techniques.

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following provides a description of the valuation techniques employed for each major plan asset category:

Level 1 investments consist of exchange traded funds and corporate equity securities that are valued at the closing price reported on the active market on which the individual securities are traded. Cash and cash equivalents include short-term investment funds.

Level 2 investments consist of corporate, U.S. government and other agency debt securities held by the Plan. The debt securities are of sufficient quality and liquidity such that price inputs are directly observable.

The Plan does not have any Level 3 investments as of December 31, 2024 and 2023.

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

The following tables set forth the Plan's assets that are measured at fair value on a recurring basis as of December 31, 2024 and 2023, respectively:

<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Exchange traded funds	\$ 52,051,912	\$ -	\$ -	\$ 52,051,912
U.S. government and other agency	-	12,951,159	-	12,951,159
Corporate debt securities	-	12,518,801	-	12,518,801
Cash and cash equivalents (b)	3,271,563	-	-	3,271,563
Corporate equity securities	9,265,017	-	-	9,265,017
Total	<u>\$ 64,588,492</u>	<u>\$ 25,469,960</u>	<u>\$ -</u>	<u>\$ 90,058,452</u>
Limited partnership interest (a)(*)				28,816,320
Total investments at fair value				<u>\$ 118,874,772</u>

<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
Exchange traded funds	\$ 49,601,177	\$ -	\$ -	\$ 49,601,177
U.S. government and other agency	-	10,657,002	-	10,657,002
Corporate debt securities	-	9,910,158	-	9,910,158
Cash and cash equivalents (b)	3,070,915	-	-	3,070,915
Corporate equity securities	11,587,814	-	-	11,587,814
Total	<u>\$ 64,259,906</u>	<u>\$ 20,567,160</u>	<u>\$ -</u>	<u>\$ 84,827,066</u>
Limited partnership interest (a)(*)				28,293,608
Total investments at fair value				<u>\$ 113,120,674</u>

(a) Investments in this fund follow a strategy that mainly invests in a broad group of directional strategies and debt securities created by significant transactional events and may sell short, fixed-income securities.

(b) Cash and cash equivalents include both cash and short-term investment funds.

(*) Investments that are measured at fair value using NAV as a practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The availability of observable market data is monitored by management to assess the appropriate classification of investments, both within and outside the fair value hierarchy. In instances where a transfer is required from one level to another because of re-evaluation of inputs or change in economic conditions, the transfer is reported at the beginning of the reporting period. Management considers the significance of transfers between levels based on the nature of and size of the transfer related to total net assets available for benefits.

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

Note 5. NAV per Share

The Plan has investment interests in partnerships whose value was estimated using the NAV of the Plan’s ownership interest in the partner’s capital. The value of this partnership fund is based on the fair value of the underlying investments. The partnership fund’s investments are valued based on observable and unobservable inputs to determine the value that might reasonably be expected to be received in the normal course of business.

The table below sets forth fair value measurements of certain investments that calculate NAV per share as a practical expedient as of December 31, 2024 and 2023:

Fair Value Estimated Using NAV per Share			
December 31, 2024			
	Fair Value	Unfunded Commitment	Redemption Frequency
			Redemption Notice Period
Limited Partnership Interest	\$ 28,816,320	None	Daily, Monthly, Quarterly, Annually if applicable
			1-90 days
Fair Value Estimated Using NAV per Share			
December 31, 2023			
	Fair Value	Unfunded Commitment	Redemption Frequency
			Redemption Notice Period
Limited Partnership Interest	\$ 28,293,608	None	Daily, Monthly, Quarterly, Annually if applicable
			1-90 days

Note 6. Income Tax Status

The VEBA Trust established under the Plan to hold the Plan’s assets is intended to qualify pursuant of Section 501(c)(9) of the Internal Revenue Code (“the Code”), and accordingly, the VEBA Trust’s net investment income is exempt from income taxes unless the investment income relates to unrelated business income under Section 511 of the Code. There was no unrelated business income incurred during 2024. The VEBA Trust has obtained an exemption letter dated March 4, 2009, from the Internal Revenue Service, and the Plan Sponsor believes that the VEBA Trust, as amended, continues to qualify and to operate in accordance with the applicable requirements of the Code.

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

Note 7. Termination of the Plan

Although it has not expressed any intention to do so, the Company may suspend or discontinue contributions to the Plan or terminate the Plan at any time subject to the provisions set forth in ERISA. If the Company terminates or partially terminates the Plan, the Plan will pay benefits that participants are entitled to receive under the terms of the Plan.

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Notes to Financial Statements**

December 31, 2024 and 2023

Note 8. Related-Party and Party-in-Interest Transactions

Certain investments of the Plan are managed by the trustee, State Street, Via Benefits, and therefore, these transactions qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transactions rules under ERISA.

At December 31, 2024 and 2023, the Plan had a payable to the Company of \$585,411 and \$1,593,077, respectively. The payable is for the reimbursement of costs paid by the Company on behalf of the Plan, such as claims paid to retirees, CVS pharmacy fees, premiums, and BCBSTX.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the net assets per Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 118,148,453	\$ 111,498,483
Less: Amounts reflected as claims incurred but not reported	(49,000)	(45,000)
Net assets per Form 5500	\$ 118,099,453	\$ 111,453,483

The following is a reconciliation of claim payments per the financial statements to the benefit payments per Form 5500:

	Year Ended December 31, 2024
Claim payments per the financial statements	\$ 811,860
Add: Claims incurred but not reported at end of year	49,000
Less: Claims incurred but not reported at beginning of year	(45,000)
Benefit payments directly to participants or beneficiaries per Form 5500	\$ 815,860

Amounts currently payable to or for participants, dependents, and spouses or surviving spouses are recorded on Form 5500 for claims that have been processed and approved for payment prior to December 31, 2024, but not yet paid as of that date, and claims incurred but not reported as of December 31, 2024.

Note 10. Subsequent Events

Plan management evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued. There are no significant subsequent events requiring disclosure.

SUPPLEMENTAL SCHEDULES

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Held At End of Year)**

EIN:13-4921556 PN:510

Year Ended December 31, 2024

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

THIS IS A COMPOSITE REPORT FOR:

- A01G VEBA POLEN INTERNATIONAL
- A23B ABS VEBA CASH FLOW DISB
- A24B ABS VEBA ING STRT FIX INC
- A26B ABS VEBA MS LIQ MKT FDS II
- A28B ABS VEBA ALLIANZ INTNL VALUE
- A30B ABS VEBA DOMESTIC EQUITY ETFS
- A63B ABS VEBA INTL EQUITY ETFS
- A86B RIVERVW CHFS RET INV (CAYMAN)

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
U.S. GOVERNMENT SECURITIES					
	US TREASURY N/B	10/25 0.25	0.250	10/31/2025	
		438,000.00		428,998.32	423,883.26
A24B	91282CAT8	438,000.00		428,998.32	423,883.26
	US TREASURY N/B	05/32 2.875	2.875	05/15/2032	
		1,815,000.00		1,738,679.60	1,630,051.50
A24B	91282CEP2	1,815,000.00		1,738,679.60	1,630,051.50
	US TREASURY N/B	06/29 3.25	3.250	06/30/2029	
		3,461,000.00		3,410,621.28	3,302,590.03
A24B	91282CEV9	3,461,000.00		3,410,621.28	3,302,590.03
	US TREASURY N/B	11/33 4.5	4.500	11/15/2033	
		202,000.00		204,946.98	201,084.94
A24B	91282CJJ1	202,000.00		204,946.98	201,084.94
	US TREASURY N/B	02/34 4	4.000	02/15/2034	
		417,000.00		410,695.66	399,219.12
A24B	91282CJZ5	417,000.00		410,695.66	399,219.12
	US TREASURY N/B	08/34 3.875	3.875	08/15/2034	
		1,718,000.00		1,673,732.91	1,624,437.72
A24B	91282CLF6	1,718,000.00		1,673,732.91	1,624,437.72
	US TREASURY N/B	02/27 2.25	2.250	02/15/2027	
		2,166,000.00		2,154,817.93	2,078,623.56
A24B	912828V98	2,166,000.00		2,154,817.93	2,078,623.56
	US TREASURY N/B	08/28 2.875	2.875	08/15/2028	
		3,023,000.00		3,039,323.44	2,875,658.98
A24B	9128284V9	3,023,000.00		3,039,323.44	2,875,658.98
	US TREASURY N/B	05/26 2.125	2.125	05/31/2026	
		428,000.00		415,614.67	415,609.40
A24B	9128286X3	428,000.00		415,614.67	415,609.40

13,668,000.00			13,477,430.79		12,951,158.51

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE

CORP. DEBT INSTR. - PREFERRED						

	BANK OF MONTREAL	SR UNSECURED 01/27 VAR	1.000	01/22/2027		
		443,000.00		436,609.93		425,483.78
A24B	06368EDC3	443,000.00		436,609.93		425,483.78
	BRISTOL MYERS SQUIBB CO	SR UNSECURED 03/32 2.95	2.950	03/15/2032		
		471,000.00		460,684.65		410,137.38
A24B	110122DU9	471,000.00		460,684.65		410,137.38
	COMCAST CORP	COMPANY GUAR 10/25 3.95	3.950	10/15/2025		
		417,000.00		419,582.33		414,831.60
A24B	20030NCS8	417,000.00		419,582.33		414,831.60
	WALT DISNEY COMPANY/THE	COMPANY GUAR 01/26 1.75	1.750	01/13/2026		
		435,000.00		432,038.85		423,394.20
A24B	254687FV3	435,000.00		432,038.85		423,394.20
	HONDA MOTOR CO LTD	SR UNSECURED 03/25 2.271	2.271	03/10/2025		
		420,000.00		419,557.24		418,038.60
A24B	438127AA0	420,000.00		419,557.24		418,038.60
	JPMORGAN CHASE + CO	SR UNSECURED 10/29 VAR	1.000	10/23/2029		
		394,000.00		410,771.60		408,672.56
A24B	46647PDX1	394,000.00		410,771.60		408,672.56
	LOCKHEED MARTIN CORP	SR UNSECURED 11/27 5.1	5.100	11/15/2027		
		406,000.00		407,297.07		412,244.28
A24B	539830BV0	406,000.00		407,297.07		412,244.28
	NETFLIX INC	SR UNSECURED 02/25 5.875	5.875	02/15/2025		
		204,000.00		204,613.80		204,204.00
A24B	64110LAL0	204,000.00		204,613.80		204,204.00
	PEPSICO INC	SR UNSECURED 05/30 1.625	1.625	05/01/2030		
		489,000.00		469,887.68		417,253.92
A24B	713448EZ7	489,000.00		469,887.68		417,253.92
	PFIZER INVESTMENT ENTER	COMPANY GUAR 05/28 4.45	4.450	05/19/2028		
		417,000.00		416,082.46		413,334.57
A24B	716973AC6	417,000.00		416,082.46		413,334.57
	TORONTO DOMINION BANK	SR UNSECURED 01/26 0.75	0.750	01/06/2026		
		663,000.00		657,372.51		637,799.37
A24B	89114QCP1	663,000.00		657,372.51		637,799.37

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	VISA INC	SR UNSECURED 04/27 1.9	1.900	04/15/2027		
		444,000.00			439,233.98	419,841.96
A24B	92826CAL6	444,000.00			439,233.98	419,841.96
		-----			-----	-----
		5,203,000.00			5,173,732.10	5,005,236.22

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
CORP. DEBT INSTR. - ALL OTHER						
	AMC NETWORKS INC	COMPANY GUAR 02/29 4.25	4.250	02/15/2029		
		295,000.00		259,702.88		231,566.15
A24B	00164VAF0	295,000.00		259,702.88		231,566.15
	AT+T INC	SR UNSECURED 02/28 1.65	1.650	02/01/2028		
		691,000.00		675,885.28		628,340.12
A24B	00206RKG6	691,000.00		675,885.28		628,340.12
	APACHE CORP	SR UNSECURED 01/30 4.25	4.250	01/15/2030		
		221,000.00		215,018.81		207,720.11
A24B	037411BF1	221,000.00		215,018.81		207,720.11
	CCO HLDGS LLC/CAP CORP	SR UNSECURED 05/32 4.5	4.500	05/01/2032		
		252,000.00		242,492.89		216,760.32
A24B	1248EPCN1	252,000.00		242,492.89		216,760.32
	CVS HEALTH CORP	SR UNSECURED 08/27 1.3	1.300	08/21/2027		
		694,000.00		678,751.34		628,833.40
A24B	126650DM9	694,000.00		678,751.34		628,833.40
	SIX FLAGS/CANADA WON	COMPANY GUAR 04/27 5.375	5.375	04/15/2027		
		275,000.00		273,692.19		272,076.75
A24B	150190AB2	275,000.00		273,692.19		272,076.75
	DCP MIDSTREAM OPERATING	COMPANY GUAR 05/29 5.125	5.125	05/15/2029		
		274,000.00		282,943.39		274,432.92
A24B	23311VAH0	274,000.00		282,943.39		274,432.92
	FORD MOTOR COMPANY	SR UNSECURED 08/32 6.1	6.100	08/19/2032		
		201,000.00		191,694.23		200,027.16
A24B	345370DB3	201,000.00		191,694.23		200,027.16
	GOLDMAN SACHS GROUP INC	SR UNSECURED 10/34 VAR	1.000	10/24/2034		
		378,000.00		408,366.45		406,323.54
A24B	38141GA53	378,000.00		408,366.45		406,323.54
	GOODYEAR TIRE + RUBBER	COMPANY GUAR 04/31 5.25	5.250	04/30/2031		
		220,000.00		217,827.71		196,253.20
A24B	382550BJ9	220,000.00		217,827.71		196,253.20
	HCA INC	COMPANY GUAR 02/29 5.875	5.875	02/01/2029		
		329,000.00		347,663.22		335,790.56
A24B	404119EW8	329,000.00		347,663.22		335,790.56

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
		HOWMET AEROSPACE INC				
		SR UNSECURED 01/29 3	3.000	01/15/2029		
		227,000.00			204,892.13	210,683.24
A24B	443201AB4	227,000.00			204,892.13	210,683.24
		KRAFT HEINZ FOODS CO				
		COMPANY GUAR 06/26 3	3.000	06/01/2026		
		286,000.00			284,700.72	279,150.30
A24B	50077LAD8	286,000.00			284,700.72	279,150.30
		LAMAR MEDIA CORP				
		COMPANY GUAR 02/30 4	4.000	02/15/2030		
		225,000.00			223,237.77	204,833.25
A24B	513075BT7	225,000.00			223,237.77	204,833.25
		MDC HOLDINGS INC				
		COMPANY GUAR 01/30 3.85	3.850	01/15/2030		
		212,000.00			203,651.82	199,676.44
A24B	552676AT5	212,000.00			203,651.82	199,676.44
		NRG ENERGY INC				
		COMPANY GUAR 01/28 5.75	5.750	01/15/2028		
		208,000.00			209,157.61	207,255.36
A24B	629377CE0	208,000.00			209,157.61	207,255.36
		NAVIENT CORP				
		SR UNSECURED 03/29 5.5	5.500	03/15/2029		
		219,000.00			200,846.73	206,587.08
A24B	63938CAM0	219,000.00			200,846.73	206,587.08
		OCCIDENTAL PETROLEUM COR				
		SR UNSECURED 08/29 3.5	3.500	08/15/2029		
		223,000.00			212,734.54	204,459.78
A24B	674599CS2	223,000.00			212,734.54	204,459.78
		OLIN CORP				
		SR UNSECURED 02/30 5	5.000	02/01/2030		
		212,000.00			211,414.29	199,027.72
A24B	680665AK2	212,000.00			211,414.29	199,027.72
		ONEMAIN FINANCE CORP				
		COMPANY GUAR 09/30 4	4.000	09/15/2030		
		233,000.00			215,388.28	207,081.08
A24B	682691AA8	233,000.00			215,388.28	207,081.08
		ORACLE CORP				
		SR UNSECURED 03/26 1.65	1.650	03/25/2026		
		438,000.00			434,230.41	422,227.62
A24B	68389XCC7	438,000.00			434,230.41	422,227.62
		PULTEGROUP INC				
		COMPANY GUAR 03/26 5.5	5.500	03/01/2026		
		203,000.00			205,071.43	204,144.92
A24B	745867AW1	203,000.00			205,071.43	204,144.92
		SEAGATE HDD CAYMAN				
		COMPANY GUAR 06/27 4.875	4.875	06/01/2027		
		280,000.00			288,080.93	275,844.80
A24B	81180WAR2	280,000.00			288,080.93	275,844.80

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	SILGAN HOLDINGS INC	COMPANY GUAR 02/28 4.125	4.125	02/01/2028		
		287,000.00		283,726.42		273,915.67
A24B	827048AW9	287,000.00		283,726.42		273,915.67
	T MOBILE USA INC	COMPANY GUAR 04/31 3.5	3.500	04/15/2031		
		227,000.00		224,349.09		205,791.39
A24B	87264ABW4	227,000.00		224,349.09		205,791.39
	TEGNA INC	COMPANY GUAR 09/29 5	5.000	09/15/2029		
		225,000.00		222,625.03		210,426.75
A24B	87901JAH8	225,000.00		222,625.03		210,426.75
	UNITED RENTALS NORTH AM	COMPANY GUAR 02/31 3.875	3.875	02/15/2031		
		225,000.00		209,812.16		201,001.50
A24B	911363AM1	225,000.00		209,812.16		201,001.50
	YUM BRANDS INC	SR UNSECURED 03/31 3.625	3.625	03/15/2031		
		230,000.00		223,250.78		203,333.80
A24B	988498AN1	230,000.00		223,250.78		203,333.80
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		7,990,000.00		7,851,208.53		7,513,564.93

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(E) CURRENT VALUE
			(D) COST		
CORPORATE STOCKS - COMMON					
	AON PLC CLASS A	COMMON STOCK			
A01G	G0403H108	2,035.000	487,135.37		730,890.60
		2,035.000	487,135.37		730,890.60
	ICON PLC	COMMON STOCK EUR.06			
A01G	G4705A100	2,078.000	439,046.13		435,777.38
		2,078.000	439,046.13		435,777.38
	MEDTRONIC PLC	COMMON STOCK USD.1			
A01G	G5960L103	5,050.000	462,128.21		403,394.00
		5,050.000	462,128.21		403,394.00
	NU HOLDINGS LTD/CAYMAN ISL A	COMMON STOCK USD.000006667			
A01G	G6683N103	14,528.000	200,287.24		150,510.08
		14,528.000	200,287.24		150,510.08
	WILLIS TOWERS WATSON PLC	COMMON STOCK USD.000304635			
A01G	G96629103	936.000	310,015.37		293,192.64
		936.000	310,015.37		293,192.64
	ON HOLDING AG CLASS A	COMMON STOCK CHF.1			
A01G	H5919C104	1,887.000	74,723.69		103,350.99
		1,887.000	74,723.69		103,350.99
	GLOBANT SA	COMMON STOCK USD1.2			
A01G	L44385109	1,221.000	283,942.43		261,806.82
		1,221.000	283,942.43		261,806.82
	SPOTIFY TECHNOLOGY SA	COMMON STOCK EUR.000625			
A01G	L8681T102	418.000	196,664.15		187,004.84
		418.000	196,664.15		187,004.84
	MONDAY.COM LTD	COMMON STOCK			
A01G	M7S64H106	375.000	97,785.94		88,290.00
		375.000	97,785.94		88,290.00
	ASML HOLDING NV NY REG SHS	NY REG SHRS EUR.09			
A01G	N07059210	541.000	424,678.58		374,956.28
		541.000	424,678.58		374,956.28
	ADIDAS AG SPONSORED ADR	ADR			
A01G	00687A107	3,220.000	478,713.07		392,099.40
		3,220.000	478,713.07		392,099.40

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
		AMADEUS IT GROUP UNSP ADR			
A01G	02263T104	ADR			
			3,998.000	258,866.07	282,018.92
			3,998.000	258,866.07	282,018.92
		BUNZL PLC SPONS ADR			
A01G	120738406	ADR			
			10,222.000	192,466.08	212,208.72
			10,222.000	192,466.08	212,208.72
		DASSAULT SYSTEMES S SPON ADR			
A01G	237545108	ADR			
			6,755.000	288,977.72	232,642.20
			6,755.000	288,977.72	232,642.20
		EVOLUTION AB ADR			
A01G	30051E104	ADR			
			3,256.000	411,728.70	250,223.60
			3,256.000	411,728.70	250,223.60
		EXPERIAN PLC SPONS ADR			
A01G	30215C101	ADR			
			5,483.000	197,233.27	234,288.59
			5,483.000	197,233.27	234,288.59
		HDFC BANK LTD ADR			
A01G	40415F101	ADR			
			6,615.000	416,058.38	422,433.90
			6,615.000	416,058.38	422,433.90
		MERCADOLIBRE INC			
		COMMON STOCK USD.001			
A01G	58733R102		215.000	295,792.72	365,594.60
			215.000	295,792.72	365,594.60
		NOVO NORDISK A/S SPONS ADR			
A01G	670100205	ADR			
			2,795.000	325,972.24	240,425.90
			2,795.000	325,972.24	240,425.90
		SAGE GROUP PLC UNSPON ADR			
A01G	78663S201	ADR			
			11,448.000	464,814.43	728,321.76
			11,448.000	464,814.43	728,321.76
		SAP SE SPONSORED ADR			
A01G	803054204	ADR			
			4,314.000	587,387.19	1,062,149.94
			4,314.000	587,387.19	1,062,149.94
		SCHNEIDER ELECT SE UNSP ADR			
A01G	80687P106	ADR			
			4,798.000	240,956.57	238,172.72
			4,798.000	240,956.57	238,172.72
		SHOPIFY INC CLASS A			
A01G	82509L107	COMMON STOCK			
			4,971.000	239,894.62	528,566.43
			4,971.000	239,894.62	528,566.43

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
		SIEMENS HEALTHINEE UNSP ADR ADR				
A01G	82622J104	17,973.000 17,973.000			504,928.23 504,928.23	472,871.43 472,871.43
		TELEPERFORMANCE UNSPON ADR ADR				
A01G	87946F100	5,785.000 5,785.000			490,122.42 490,122.42	247,366.60 247,366.60
		TOKYO ELECTRON LTD UNSP ADR ADR				
A01G	889110102	2,760.000 2,760.000			307,077.60 307,077.60	208,352.40 208,352.40
		UNILEVER PLC SPONSORED ADR ADR				
A01G	904767704	2,083.000 2,083.000			98,991.64 98,991.64	118,106.10 118,106.10
		125,760.000			8,776,388.06	9,265,016.84

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
PARTN./JOINT VENTURE INTERESTS					
	RIVERVIEW CHFS RET INV	LP			
		12,456,467.000		12,456,467.00	28,494,529.50
A86B	ACIOHWY25	12,456,467.000		12,456,467.00	28,494,529.50
	MS LIQ MKTS FD II SPV LP				
		8,275.235		8,275.23	118,932.00
A26B	921UZZ906	8,275.235		8,275.23	118,932.00
		-----		-----	-----
		12,464,742.235		12,464,742.23	28,613,461.50

ABS VEBA
COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(E) CURRENT VALUE
			(D) COST		
REGISTERED INVESTMENT COMPANY					
		INVESCO QQQ TRUST SERIES 1	INVESCO QQQ TRUST	HKD	
A30B	46090E103	5,217.000	1,618,896.46		2,667,086.91
		5,217.000	1,618,896.46		2,667,086.91
		ISHARES CORE S+P 500 ETF	ISHARES CORE S+P 500 ETF		
A30B	464287200	53,969.000	20,644,827.53		31,770,470.92
		53,969.000	20,644,827.53		31,770,470.92
		ISHARES RUSSELL 2000 ETF	ISHARES RUSSELL 2000 ETF		
A30B	464287655	25,731.000	5,045,522.31		5,685,521.76
		25,731.000	5,045,522.31		5,685,521.76
		ISHARES CORE MSCI EAFE ETF	ISHARES CORE MSCI EAFE ETF		
A30B	46432F842	89,347.000	6,399,989.88		6,279,307.16
		89,347.000	6,399,989.88		6,279,307.16
		ISHARES CORE MSCI EMERGING MAR	ISHARES CORE MSCI EMERGING		
A30B	46434G103	108,187.000	6,057,868.78		5,649,525.14
		108,187.000	6,057,868.78		5,649,525.14
		STATE STREET INSTITUTIONAL TRE	STATE ST INST TR PL MM PREM		
A01G	857492862	2,098,199.420	2,098,199.42		2,098,199.42
A23B	857492862	422,433.240	422,433.24		422,433.24
A24B	857492862	5,904.160	5,904.16		5,904.16
A26B	857492862	1,283,711.850	1,283,711.85		1,283,711.85
A28B	857492862	4,198.800	4,198.80		4,198.80
A30B	857492862	0.100	0.10		0.10
A86B	857492862	374,602.410	374,602.41		374,602.41
		7,348.860	7,348.86		7,348.86
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			2,380,650.420	41,865,304.38	54,150,111.31

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

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	0.000	0.00	0.00
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	13,668,000.000	13,477,430.79	12,951,158.51
CORP. DEBT INSTR. - PREFERRED	5,203,000.000	5,173,732.10	5,005,236.22
CORP. DEBT INSTR. - ALL OTHER	7,990,000.000	7,851,208.53	7,513,564.93
CORPORATE STOCKS - PREFERRED	0.000	0.00	0.00
CORPORATE STOCKS - COMMON	125,760.000	8,776,388.06	9,265,016.84
PARTN./JOINT VENTURE INTERESTS	12,464,742.235	12,464,742.23	28,613,461.50
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	0.000	0.00	0.00
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	2,380,650.420	41,865,304.38	54,150,111.31
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	41,832,152.655	89,608,806.09	117,498,549.31
	=====	=====	
CASH AND ADJUSTMENTS TO LIMITED PARTNERSHIPS			1,376,222.62
GRAND TOTALS AFTER CASH AND ADJUSTMENTS			118,874,771.93
			=====

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Acquired and Disposed of Within Year)**

EIN:13-4921556 PN:510

Year Ended December 31, 2024

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 1
PLAN YEAR ENDING: 12/31/24

THIS IS A COMPOSITE REPORT FOR:

A01G VEBA POLEN INTERNATIONAL
A23B ABS VEBA CASH FLOW DISB
A24B ABS VEBA ING STRT FIX INC
A26B ABS VEBA MS LIQ MKT FDS II
A28B ABS VEBA ALLIANZ INTNL VALUE
A30B ABS VEBA DOMESTIC EQUITY ETFS
A63B ABS VEBA INTL EQUITY ETFS
A86B RIVERVW CHFS RET INV (CAYMAN)

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 2
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
INTEREST BEARING CASH					
INTEREST BEARING CASH TOTALS					
		0.00			0.00

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 3
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
U.S. GOVERNMENT SECURITIES					
U.S. GOVERNMENT SECURITIES TOTALS					
		0.00			0.00

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 4
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
CORP. DEBT INSTR. - PREFERRED					
CORP. DEBT INSTR. - PREFERRED TOTALS					
		0.00			0.00

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 5
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
CORP. DEBT INSTR. - ALL OTHER					
CORP. DEBT INSTR. - ALL OTHER TOTALS					
		0.00			0.00

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 6
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
CORPORATE STOCKS - COMMON					
CORPORATE STOCKS - COMMON TOTALS					
	0.00		0.00		0.00

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 7
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
PARTN./JOINT VENTURE INTERESTS					
PARTN./JOINT VENTURE INTERESTS TOTALS					
	0.00		0.00		0.00

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 8
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
REGISTERED INVESTMENT COMPANY					
REGISTERED INVESTMENT COMPANY TOTALS					
	0.00		0.00		0.00

A20K

ABS VEBA
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

PAGE: 9
PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF ISSUER	(B) DESCRIPTION OF INVESTMENT SHARES/PAR	(C) COST OF ACQUISITION	RATE	MAT DATE	(D) PROCEEDS OF DISPOSITION
INTEREST BEARING CASH					
	0.00		0.00		0.00
CERTIFICATES OF DEPOSIT					
	0.00		0.00		0.00
U.S. GOVERNMENT SECURITIES					
	0.00		0.00		0.00
CORP. DEBT INSTR. - PREFERRED					
	0.00		0.00		0.00
CORP. DEBT INSTR. - ALL OTHER					
	0.00		0.00		0.00
CORPORATE STOCKS - PREFERRED					
	0.00		0.00		0.00
CORPORATE STOCKS - COMMON					
	0.00		0.00		0.00
PARTN./JOINT VENTURE INTERESTS					
	0.00		0.00		0.00
REAL ESTATE-INCOME PRODUCING					
	0.00		0.00		0.00
REAL ESTATE-NON INC. PRODUCING					
	0.00		0.00		0.00
LOANS SECURED BY MTGES-RESID.					
	0.00		0.00		0.00
LOANS SECURED BY MTGES-COM'L					
	0.00		0.00		0.00
LOANS TO PARTIC. - MORTGAGES					
	0.00		0.00		0.00
LOANS TO PARTICIPANTS - OTHER					
	0.00		0.00		0.00
OTHER					
	0.00		0.00		0.00
COMMON/COLLECTIVE TRUSTS					
	0.00		0.00		0.00
POOLED SEPARATE ACCOUNTS					
	0.00		0.00		0.00
103-12 INVESTMENTS					
	0.00		0.00		0.00
REGISTERED INVESTMENT COMPANY					
	0.00		0.00		0.00

INSURANCE CO. GENERAL ACCOUNT	0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS			
-----	0.00	0.00	0.00
RUN DATE: 03/11/25			

**American Bureau of Shipping
Retiree Health and Welfare Benefit Plan
Schedule H, Line (4j) – Schedule of Reportable Transactions**

EIN:13-4921556 PN:510

Year Ended December 31, 2024

A20K

PAGE: 2

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) RATE #TOTAL	(I) MAT DATE CURR VALUE	(J) GAIN/LOSS
INTEREST BEARING CASH								
7839989D1 31	SSC GOVERNMENT MM GVMXX 5,545,714.19	18	8,468,004.38	0.00	8,468,004.38	1.000 49	12/31/2030 14,013,718.57	0.00
INTEREST BEARING CASH TOTALS								
31	5,545,714.19	18	8,468,004.38	0.00	8,468,004.38	49	14,013,718.57	0.00

A20K

PAGE: 3

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) RATE #TOTAL	(I) MAT DATE CURR VALUE	(J) GAIN/LOSS
U.S. GOVERNMENT SECURITIES								
U.S. GOVERNMENT SECURITIES TOTALS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00

A20K

PAGE: 4

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) RATE #TOTAL	(I) MAT DATE CURR VALUE	(J) GAIN/LOSS
CORP. DEBT INSTR. - PREFERRED								
CORP. DEBT INSTR. - PREFERRED TOTALS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00

A20K

PAGE: 5

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) RATE #TOTAL	(I) MAT DATE CURR VALUE	(J) GAIN/LOSS
CORP. DEBT INSTR. - ALL OTHER								
CORP. DEBT INSTR. - ALL OTHER TOTALS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00

A20K

PAGE: 6

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) RATE #TOTAL	(I) MAT DATE CURR VALUE	(J) GAIN/LOSS
CORPORATE STOCKS - COMMON								
CORPORATE STOCKS - COMMON TOTALS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00

A20K

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

PAGE: 7
 PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) COST OF ASSET	(G) RATE #TOTAL	(H) MAT DATE CURR VALUE	(I) GAIN/LOSS
PARTN./JOINT VENTURE INTERESTS							
PARTN./JOINT VENTURE INTERESTS TOTALS							
0	0.00	0	0.00	0.00	0.00	0	0.00

A20K

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

PAGE: 8
 PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) COST OF ASSET	(G) RATE #TOTAL	(H) MAT DATE CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY							
464287655 1	ISHARES RUSSELL 2000 ETF 5,608,096.78	3	582,040.06	0.00	562,574.47	4	6,190,136.84
857492862 162	STATE STREET INSTITUTIONAL TRE 19,935,518.85	87	17,837,319.43	0.00	17,837,319.43	249	37,772,838.28
REGISTERED INVESTMENT COMPANY TOTALS							
163	25,543,615.63	90	18,419,359.49	0.00	18,399,893.90	253	43,962,975.12

A20K

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

PAGE: 9
 PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY #PUR	(B) DESCRIPTION OF ASSET (C) PURCHASE PRICE	(D) SELLING PRICE	(E) EXPENSES INCURRED	(F) COST OF ASSET	(G) RATE #TOTAL	(H) MAT DATE CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH							
31	5,545,714.19	18	8,468,004.38	0.00	8,468,004.38	49	14,013,718.57
CERTIFICATES OF DEPOSIT							
0	0.00	0	0.00	0.00	0.00	0	0.00
U.S. GOVERNMENT SECURITIES							
0	0.00	0	0.00	0.00	0.00	0	0.00
CORP. DEBT INSTR. - PREFERRED							
0	0.00	0	0.00	0.00	0.00	0	0.00
CORP. DEBT INSTR. - ALL OTHER							
0	0.00	0	0.00	0.00	0.00	0	0.00
CORPORATE STOCKS - PREFERRED							
0	0.00	0	0.00	0.00	0.00	0	0.00
CORPORATE STOCKS - COMMON							
0	0.00	0	0.00	0.00	0.00	0	0.00
PARTN./JOINT VENTURE INTERESTS							
0	0.00	0	0.00	0.00	0.00	0	0.00
REAL ESTATE-INCOME PRODUCING							
0	0.00	0	0.00	0.00	0.00	0	0.00
REAL ESTATE-NON INC. PRODUCING							
0	0.00	0	0.00	0.00	0.00	0	0.00
LOANS SECURED BY MTGES-RESID.							
0	0.00	0	0.00	0.00	0.00	0	0.00
LOANS SECURED BY MTGES-COM'L							
0	0.00	0	0.00	0.00	0.00	0	0.00
LOANS TO PARTIC. - MORTGAGES							
0	0.00	0	0.00	0.00	0.00	0	0.00
LOANS TO PARTICIPANTS - OTHER							
0	0.00	0	0.00	0.00	0.00	0	0.00
OTHER							
0	0.00	0	0.00	0.00	0.00	0	0.00
COMMON/COLLECTIVE TRUSTS							
0	0.00	0	0.00	0.00	0.00	0	0.00
POOLED SEPARATE ACCOUNTS							
0	0.00	0	0.00	0.00	0.00	0	0.00
103-12 INVESTMENTS							
0	0.00	0	0.00	0.00	0.00	0	0.00
REGISTERED INVESTMENT COMPANY							
163	25,543,615.63	90	18,419,359.49	0.00	18,399,893.90	253	43,962,975.12
INSURANCE CO. GENERAL ACCOUNT							
0	0.00	0	0.00	0.00	0.00	0	0.00

** ASSET CATEGORY NOT FOUND **

0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS								
194	31,089,329.82	108	26,887,363.87	0.00	26,867,898.28	302	57,976,693.69	19,465.59
NON-REPORTABLE TRANSACTION TOTALS								
227	16,976,228.67	99	28,281,520.77	0.00	25,028,642.22	326	45,257,749.44	3,252,878.55
RUN DATE: 03/11/25								

A20K

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

PAGE: 1
 AS-OF DATE: 12/31/24

THIS IS A COMPOSITE REPORT FOR:

- A01G VEBA POLEN INTERNATIONAL
- A23B ABS VEBA CASH FLOW DISB
- A24B ABS VEBA ING STRT FIX INC
- A26B ABS VEBA MS LIQ MKT FDS II
- A28B ABS VEBA ALLIANZ INTNL VALUE
- A30B ABS VEBA DOMESTIC EQUITY ETFS
- A63B ABS VEBA INTL EQUITY ETFS
- A86B RIVERVW CHFS RET INV (CAYMAN)

A20K

PAGE: 2

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH						

INTEREST BEARING CASH TOTALS						

		0.00		0.00	0.00	0.00

A20K

PAGE: 3

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
U.S. GOVERNMENT SECURITIES						

U.S. GOVERNMENT SECURITIES TOTALS						

		0.00		0.00	0.00	0.00

A20K

PAGE: 4

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
CORP. DEBT INSTR. - PREFERRED						

CORP. DEBT INSTR. - PREFERRED TOTALS						

		0.00		0.00	0.00	0.00

A20K

PAGE: 5

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
CORP. DEBT INSTR. - ALL OTHER						

CORP. DEBT INSTR. - ALL OTHER TOTALS						

		0.00		0.00	0.00	0.00

A20K

PAGE: 6

PLAN YEAR ENDING: 12/31/24

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - COMMON						

CORPORATE STOCKS - COMMON TOTALS						

		0.00		0.00	0.00	0.00

A20K

PAGE: 7

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS

PARTN./JOINT VENTURE INTERESTS						

PARTN./JOINT VENTURE INTERESTS TOTALS						

		0.00		0.00	0.00	0.00

A20K

PAGE: 8

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS

REGISTERED INVESTMENT COMPANY						

REGISTERED INVESTMENT COMPANY TOTALS						

		0.00		0.00	0.00	0.00

A20K

PAGE: 9

ABS VEBA
 SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE
 BEGINNING NET ASSET VALUE: 112,945,043.95
 5% OF ASSET VALUE: 5,647,252.20

PLAN YEAR ENDING: 12/31/24

(A) IDENTITY OF PARTY (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS

INTEREST BEARING CASH						
		0.00		0.00	0.00	0.00
CERTIFICATES OF DEPOSIT						
		0.00		0.00	0.00	0.00
U.S. GOVERNMENT SECURITIES						
		0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - PREFERRED						
		0.00		0.00	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER						
		0.00		0.00	0.00	0.00
CORPORATE STOCKS - PREFERRED						
		0.00		0.00	0.00	0.00
CORPORATE STOCKS - COMMON						
		0.00		0.00	0.00	0.00
PARTN./JOINT VENTURE INTERESTS						
		0.00		0.00	0.00	0.00
REAL ESTATE-INCOME PRODUCING						
		0.00		0.00	0.00	0.00
REAL ESTATE-NON INC. PRODUCING						
		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-RESID.						
		0.00		0.00	0.00	0.00
LOANS SECURED BY MTGES-COM'L						
		0.00		0.00	0.00	0.00
LOANS TO PARTIC. - MORTGAGES						
		0.00		0.00	0.00	0.00
LOANS TO PARTICIPANTS - OTHER						
		0.00		0.00	0.00	0.00
OTHER						
		0.00		0.00	0.00	0.00
COMMON/COLLECTIVE TRUSTS						
		0.00		0.00	0.00	0.00
POOLED SEPARATE ACCOUNTS						
		0.00		0.00	0.00	0.00
103-12 INVESTMENTS						
		0.00		0.00	0.00	0.00
REGISTERED INVESTMENT COMPANY						
		0.00		0.00	0.00	0.00
INSURANCE CO. GENERAL ACCOUNT						
		0.00		0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **						
		0.00		0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS						

		0.00		0.00	0.00	0.00

RUN DATE: 03/11/25

**Schedule H - Line 4j - Schedule of Reportable Transactions
American Bureau of Shipping Retiree Health & Welfare Plan
American Bureau of Shipping
EIN: 13-4921556 PN: 510
For Plan Year Ended December 31, 2024**

The Schedule of Reportable Transactions is included in the Supplemental Schedules to the "Accountant Opinion / IQPA report" attachment.

Schedule H - Line 4i - Schedule of Assets (Held at End of the Year)
American Bureau of Shipping Retiree Health & Welfare Plan
American Bureau of Shipping
EIN: 13-4921556 PN: 510
For Plan Year Ended December 31, 2024

The Schedule of Assets (Held at End of Year) is included in the Supplemental Schedules to the "Accountant Opinion / IQPA report" attachment.