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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENNSYLVANIA AUTOMOTIVE ASSOCIATION GROUP INSURANCE TRUST

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 12/27/2002

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PENNSYLVANIA AUTOMOTIVE ASSOCIATION

P.O. BOX 2955
HARRISBURG, PA 17105-2955

1925 N. FRONT STREET
HARRISBURG, PA 17105-2955

2b Employer Identification Number (EIN)
42-6633905

2c Plan Sponsor's telephone number
717-255-8311

2d Business code (see instructions)

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2026	CHAD MARSAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2026	STEVEN J SMITH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PENNSYLVANIA AUTOMOTIVE ASSOCIATION

P.O. BOX 2955
HARRISBURG, PA 17105-2955

3b Administrator's EIN
23-1358051

3c Administrator's telephone number
717-255-8311

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**	14859
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	14775
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18529
b	Retired or separated participants receiving benefits	**6b**	87
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18616
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENNSYLVANIA AUTOMOTIVE ASSOCIATION GROUP INSURANCE TRUST

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
PENNSYLVANIA AUTOMOTIVE ASSOCIATION

D Employer Identification Number (EIN)
42-6633905

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
AMERICAN FIDELITY ASSURANCE 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
73-0714500	60410	VARIOUS	7243	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1561495	103740

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

AMERICAN FIDELITY ASSURANCE COMPANY
P.O. BOX 25360
OKLAHOMA CITY, OK 73125-0360

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
822896			3

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

PENNSYLVANIA AUTO ASSOC INS AGY INC
1925 NORTH FRONT STREET
HARRISBURG, PA 17105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
538840	103740	FEES	3

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

HR ADVANTAGE LLC

809 1ST ST
OCEAN CITY, NJ 08226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32954			3

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

BENEFIT WATCH INC

164 SOUTH MAIN STREET
YARDLEY, PA 19067

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32940			3

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

BIG OAK INSURANCE SERVICES

3960 AIRPORT BLVD
DOYLESTOWN, PA 18902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32530			3

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

GALLAGHER BENEFIT SERVICES INC

300 FELLOWSHIP RD
MOUNT LAUREL, NJ 08054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
30939			3

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

MADS INS AGCY INC

7 STATE CR #301
ANNAPOLIS, MD 21401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16015			3

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

BUSH, JOSEPH P

215 CLOVER LN
PHOENIXVILLE, PA 19460

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12472			3

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

COLLEGEVILLE FINANCIAL GROUP LLC

41 WEST MAIN STREET
COLLEGEVILLE, PA 19426

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12168			3

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

MARSH & MCLENNAN AGENCY LLC

161 WASHINGTON STREET
CONSHOHOCKEN, PA 19428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11277			3

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

MARSH & MCLENNAN AGENCY, LLC

PARK 80M W PLAZA 2
SADDLE BROOK, NJ 07663

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9701			3

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

GEORGE R VIOLAND

1087 PRESIDENTS DRIVE
LITITZ, PA 17543

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3396			3

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

NJ CAR SERVICES, INC.

856 RIVER ROAD
TRENTON, NJ 08628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2193			3

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

SUPPLEMENTAL BENEFITS SERVICES INC

PO BOX 927
MECHANICSBURG, PA 17055

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1833			3

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

MYERS BEAVER & VELLONE INS AGY INC

PO BOX 1391
ALTOONA, PA 16603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
427			3

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

TRION GROUP INC

2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
355			3

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

SMITH, STEVEN O

727 FOX TAIL DR
BETHANY BEACH, DE 19930

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
248			3

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

CBIZ BENEFITS & INS SERVICES, INC.
700 W 47TH STREET #1100
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
174			3

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

ROCHE FINANCIAL INC
1610 EAST THIRD STREET
WILLIAMSPORT, PA 17701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
162			3

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

SMITH GRAVES ASSOCIATES INC
11300 ROCKVILLE PIKE
ROCKVILLE, MD 20852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-25			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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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 [ ] paid in cash, or [ ] 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	11672357
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENNSYLVANIA AUTOMOTIVE ASSOCIATION GROUP INSURANCE TRUST

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
PENNSYLVANIA AUTOMOTIVE ASSOCIATION

D Employer Identification Number (EIN)
42-6633905

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	PAA - ALL	9048	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
48950	0

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

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

PENNSYLVANIA AUTOMOTIVE ASSOCIATION
1925 NORTH FRONT STREET
HARRISBURG, PA 17105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48950			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	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [X] 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 [ ] paid in cash, or [ ] 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	815833
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENNSYLVANIA AUTOMOTIVE ASSOCIATION GROUP INSURANCE TRUST

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
PENNSYLVANIA AUTOMOTIVE ASSOCIATION

D Employer Identification Number (EIN)
42-6633905

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	08450	4771	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
28632	0

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

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

PENNSYLVANIA AUTO ASSOC INS AGY INC
1925 NORTH FRONT STREET
PO BOX 2955
HARRISBURG, PA 17105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18525			3

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

EMERSON REID & CO INC
1305 WALT WHITMAN RD
SUITE 310
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10107			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	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] 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 [ ] paid in cash, or [ ] 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**	336845
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan PENNSYLVANIA AUTOMOTIVE ASSOCIATION GROUP INSURANCE TRUST	**B** Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 PENNSYLVANIA AUTOMOTIVE ASSOCIATION	**D** Employer Identification Number (EIN) 42-6633905

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

BOYER & RITTER

23-1311005

(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	44500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC BANK

22-1146430

(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?
21 28 50 62	NONE	26070	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CONRAD SIEGEL

23-1669823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	16200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I **Service Provider Information (continued)**

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENNSYLVANIA AUTOMOTIVE ASSOCIATION GROUP INSURANCE TRUST

B Three-digit plan number (PN) ▶ 503

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PENNSYLVANIA AUTOMOTIVE ASSOCIATION

D Employer Identification Number (EIN)
42-6633905

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

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	SMITHS AUTO SALES INC	**c** EIN-PN	23-1727071-
a Plan name			
b Name of plan sponsor	NICK CHEVROLET	**c** EIN-PN	25-1189979-
a Plan name			
b Name of plan sponsor	BIONDI LINCOLN MERCURY	**c** EIN-PN	25-1140753-
a Plan name			
b Name of plan sponsor	JOE BALL GMC	**c** EIN-PN	20-1843572-
a Plan name			
b Name of plan sponsor	BOBBY RAHAL MOTORCAR CO	**c** EIN-PN	25-1794619-
a Plan name			
b Name of plan sponsor	KEN GANLEY TOYOTA	**c** EIN-PN	25-1743434-
a Plan name			
b Name of plan sponsor	GOLICK MOTOR COMPANY INC	**c** EIN-PN	25-1472849-
a Plan name			
b Name of plan sponsor	VALLEY HONDA INC	**c** EIN-PN	25-1572223-
a Plan name			
b Name of plan sponsor	GERMAIN OF WARRENDALE LLC	**c** EIN-PN	33-2415272-
a Plan name			
b Name of plan sponsor	GREATER PITTSBURGH AUTOMOBILE DEALERS ASSOCIATION	**c** EIN-PN	25-0728088-
a Plan name			
b Name of plan sponsor	GLENN BUSH FORD INC	**c** EIN-PN	25-1302613-
a Plan name			
b Name of plan sponsor	KALMAR MOTOR SALES INC	**c** EIN-PN	25-1148301-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: TRI-COUNTY TRUCK CENTER | **c** EIN-PN: 25-1198882-

a Plan name

b Name of plan sponsor: GARYS HOMES | **c** EIN-PN: 25-1190786-

a Plan name

b Name of plan sponsor: QUIGLEY MOTORS INC | **c** EIN-PN: 23-2197614-

a Plan name

b Name of plan sponsor: PIAZZA HONDA OF READING | **c** EIN-PN: 23-2193537-

a Plan name

b Name of plan sponsor: PIAZZA ACURA OF READING | **c** EIN-PN: 23-2324821-

a Plan name

b Name of plan sponsor: SEIDEL HYUNDAI INC | **c** EIN-PN: 23-2486763-

a Plan name

b Name of plan sponsor: HALDEMAN FORD OF KUTZTOWN | **c** EIN-PN: 23-2547688-

a Plan name

b Name of plan sponsor: PENSKE GMC TRUCKS INC | **c** EIN-PN: 23-2152560-

a Plan name

b Name of plan sponsor: TOM SCHAEFFERS CAMPING & TRAVEL CENTER | **c** EIN-PN: 23-1918299-

a Plan name

b Name of plan sponsor: BERMAN TRUCK GROUP | **c** EIN-PN: 51-0339828-

a Plan name

b Name of plan sponsor: BERMAN TRUCK GROUP (BETHEL) | **c** EIN-PN: 23-1583759-

a Plan name

b Name of plan sponsor: ANSLEY & LEWIS INC | **c** EIN-PN: 23-1544698-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	FIORE TOYOTA VW AUDI	**c** EIN-PN	25-1637301-
a Plan name			
b Name of plan sponsor	ALLEGHENY TRUCKS INC	**c** EIN-PN	25-1344094-
a Plan name			
b Name of plan sponsor	COURTESY FORD INC	**c** EIN-PN	25-1666970-
a Plan name			
b Name of plan sponsor	EIGHMEY CHEVROLET	**c** EIN-PN	24-0804192-
a Plan name			
b Name of plan sponsor	OXFORD VALLEY IMPORTS	**c** EIN-PN	23-2828937-
a Plan name			
b Name of plan sponsor	COLONIAL SUBARU	**c** EIN-PN	23-2973195-
a Plan name			
b Name of plan sponsor	ONEIL BUICK GMC	**c** EIN-PN	23-2248378-
a Plan name			
b Name of plan sponsor	SANDS BROS CHRYSLER-JEEP- DODGE	**c** EIN-PN	23-2220815-
a Plan name			
b Name of plan sponsor	PATRIOT CHEVROLET OF WARMINSTER INC	**c** EIN-PN	23-1578481-
a Plan name			
b Name of plan sponsor	COLONIAL NISSAN INC	**c** EIN-PN	23-2348234-
a Plan name			
b Name of plan sponsor	PAUL BURNS AUTO CENTER	**c** EIN-PN	23-2958011-
a Plan name			
b Name of plan sponsor	TROY-ALAN CHEVROLET INC	**c** EIN-PN	25-1365650-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: NORTH STAR BUICK GMC | **c** EIN-PN: 25-1239705-

a Plan name

b Name of plan sponsor: JIM KRILEY SALES & SERVICE INC | **c** EIN-PN: 25-1536340-

a Plan name

b Name of plan sponsor: JAMES E BLACK PONT-CAD | **c** EIN-PN: 25-1615794-

a Plan name

b Name of plan sponsor: RON DAVIDSON CHEV | **c** EIN-PN: 25-0709310-

a Plan name

b Name of plan sponsor: TEAM MOTOR SALES | **c** EIN-PN: 25-1196522-

a Plan name

b Name of plan sponsor: IMPALA MOTORS INC | **c** EIN-PN: 25-1320371-

a Plan name

b Name of plan sponsor: LACUE CHEVROLET BUICK INC | **c** EIN-PN: 25-1509683-

a Plan name

b Name of plan sponsor: RANDALL MOTOR CO | **c** EIN-PN: 25-1183523-

a Plan name

b Name of plan sponsor: FREEDOM FORD SALES INC | **c** EIN-PN: 25-1097203-

a Plan name

b Name of plan sponsor: SUPPES MOTOR SALES | **c** EIN-PN: 25-1140472-

a Plan name

b Name of plan sponsor: H E WAGNER MOTOR SALES CO | **c** EIN-PN: 25-0861160-

a Plan name

b Name of plan sponsor: BERMAN TRUCK GROUP - JOHNSTOWN | **c** EIN-PN: 51-0339828-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	LEON A GEORGE II SCHOOL BUSES	**c** EIN-PN	23-2563947-
a Plan name			
b Name of plan sponsor	STATE COLLEGE FORD LINC MERC	**c** EIN-PN	25-1654832-
a Plan name			
b Name of plan sponsor	VALLEY GMC SALES & SVC INC	**c** EIN-PN	25-1201230-
a Plan name			
b Name of plan sponsor	PIAZZA ACURA OF WEST CHESTER	**c** EIN-PN	23-2491825-
a Plan name			
b Name of plan sponsor	PIAZZA MAZDA OF WEST CHESTER	**c** EIN-PN	23-2171056-
a Plan name			
b Name of plan sponsor	DEL CHEVROLET INC	**c** EIN-PN	23-1976175-
a Plan name			
b Name of plan sponsor	DEL TOYOTA INC	**c** EIN-PN	23-2222143-
a Plan name			
b Name of plan sponsor	MATTHEWS PAOLI FORD	**c** EIN-PN	01-0562010-
a Plan name			
b Name of plan sponsor	PIAZZA HYUNDAI OF WEST CHESTER	**c** EIN-PN	23-2638897-
a Plan name			
b Name of plan sponsor	STILLMAN VOLVO CARS	**c** EIN-PN	23-1897197-
a Plan name			
b Name of plan sponsor	PHOENIX PERFORMANCE INC	**c** EIN-PN	23-2374063-
a Plan name			
b Name of plan sponsor	KEYSTONE MOTORS	**c** EIN-PN	23-1655226-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: EURO MOTORCARS DEVON INC | **c** EIN-PN: 23-2207605-

a Plan name

b Name of plan sponsor: CHESTER COUNTY NISSAN LLC | **c** EIN-PN: 27-3186786-

a Plan name

b Name of plan sponsor: JOHN L SMITH INC | **c** EIN-PN: 23-2372023-

a Plan name

b Name of plan sponsor: CYCLE MAX | **c** EIN-PN: 23-2354619-

a Plan name

b Name of plan sponsor: NOLF CHRYSLER-DODGE INC | **c** EIN-PN: 25-1127866-

a Plan name

b Name of plan sponsor: DOTTS MOTOR CO | **c** EIN-PN: 25-0923694-

a Plan name

b Name of plan sponsor: KUNTZ MOTOR CO | **c** EIN-PN: 25-0605307-

a Plan name

b Name of plan sponsor: W W ENGINE & SUPPLY | **c** EIN-PN: 25-1432929-

a Plan name

b Name of plan sponsor: K & L AUTO SALES | **c** EIN-PN: 23-2468448-

a Plan name

b Name of plan sponsor: FAIRFIELD OF DANVILLE INC | **c** EIN-PN: 23-2036832-

a Plan name

b Name of plan sponsor: F & N HOMES | **c** EIN-PN: 23-2627391-

a Plan name

b Name of plan sponsor: TITUSVILLE FORD | **c** EIN-PN: 25-1630060-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	BRENNER PREOWNED - MECHANICSBURG	**c** EIN-PN	25-1790069-
a Plan name			
b Name of plan sponsor	LAWRENCE CHEVROLET	**c** EIN-PN	23-2147212-
a Plan name			
b Name of plan sponsor	EARL B LEHMAN INC	**c** EIN-PN	23-2868490-
a Plan name			
b Name of plan sponsor	SUN MOTOR CARS INC	**c** EIN-PN	23-2227302-
a Plan name			
b Name of plan sponsor	BOBBY RAHAL HONDA	**c** EIN-PN	31-1233496-
a Plan name			
b Name of plan sponsor	H & H CHEVROLET CADILLAC INC	**c** EIN-PN	25-1576345-
a Plan name			
b Name of plan sponsor	BOBBY RAHAL TOYOTA LEXUS	**c** EIN-PN	25-1660262-
a Plan name			
b Name of plan sponsor	PARSONS INTERSTATE FORD LLC	**c** EIN-PN	16-1615623-
a Plan name			
b Name of plan sponsor	SUN MOTOR CARS BMW	**c** EIN-PN	11-3671823-
a Plan name			
b Name of plan sponsor	BOBBY RAHAL ACURA	**c** EIN-PN	25-1867915-
a Plan name			
b Name of plan sponsor	TURNER HYDRAULICS	**c** EIN-PN	23-2254684-
a Plan name			
b Name of plan sponsor	PA RECREATION VEHICLE & CAMPING	**c** EIN-PN	25-1816333-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	BOWERS MARINE SALES INC	**c** EIN-PN	25-1868961-
a Plan name			
b Name of plan sponsor	BOYER & RITTER LLC	**c** EIN-PN	23-1311005-
a Plan name			
b Name of plan sponsor	TITUS LEASING CO	**c** EIN-PN	23-1980969-
a Plan name			
b Name of plan sponsor	TURNER KIA	**c** EIN-PN	23-1660234-
a Plan name			
b Name of plan sponsor	PMCHB INC	**c** EIN-PN	92-1140971-
a Plan name			
b Name of plan sponsor	MAGUIRES/HERSHEY	**c** EIN-PN	23-2973491-
a Plan name			
b Name of plan sponsor	AERO CORPORATION	**c** EIN-PN	23-1494548-
a Plan name			
b Name of plan sponsor	HOFFMAN FORD SALES	**c** EIN-PN	23-1477451-
a Plan name			
b Name of plan sponsor	PAA SERVICES INC	**c** EIN-PN	23-1450260-
a Plan name			
b Name of plan sponsor	TRANSTECK INC	**c** EIN-PN	52-2199025-
a Plan name			
b Name of plan sponsor	PIAZZA HONDA OF SPRINGFIELD	**c** EIN-PN	23-2304037-
a Plan name			
b Name of plan sponsor	GRANITE RUN PONTIAC BUICK GMC INC	**c** EIN-PN	23-2014898-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: SPRINGFIELD HYUNDAI | **c** EIN-PN: 61-1469290-

a Plan name

b Name of plan sponsor: GARNET VW | **c** EIN-PN: 23-2941691-

a Plan name

b Name of plan sponsor: RAFFERTY SUBARU | **c** EIN-PN: 23-1931123-

a Plan name

b Name of plan sponsor: C R LOUGHEAD INC | **c** EIN-PN: 23-1279312-

a Plan name

b Name of plan sponsor: SPRINGFIELD FORD LINC INC | **c** EIN-PN: 23-1882033-

a Plan name

b Name of plan sponsor: THOMAS CHEVROLET INC | **c** EIN-PN: 23-2435441-

a Plan name

b Name of plan sponsor: DAVID DODGE LLC | **c** EIN-PN: 23-2598711-

a Plan name

b Name of plan sponsor: YBH SALES & SERVICE INC | **c** EIN-PN: 23-1537944-

a Plan name

b Name of plan sponsor: CONCORDVILLE MOTOR CAR INC | **c** EIN-PN: 23-2626722-

a Plan name

b Name of plan sponsor: TEAM TOYOTA OF GLEN MILLS | **c** EIN-PN: 23-2638897-

a Plan name

b Name of plan sponsor: AUTOLAND HYUNDAI OF UNIONTOWN | **c** EIN-PN: 25-1517880-

a Plan name

b Name of plan sponsor: SOLOMON FORD | **c** EIN-PN: 56-2329084-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	FORRESTER LINC MERC INC	**c** EIN-PN	25-1195277-
a Plan name			
b Name of plan sponsor	JENNINGS AUTOMOTIVE INC	**c** EIN-PN	25-1530282-
a Plan name			
b Name of plan sponsor	BUCHANAN CHEVROLET PONTIAC BUICK GMC CADILLAC	**c** EIN-PN	23-1328284-
a Plan name			
b Name of plan sponsor	SHIVELY MOTORS INC	**c** EIN-PN	23-1082555-
a Plan name			
b Name of plan sponsor	BUCHANAN AUTO PARK INC	**c** EIN-PN	23-2712465-
a Plan name			
b Name of plan sponsor	RIFE MOTOR CO INC	**c** EIN-PN	25-1155351-
a Plan name			
b Name of plan sponsor	SOLOMON CHRYSLER DODGE INC	**c** EIN-PN	25-1718976-
a Plan name			
b Name of plan sponsor	TEAM CHEVROLET BUICK CADILLAC	**c** EIN-PN	25-1442927-
a Plan name			
b Name of plan sponsor	GERRY RAYMOND AUTOMOTIVE II LLC	**c** EIN-PN	88-3610810-
a Plan name			
b Name of plan sponsor	1 BROOKVILLE CHEVROLET BUICK	**c** EIN-PN	86-1214748-
a Plan name			
b Name of plan sponsor	EMM CHEVROLET	**c** EIN-PN	25-1658045-
a Plan name			
b Name of plan sponsor	FRAN MORELLI SALES & SERVICE	**c** EIN-PN	20-5957583-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: R B FRIES INC | **c** EIN-PN: 24-0790259-

a Plan name

b Name of plan sponsor: VALLEY TRUCK CENTER | **c** EIN-PN: 23-1717098-

a Plan name

b Name of plan sponsor: KELLY MOTOR CO INC | **c** EIN-PN: 23-1633069-

a Plan name

b Name of plan sponsor: MINOOKA MOTOR SALES INC | **c** EIN-PN: 23-1722499-

a Plan name

b Name of plan sponsor: BURNE OLDS CADILLAC | **c** EIN-PN: 23-2872579-

a Plan name

b Name of plan sponsor: JOSEPH CHERMAK INC | **c** EIN-PN: 23-2374840-

a Plan name

b Name of plan sponsor: MATT BURNE HONDA | **c** EIN-PN: 23-2939088-

a Plan name

b Name of plan sponsor: EYNON PONTIAC BUICK | **c** EIN-PN: 23-2769733-

a Plan name

b Name of plan sponsor: KELLY MOTORCAR | **c** EIN-PN: 23-2004749-

a Plan name

b Name of plan sponsor: RINALDI AUTO SALES INC | **c** EIN-PN: 23-2494380-

a Plan name

b Name of plan sponsor: DENAPLES AUTO PARTS SALES | **c** EIN-PN: 23-2829681-

a Plan name

b Name of plan sponsor: KELLY CADILLAC | **c** EIN-PN: 23-2315854-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	KELLER BROTHERS FORD	**c** EIN-PN	23-1296947-
a Plan name			
b Name of plan sponsor	JONES DEALERSHIPS INC	**c** EIN-PN	23-1578590-
a Plan name			
b Name of plan sponsor	DONNIE G BOYER INC	**c** EIN-PN	23-2215227-
a Plan name			
b Name of plan sponsor	GRAYBILL BROS	**c** EIN-PN	23-2792751-
a Plan name			
b Name of plan sponsor	FRED HEISTAND AUTOMOTIVE INC	**c** EIN-PN	23-2656171-
a Plan name			
b Name of plan sponsor	NEW HOLLAND AUTO GROUP	**c** EIN-PN	47-4963154-
a Plan name			
b Name of plan sponsor	KLICK LEWIS INC	**c** EIN-PN	23-1472192-
a Plan name			
b Name of plan sponsor	KELLER BROS MOTOR CO	**c** EIN-PN	23-1388146-
a Plan name			
b Name of plan sponsor	M A BRIGHTBILL BODY WORKS	**c** EIN-PN	23-1320479-
a Plan name			
b Name of plan sponsor	C J WAGNER INC	**c** EIN-PN	23-1658320-
a Plan name			
b Name of plan sponsor	KRAUSE INC	**c** EIN-PN	23-1686539-
a Plan name			
b Name of plan sponsor	GILBOY FORD-MERC INC	**c** EIN-PN	24-0822292-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	HALDEMAN FORD LINCOLN INC	**c** EIN-PN	23-2031989-
a Plan name			
b Name of plan sponsor	THEODORE F EBERHARDT INC	**c** EIN-PN	23-1579344-
a Plan name			
b Name of plan sponsor	PRECISION MOTOR CARS	**c** EIN-PN	23-2597061-
a Plan name			
b Name of plan sponsor	LEE MILLER USED CARS	**c** EIN-PN	23-2801494-
a Plan name			
b Name of plan sponsor	MAYO HOMES COMPANY	**c** EIN-PN	23-2915747-
a Plan name			
b Name of plan sponsor	ALLENTOWN MACK SALES INC	**c** EIN-PN	23-2624881-
a Plan name			
b Name of plan sponsor	FAIRWAY MOTORS INC	**c** EIN-PN	23-1880497-
a Plan name			
b Name of plan sponsor	FEUSSNERS FORD INC	**c** EIN-PN	23-2015925-
a Plan name			
b Name of plan sponsor	LEHIGH GORGE CAMPGROUND	**c** EIN-PN	23-2190541-
a Plan name			
b Name of plan sponsor	CAR LOTTA CAR SALES KINGSTON INC	**c** EIN-PN	26-1273029-
a Plan name			
b Name of plan sponsor	LEADCAR LTH LLC	**c** EIN-PN	88-4126205-
a Plan name			
b Name of plan sponsor	COCCIA FORD INC	**c** EIN-PN	23-2274177-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	PATDAN LLC DELBALSO PREOWNED	**c** EIN-PN	23-3019944-
a Plan name			
b Name of plan sponsor	VALLEY CHEVROLET	**c** EIN-PN	23-2193735-
a Plan name			
b Name of plan sponsor	BRYANTS RV SHOWCASE INC	**c** EIN-PN	23-2410436-
a Plan name			
b Name of plan sponsor	DMS SHREDDING	**c** EIN-PN	23-2979509-
a Plan name			
b Name of plan sponsor	FAIRFIELD FORD OF WILLIAMSPORT	**c** EIN-PN	23-2534644-
a Plan name			
b Name of plan sponsor	J MURRAY MOTOR CO INC	**c** EIN-PN	23-2821094-
a Plan name			
b Name of plan sponsor	TWIN HILLS OLDS INC	**c** EIN-PN	23-2028989-
a Plan name			
b Name of plan sponsor	BERMAN TRUCK GROUP - MUNCY	**c** EIN-PN	51-0339828-
a Plan name			
b Name of plan sponsor	FAIRFIELD FORD	**c** EIN-PN	23-1662860-
a Plan name			
b Name of plan sponsor	FAIRWAY FORD INC	**c** EIN-PN	25-1118991-
a Plan name			
b Name of plan sponsor	ZOOK MOTORS INC	**c** EIN-PN	25-0955129-
a Plan name			
b Name of plan sponsor	SHULTS MANAGEMENT COMPANY	**c** EIN-PN	25-1518440-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	TEAM RAHAL OF LEWISTOWN	**c** EIN-PN	25-1252014-
a Plan name			
b Name of plan sponsor	ERTLE ENTERPRISES	**c** EIN-PN	23-1745367-
a Plan name			
b Name of plan sponsor	BFR INVESTMENTS LLC	**c** EIN-PN	92-2492609-
a Plan name			
b Name of plan sponsor	COLONIAL USED AUTO SALES INC	**c** EIN-PN	23-2244687-
a Plan name			
b Name of plan sponsor	J L FREED & SONS	**c** EIN-PN	23-0600630-
a Plan name			
b Name of plan sponsor	UNION TRUCK RENTAL & SALES	**c** EIN-PN	23-2698575-
a Plan name			
b Name of plan sponsor	PIAZZA ACURA OF ARDMORE	**c** EIN-PN	23-2459615-
a Plan name			
b Name of plan sponsor	TRI COUNTY TOYOTA AUTO CENTER	**c** EIN-PN	23-2610181-
a Plan name			
b Name of plan sponsor	BERMONT MOTORS	**c** EIN-PN	23-1612332-
a Plan name			
b Name of plan sponsor	EURO MOTORCARS MAIN LINE INC	**c** EIN-PN	41-2201942-
a Plan name			
b Name of plan sponsor	RED HILL FORD INC	**c** EIN-PN	23-1424493-
a Plan name			
b Name of plan sponsor	SLOANE TOYOTA DBA SLOANE CHEV UNION	**c** EIN-PN	23-2434079-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: GLANZMANN SUBARU INC | **c** EIN-PN: 23-2238095-

a Plan name

b Name of plan sponsor: SLOANE TOYOTA INC UNION | **c** EIN-PN: 23-2434079-

a Plan name

b Name of plan sponsor: HOPKINS FORD INC | **c** EIN-PN: 23-1881816-

a Plan name

b Name of plan sponsor: PIAZZA MANAGEMENT COMPANY | **c** EIN-PN: 25-1535405-

a Plan name

b Name of plan sponsor: DANIEL FERRARI & CO PC | **c** EIN-PN: 23-2533556-

a Plan name

b Name of plan sponsor: C P FLETCHER MOTORS INC | **c** EIN-PN: 23-2632201-

a Plan name

b Name of plan sponsor: DEL-VAL INTL TRUCKS INC | **c** EIN-PN: 23-2027942-

a Plan name

b Name of plan sponsor: HAWKINS CHEVROLET INC | **c** EIN-PN: 23-1678841-

a Plan name

b Name of plan sponsor: STAR BUICK GMC INC | **c** EIN-PN: 25-1209150-

a Plan name

b Name of plan sponsor: BROWN-DAUB CHEVY OF NAZARETH | **c** EIN-PN: 24-0864240-

a Plan name

b Name of plan sponsor: BROWN-DAUB DODGE CHRYSLER JEEP | **c** EIN-PN: 23-2970402-

a Plan name

b Name of plan sponsor: RW CAR CONNECTION INC | **c** EIN-PN: 23-2682782-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	WIND GAP CHEVROLET BUICK	**c** EIN-PN	26-0001517-
a Plan name			
b Name of plan sponsor	COLTON RV LLC	**c** EIN-PN	85-3701593-
a Plan name			
b Name of plan sponsor	ZIMMERMAN ENTERPRISES INC	**c** EIN-PN	23-1742311-
a Plan name			
b Name of plan sponsor	A & L DIESEL INC	**c** EIN-PN	23-2031892-
a Plan name			
b Name of plan sponsor	MARVIN E KLINGER INC- A & L DIESEL	**c** EIN-PN	23-2179566-
a Plan name			
b Name of plan sponsor	MAGUIRES FORD INC	**c** EIN-PN	23-1663308-
a Plan name			
b Name of plan sponsor	DUNPHY FORD SUBARU	**c** EIN-PN	23-2079392-
a Plan name			
b Name of plan sponsor	ACURA OF LIMERICK	**c** EIN-PN	23-1884989-
a Plan name			
b Name of plan sponsor	PIAZZA HONDA OF PHILADELPHIA	**c** EIN-PN	23-2114576-
a Plan name			
b Name of plan sponsor	VALUE KIA	**c** EIN-PN	22-3649763-
a Plan name			
b Name of plan sponsor	PAUL BROS AUTO REHAB	**c** EIN-PN	23-1702375-
a Plan name			
b Name of plan sponsor	KIGHTLINGER MTRS INC	**c** EIN-PN	25-1351308-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	R & R AUTO GROUP	**c** EIN-PN	25-1591179-
a Plan name			
b Name of plan sponsor	SANDS FORD OF POTTSVILLE	**c** EIN-PN	23-2761141-
a Plan name			
b Name of plan sponsor	V RINALDI CHEV INC	**c** EIN-PN	23-1681049-
a Plan name			
b Name of plan sponsor	J BERTOLET INC	**c** EIN-PN	23-1646744-
a Plan name			
b Name of plan sponsor	BEAVER MOTORS LLC	**c** EIN-PN	23-2153350-
a Plan name			
b Name of plan sponsor	RIVERSIDE MOTOR SALES	**c** EIN-PN	25-1709360-
a Plan name			
b Name of plan sponsor	MONTROSE AUTO PARTS	**c** EIN-PN	23-1875296-
a Plan name			
b Name of plan sponsor	WALTERS ELKLAND CHEVROLET	**c** EIN-PN	23-1914052-
a Plan name			
b Name of plan sponsor	FAIRFIELD CHEVROLET CADILLAC	**c** EIN-PN	23-1639996-
a Plan name			
b Name of plan sponsor	MIFFLINBURG AUTO SALES	**c** EIN-PN	23-2877869-
a Plan name			
b Name of plan sponsor	SUSQUEHANNA MOTOR CO INC	**c** EIN-PN	24-0774422-
a Plan name			
b Name of plan sponsor	WARREN MIDTOWN MTRS	**c** EIN-PN	25-1113329-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: CROTTY CHEV INC | **c** EIN-PN: 25-1197008-

a Plan name

b Name of plan sponsor: BUDD BAER INC | **c** EIN-PN: 52-1034158-

a Plan name

b Name of plan sponsor: DAVIES FORD OF CHARLEROI | **c** EIN-PN: 25-1203474-

a Plan name

b Name of plan sponsor: SUN CHEVROLET INC | **c** EIN-PN: 25-1826605-

a Plan name

b Name of plan sponsor: JEFFERSON AUTO INC | **c** EIN-PN: 25-1744588-

a Plan name

b Name of plan sponsor: ECODRIVE IV | **c** EIN-PN: 92-3928018-

a Plan name

b Name of plan sponsor: EDWARD J SCHWARZ INC | **c** EIN-PN: 23-2079572-

a Plan name

b Name of plan sponsor: WAYNE COUNTY FORD | **c** EIN-PN: 23-2189876-

a Plan name

b Name of plan sponsor: RTS TRUCK CENTER INC | **c** EIN-PN: 23-2871492-

a Plan name

b Name of plan sponsor: DICK PALMER & SONS TRUCK SERVICE INC | **c** EIN-PN: 23-2008968-

a Plan name

b Name of plan sponsor: KREBS DODGE CHRYSLER JEEP | **c** EIN-PN: 25-1773401-

a Plan name

b Name of plan sponsor: KEDDIE CHEVROLET | **c** EIN-PN: 25-1639480-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: JOHN MEEGAN FORD INC | **c** EIN-PN: 25-1293045-

a Plan name

b Name of plan sponsor: HILLCREST VOLKSWAGEN INC | **c** EIN-PN: 25-1374600-

a Plan name

b Name of plan sponsor: WATTS TRUCK CENTER INC | **c** EIN-PN: 25-1349939-

a Plan name

b Name of plan sponsor: BESHORE & KOLLER INC | **c** EIN-PN: 23-1709121-

a Plan name

b Name of plan sponsor: COOPER MOTORS INC | **c** EIN-PN: 23-1540358-

a Plan name

b Name of plan sponsor: BOB RUTH FORD INC | **c** EIN-PN: 23-2257694-

a Plan name

b Name of plan sponsor: YORK VOLKSWAGEN INC | **c** EIN-PN: 23-2000402-

a Plan name

b Name of plan sponsor: LEHMAN VOLVO | **c** EIN-PN: 23-2190113-

a Plan name

b Name of plan sponsor: YORK AUTO GROUP INC | **c** EIN-PN: 23-1698641-

a Plan name

b Name of plan sponsor: YORK KIA INC | **c** EIN-PN: 23-2042508-

a Plan name

b Name of plan sponsor: JACK GIAMBALVO MTR CO INC | **c** EIN-PN: 23-2207372-

a Plan name

b Name of plan sponsor: MIKE JONES AUTO SALES | **c** EIN-PN: 23-1639738-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: A CRIVELLI FORD MERCURY | **c** EIN-PN: 13-4224166-

a Plan name

b Name of plan sponsor: BROWN-DAUB KIA | **c** EIN-PN: 24-0535610-

a Plan name

b Name of plan sponsor: SHERWOOD/GROVES AUTO LLC | **c** EIN-PN: 20-1043851-

a Plan name

b Name of plan sponsor: BOBBY RAHAL BMW OF SOUTH HILLS | **c** EIN-PN: 83-0373586-

a Plan name

b Name of plan sponsor: PIAZZA JGLR CORP | **c** EIN-PN: 81-4699342-

a Plan name

b Name of plan sponsor: CONICELLI TOYOTA | **c** EIN-PN: 20-1101708-

a Plan name

b Name of plan sponsor: SCOTT CHEVROLET INC | **c** EIN-PN: 23-1892805-

a Plan name

b Name of plan sponsor: BRENNER CAR CREDIT LLC | **c** EIN-PN: 14-1872468-

a Plan name

b Name of plan sponsor: FOX FORD INC | **c** EIN-PN: 25-1145090-

a Plan name

b Name of plan sponsor: IRWIN AUTOMOTIVE LLC | **c** EIN-PN: 20-1555384-

a Plan name

b Name of plan sponsor: SOLOMON CHRYSLER JEEP DODGE | **c** EIN-PN: 25-1718976-

a Plan name

b Name of plan sponsor: GATEWAY KIA | **c** EIN-PN: 23-3090987-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	ABELOFF PONTIAC INC	**c** EIN-PN	24-0855579-

a Plan name

b Name of plan sponsor	TRANS EDGE TRUCK CENTER - PITTSBURGH	**c** EIN-PN	23-2624881-

a Plan name

b Name of plan sponsor	LATROBE CHEVROLET FORD	**c** EIN-PN	20-4302737-

a Plan name

b Name of plan sponsor	QUIGLEY CHEVROLET	**c** EIN-PN	23-1538222-

a Plan name

b Name of plan sponsor	MERCEDES BENZ OF PITTSBURGH	**c** EIN-PN	27-0094711-

a Plan name

b Name of plan sponsor	ARDMORE TOYOTA	**c** EIN-PN	23-1707378-

a Plan name

b Name of plan sponsor	KELLER BROTHERS DODGE	**c** EIN-PN	20-5637554-

a Plan name

b Name of plan sponsor	TURNER BUICK GMC	**c** EIN-PN	20-8182690-

a Plan name

b Name of plan sponsor	THE RECON STORE	**c** EIN-PN	23-3025362-

a Plan name

b Name of plan sponsor	INDEPENDENCE CHEVROLET INC	**c** EIN-PN	20-3900244-

a Plan name

b Name of plan sponsor	PALMER H REED MOTOR SALES INC	**c** EIN-PN	23-2991415-

a Plan name

b Name of plan sponsor	SUN MOTOR IMPORTS INC	**c** EIN-PN	25-2889987-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: SHIVELY MOTORS OF SHIPPENSBURG | **c** EIN-PN: 23-1082555-

a Plan name

b Name of plan sponsor: SAFETY EMISSIONS SOLUTIONS LLC | **c** EIN-PN: 20-0199159-

a Plan name

b Name of plan sponsor: BROWN-DAUB VOLVO | **c** EIN-PN: 27-1528308-

a Plan name

b Name of plan sponsor: PA MANUFACTURED HOUSING ASSOC | **c** EIN-PN: 23-1544844-

a Plan name

b Name of plan sponsor: PERUZZI TOYOTA | **c** EIN-PN: 23-2557905-

a Plan name

b Name of plan sponsor: PERUZZI AUTOMOTIVE | **c** EIN-PN: 23-2284744-

a Plan name

b Name of plan sponsor: MILLER & SONS CHEV BUICK | **c** EIN-PN: 25-1212501-

a Plan name

b Name of plan sponsor: UNIONTOWN AUTOMOTIVE GROUP | **c** EIN-PN: 26-4291187-

a Plan name

b Name of plan sponsor: RUSTY PALMER INC | **c** EIN-PN: 23-2088548-

a Plan name

b Name of plan sponsor: BRADFORD DODGE INC | **c** EIN-PN: 20-4418766-

a Plan name

b Name of plan sponsor: REGESTER CHEVROLET | **c** EIN-PN: 23-1647079-

a Plan name

b Name of plan sponsor: ALLEGHENY FORD TRUCK SALES | **c** EIN-PN: 25-1158490-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: ALLENTOWN KIA | **c** EIN-PN: 47-5226439-

a Plan name

b Name of plan sponsor: COLORRITE DISTRIBUTING EAST | **c** EIN-PN: 20-1822868-

a Plan name

b Name of plan sponsor: KELEMEN KARS INC | **c** EIN-PN: 26-1317394-

a Plan name

b Name of plan sponsor: OLD FORGE COLLISION CENTER LLC | **c** EIN-PN: 23-2207159-

a Plan name

b Name of plan sponsor: AMITY CAR SMART | **c** EIN-PN: 26-3172917-

a Plan name

b Name of plan sponsor: STAR LAKE FORD | **c** EIN-PN: 30-0368565-

a Plan name

b Name of plan sponsor: GRAFT SALES & SERVICE | **c** EIN-PN: 25-1716774-

a Plan name

b Name of plan sponsor: SCOTT POWERSPORTS INC | **c** EIN-PN: 92-2276832-

a Plan name

b Name of plan sponsor: JCL AUTOMOTIVE | **c** EIN-PN: 23-2998946-

a Plan name

b Name of plan sponsor: MIKES AUTO & TRUCK INC | **c** EIN-PN: 23-3042857-

a Plan name

b Name of plan sponsor: AUTO ESTATES INC | **c** EIN-PN: 23-2918922-

a Plan name

b Name of plan sponsor: FAULKNER BUICK GMC WEST CHESTER INC | **c** EIN-PN: 23-2366633-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: HENRY FAULKNER INC | **c** EIN-PN: 23-1440315-

a Plan name

b Name of plan sponsor: STAR BUICK GMC CADILLAC INC | **c** EIN-PN: 45-3323716-

a Plan name

b Name of plan sponsor: ALL PRO TRAILER SUPERSTORE | **c** EIN-PN: 20-1889848-

a Plan name

b Name of plan sponsor: NISSAN 422 OF LIMERICK | **c** EIN-PN: 46-5656029-

a Plan name

b Name of plan sponsor: THURBY AUTOMOTIVE | **c** EIN-PN: 20-0524939-

a Plan name

b Name of plan sponsor: BRENEMAN FORD | **c** EIN-PN: 33-4208363-

a Plan name

b Name of plan sponsor: SUSQUEHANNA AUTO INC | **c** EIN-PN: 23-2002525-

a Plan name

b Name of plan sponsor: GREATER LEHIGH VALLEY POWERSPORTS | **c** EIN-PN: 20-8805084-

a Plan name

b Name of plan sponsor: HUMES CHRYSLER JEEP DODGE | **c** EIN-PN: 25-1260665-

a Plan name

b Name of plan sponsor: HUMES FORD OF CORRY INC | **c** EIN-PN: 25-1624192-

a Plan name

b Name of plan sponsor: DAVID FORD LLC | **c** EIN-PN: 25-1819788-

a Plan name

b Name of plan sponsor: WISSLER MOTORS INC | **c** EIN-PN: 23-1944926-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	VOLVO CARS OF FORT WASHINGTON	**c** EIN-PN	47-3531157-
a Plan name			
b Name of plan sponsor	ASKINS MOTORGROUP INC	**c** EIN-PN	25-1853864-
a Plan name			
b Name of plan sponsor	JACAMO INC	**c** EIN-PN	25-1853864-
a Plan name			
b Name of plan sponsor	PIAZZA VW OF LANGHORNE	**c** EIN-PN	47-3405458-
a Plan name			
b Name of plan sponsor	TOM MASANO FORD INC	**c** EIN-PN	20-0445920-
a Plan name			
b Name of plan sponsor	TOM MASANO INC	**c** EIN-PN	23-1746978-
a Plan name			
b Name of plan sponsor	TOM MASANO PREMIUM IMPORTS INC	**c** EIN-PN	27-1895776-
a Plan name			
b Name of plan sponsor	PIAZZA VW OF ARDMORE	**c** EIN-PN	46-5704279-
a Plan name			
b Name of plan sponsor	TEAM RAHAL OF STATE COLLEGE INC	**c** EIN-PN	47-5640042-
a Plan name			
b Name of plan sponsor	PROFIT SOLUTIONS & MORE LLC	**c** EIN-PN	26-2554094-
a Plan name			
b Name of plan sponsor	PIAZZA MAZDA OF READING	**c** EIN-PN	81-1894503-
a Plan name			
b Name of plan sponsor	PIAZZA SUBARU OF LIMERICK	**c** EIN-PN	81-2424248-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	PORSCHE DELAWARE	**c** EIN-PN	81-3217356-
a Plan name			
b Name of plan sponsor	RINALDI CHRYSLER DODGE	**c** EIN-PN	23-2561914-
a Plan name			
b Name of plan sponsor	TOWN & COUNTRY MOTORS	**c** EIN-PN	20-2809791-
a Plan name			
b Name of plan sponsor	CRIVELLI CHEVROLET INC	**c** EIN-PN	25-1377775-
a Plan name			
b Name of plan sponsor	CRIVELLI BUICK GMC INC	**c** EIN-PN	25-1667566-
a Plan name			
b Name of plan sponsor	RENN KIRBY CHEVROLET BUICK	**c** EIN-PN	20-0177505-
a Plan name			
b Name of plan sponsor	RENN KIRBY AUTOMOTIVE	**c** EIN-PN	27-4171709-
a Plan name			
b Name of plan sponsor	WILLARD KIRBY AUTO GROUP	**c** EIN-PN	46-4695128-
a Plan name			
b Name of plan sponsor	LOWE & MOYER GARAGE INC	**c** EIN-PN	23-1598537-
a Plan name			
b Name of plan sponsor	PHIL FITTS FORD	**c** EIN-PN	25-1187156-
a Plan name			
b Name of plan sponsor	PIAZZA WILLOW GROVE INC	**c** EIN-PN	82-2334239-
a Plan name			
b Name of plan sponsor	RENN KIRBY GETTYSBURG IMPORTS LLC	**c** EIN-PN	47-2621989-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor: AUTO CARE PLUS | **c** EIN-PN: 25-1814713-

a Plan name

b Name of plan sponsor: VIDEON CHEVROLET OF PHOENIXVILLE | **c** EIN-PN: 82-4279215-

a Plan name

b Name of plan sponsor: R H KRESSLEYS GARAGE INC | **c** EIN-PN: 23-1603285-

a Plan name

b Name of plan sponsor: CUNNINGHAM CHRYSLER OF EDINBORO INC | **c** EIN-PN: 25-1710427-

a Plan name

b Name of plan sponsor: TURNER CHEVROLET | **c** EIN-PN: 23-1610030-

a Plan name

b Name of plan sponsor: STARTER CARS | **c** EIN-PN: 25-1807136-

a Plan name

b Name of plan sponsor: SJM AUTO SALES & REPAIR | **c** EIN-PN: 23-2817391-

a Plan name

b Name of plan sponsor: SUSQUEHANNA EAST | **c** EIN-PN: 83-1825355-

a Plan name

b Name of plan sponsor: KEYSTONE HARLEY DAVIDSON | **c** EIN-PN: 27-5084663-

a Plan name

b Name of plan sponsor: ACCESS BUS AND VAN SALES | **c** EIN-PN: 26-1472016-

a Plan name

b Name of plan sponsor: PIAZZA PREMIUM LR INC | **c** EIN-PN: 82-4346765-

a Plan name

b Name of plan sponsor: JAMES A PERUTO LLC | **c** EIN-PN: 37-1451732-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	POCONO AUTO GROUP INC	**c** EIN-PN	47-4138207-
a Plan name			
b Name of plan sponsor	MORGAN AUTOMOTIVE INC	**c** EIN-PN	23-2939262-
a Plan name			
b Name of plan sponsor	MYERSTOWN AUTO CO INC	**c** EIN-PN	23-1686238-
a Plan name			
b Name of plan sponsor	FAIRFIELD MOTOR SPORTS INC	**c** EIN-PN	84-2952164-
a Plan name			
b Name of plan sponsor	BEDFORD FORD LINCOLN INC	**c** EIN-PN	25-1638094-
a Plan name			
b Name of plan sponsor	BEDFORD CHRYSLER DODGE JEEP RAM	**c** EIN-PN	23-2926899-
a Plan name			
b Name of plan sponsor	EAST COAST RV SPECIALIST LLC	**c** EIN-PN	46-4563606-
a Plan name			
b Name of plan sponsor	PLATINUM MITSUBISHI	**c** EIN-PN	83-4546598-
a Plan name			
b Name of plan sponsor	JADTA CORP	**c** EIN-PN	23-2202455-
a Plan name			
b Name of plan sponsor	MURRAY MOTORS LOCK HAVEN	**c** EIN-PN	81-4766586-
a Plan name			
b Name of plan sponsor	TRUCKSMART INC	**c** EIN-PN	75-3121601-
a Plan name			
b Name of plan sponsor	MURRAY MOTORS MILTON	**c** EIN-PN	83-4598061-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	A J S TRUCK & TRAILER CENTER	**c** EIN-PN	20-5120157-
a Plan name			
b Name of plan sponsor	BROOKS POWER SPORTS INC	**c** EIN-PN	47-4497730-
a Plan name			
b Name of plan sponsor	SEIBELS AUTO WAREHOUSE	**c** EIN-PN	84-3580305-
a Plan name			
b Name of plan sponsor	VASKO LLC	**c** EIN-PN	20-3007615-
a Plan name			
b Name of plan sponsor	JACK METZER FORD INC	**c** EIN-PN	23-1970511-
a Plan name			
b Name of plan sponsor	TEAM RAHAL OF MECHANICSBURG INC	**c** EIN-PN	25-1660262-
a Plan name			
b Name of plan sponsor	RAYSTOWN FORD	**c** EIN-PN	85-3132401-
a Plan name			
b Name of plan sponsor	STEUBENVILLE PIKE AUTO INC	**c** EIN-PN	26-2419332-
a Plan name			
b Name of plan sponsor	CARMIX AUTO SALES	**c** EIN-PN	46-4075951-
a Plan name			
b Name of plan sponsor	AHC ACQUISITION LLC	**c** EIN-PN	81-4365919-
a Plan name			
b Name of plan sponsor	PHILLY AUTO INC DBA PHILLY AUTO	**c** EIN-PN	45-3005940-
a Plan name			
b Name of plan sponsor	PHILLY AUTO INC DBA L A CITY CARS	**c** EIN-PN	45-3005940-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	NEW JERSEY OFF ROAD INC	**c** EIN-PN	86-1960764-
a Plan name			
b Name of plan sponsor	WV CAR CONNECTION LLC	**c** EIN-PN	86-1329945-
a Plan name			
b Name of plan sponsor	CARSON LEASING LLC	**c** EIN-PN	46-4987360-
a Plan name			
b Name of plan sponsor	BERMAN TRUCK GROUP (DUBOIS)	**c** EIN-PN	51-0339828-
a Plan name			
b Name of plan sponsor	MERCEDES BENZ OF WEST CHESTER	**c** EIN-PN	87-3016082-
a Plan name			
b Name of plan sponsor	TEAM LAKE ROAD AUTO SALES LLC	**c** EIN-PN	26-2309965-
a Plan name			
b Name of plan sponsor	PLATINUM NORTH	**c** EIN-PN	87-4145977-
a Plan name			
b Name of plan sponsor	JEFF DAMBROSIO AUTO GROUP	**c** EIN-PN	23-2366984-
a Plan name			
b Name of plan sponsor	COURTESY CHRYSLER JEEP	**c** EIN-PN	81-0577671-
a Plan name			
b Name of plan sponsor	JEFF DAMBROSIO CHEVROLET IN OXFORD	**c** EIN-PN	23-2704250-
a Plan name			
b Name of plan sponsor	BILLS HAPPY CAMPER	**c** EIN-PN	27-3498843-
a Plan name			
b Name of plan sponsor	JOSEPH C REAGLE INC	**c** EIN-PN	24-0699290-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	MERCEDES BENZ OF ATLANTIC CITY	**c** EIN-PN	88-3638889-
a Plan name			
b Name of plan sponsor	FREDERICK CHEVROLET OF LEBANON INC	**c** EIN-PN	23-2276087-
a Plan name			
b Name of plan sponsor	HILLVIEW MOTORS INC	**c** EIN-PN	25-1150576-
a Plan name			
b Name of plan sponsor	FAIRFIELD OF MONTGOMERY	**c** EIN-PN	88-1406308-
a Plan name			
b Name of plan sponsor	GERRY RAYMOND AUTOMOTIVE LLC	**c** EIN-PN	87-2195474-
a Plan name			
b Name of plan sponsor	GARNET OF LEESPORT LP	**c** EIN-PN	92-3146635-
a Plan name			
b Name of plan sponsor	GARNET VW OF LEESPORT LP	**c** EIN-PN	92-3197246-
a Plan name			
b Name of plan sponsor	BRIAN S VASKO LLC	**c** EIN-PN	20-3007615-
a Plan name			
b Name of plan sponsor	PIAZZA MAS MAIN LINE CORP	**c** EIN-PN	93-2010905-
a Plan name			
b Name of plan sponsor	GERRY RAYMOND AUTOMOTIVE III	**c** EIN-PN	92-3235535-
a Plan name			
b Name of plan sponsor	BOBBY RAHAL LEXUS	**c** EIN-PN	25-1660262-
a Plan name			
b Name of plan sponsor	E S SAVAGE INC	**c** EIN-PN	23-2107759-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	RENN KIRBY CHARLES TOWN AUTO LLC	**c** EIN-PN	93-2867634-
a Plan name			
b Name of plan sponsor	MERCEDES BENZ OF WILMINGTON	**c** EIN-PN	82-0945083-
a Plan name			
b Name of plan sponsor	MASERATI OF WILMINGTON PIKE	**c** EIN-PN	82-0932404-
a Plan name			
b Name of plan sponsor	ARR INVESTMENT LLC	**c** EIN-PN	13-4342768-
a Plan name			
b Name of plan sponsor	FIRST BIKE MOTORSPORTS INC	**c** EIN-PN	82-2381803-
a Plan name			
b Name of plan sponsor	JGCCM LLC	**c** EIN-PN	92-1144280-
a Plan name			
b Name of plan sponsor	R HOLLENSHEAD AUTO SALES INC	**c** EIN-PN	23-2448259-
a Plan name			
b Name of plan sponsor	NB CENTER SERVICES LLC	**c** EIN-PN	93-2989963-
a Plan name			
b Name of plan sponsor	SOLOMON CHEVROLET BUICK GMC	**c** EIN-PN	83-0666433-
a Plan name			
b Name of plan sponsor	SHERWOOD FREIGHTLINER	**c** EIN-PN	60-0000381-
a Plan name			
b Name of plan sponsor	BMW & MINI OF WEST CHESTER	**c** EIN-PN	92-1487883-
a Plan name			
b Name of plan sponsor	MK LANCASTER LLC	**c** EIN-PN	33-1353015-

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name			
b Name of plan sponsor	BERMAN TRUCK GROUP-(BLAIRSVILLE)	**c** EIN-PN	51-0339828-
a Plan name			
b Name of plan sponsor	LEADCAR HON HAMBURG	**c** EIN-PN	86-3881712-
a Plan name			
b Name of plan sponsor	AMEYS GARAGE INC	**c** EIN-PN	23-1734065-
a Plan name			
b Name of plan sponsor	INTERSTATE MITSUBISHI	**c** EIN-PN	25-1877096-
a Plan name			
b Name of plan sponsor	MCCALL MOTORS INC	**c** EIN-PN	25-1318059-
a Plan name			
b Name of plan sponsor	LEGENDS SPORT AND TURF	**c** EIN-PN	83-3701789-
a Plan name			
b Name of plan sponsor	LEGENDS OF SENECA	**c** EIN-PN	88-1056675-
a Plan name			
b Name of plan sponsor	LEGENDS POWERSPORTS	**c** EIN-PN	36-4777768-
a Plan name			
b Name of plan sponsor	QUIGLEY BUS SERVICE INC	**c** EIN-PN	23-1538221-
a Plan name			
b Name of plan sponsor	GERRY RAYMOND AUTOMOTIVE IV LLC	**c** EIN-PN	99-4024957-
a Plan name			
b Name of plan sponsor	FAST OF WEST CHESTER	**c** EIN-PN	27-4200308-
a Plan name			
b Name of plan sponsor	INDIANA COLONIAL NISSAN INC	**c** EIN-PN	26-2260772-

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENNSYLVANIA AUTOMOTIVE ASSOCIATION GROUP INSURANCE TRUST

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
PENNSYLVANIA AUTOMOTIVE ASSOCIATION

D Employer Identification Number (EIN)
42-6633905

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24391	218573
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	45214	11435
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4106816	3586853
(2) U.S. Government securities	1c(2)	3646617	3304709
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	7823038	7121570
Liabilities			
1g Benefit claims payable	1g	1861082	1329607
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	2226095	2155307
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4087177	3484914
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3735861	3636656

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)	34225665	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		34225665
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	179479	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		179479
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		67862
d Total income. Add all **income** amounts in column (b) and enter total	2d		34473006
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)	28752640	
(3) Other	2e(3)	5389430	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34142070
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	267176	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	26070	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	136895	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		430141
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34572211
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-99205
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) [X] 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)** [X] 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: BOYER & RITTER **(2)** EIN: 23-1311005

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

Pennsylvania Automotive Association Group Insurance Trust

Financial Statements and Report

December 31, 2025

Contents

Boyer & Ritter LLC

Independent Auditor's Report

Board of Trustees
Pennsylvania Automotive Association Group Insurance Trust
Harrisburg, Pennsylvania

Opinion

We have audited the financial statements of Pennsylvania Automotive Association Group Insurance Trust (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 statements of benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and the statement of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the statements of net assets available for benefits and combined statements of benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and the statements of changes in benefit plan obligations for the years then ended, of Pennsylvania Automotive Association Group Insurance Trust in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pennsylvania Automotive Association Group Insurance Trust 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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pennsylvania Automotive Association Group Insurance Trust's ability to continue as a going concern for at least one year following the date that the financial statements are issued or available to be issued.

Responsibilities of Management for the Financial Statements (Continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying supplemental schedules is 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.

Camp Hill, Pennsylvania
July 10, 2026

Pennsylvania Automotive Association Group Insurance Trust
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets		
Cash		
Dental rate stabilization fund	$ 765,229	$ 618,438
Interest bearing cash	1,607,933	2,313,428
Investments, at fair value	4,518,400	4,821,567
Premiums receivable	218,573	24,391
Due from affiliated companies	4,407	-
Accounts receivable - other	-	29,394
Accrued interest receivable	7,028	15,820
Total assets	7,121,570	7,823,038
Liabilities		
Premiums payable to insurance companies	1,329,607	1,861,082
Dental premiums held	430,720	448,460
Due to affiliated companies	1,654,200	1,697,737
Accrued expenses	70,387	79,898
Total liabilities	3,484,914	4,087,177
Net assets available for benefits	$ 3,636,656	$ 3,735,861

See accompanying notes to the financial statements.

Pennsylvania Automotive Association Group Insurance Trust
Statements of Changes in Net Assets Available for Benefits
For the year ended December 31, 2025

	2025
Additions to plan assets attributed to:	
Contributions and premiums	
Participating employer contributions	$ 28,752,640
Dental contributions	5,451,705
Sponsor Organization Support	21,320
	34,225,665
Investment income	
Interest income	179,479
Net appreciation in fair value of investments	7,295
Realized investment gains	60,567
	247,341
Total additions	34,473,006
Deductions from plan assets attributed to:	
Benefits paid on behalf of participants	
Payments of premiums to insurance companies	28,752,640
Dental claims	5,389,430
	34,142,070
Administrative expenses	
Professional fees	61,329
Bank fees	26,070
Dental ASO commissions	163,551
Dental ASO admin fees	103,625
Federal income tax	75,302
Miscellaneous expense	264
	430,141
Total deductions	34,572,211
Change in net assets	(99,205)
Net assets available for benefits January 1, 2025	3,735,861
December 31, 2025	$ 3,636,656

See accompanying notes to the financial statements.

Pennsylvania Automotive Association Group Insurance Trust
Statements of Benefit Obligations
As of December 31, 2025 and 2024

	2025	2024
Benefit obligations		
Amounts currently payable to or for participants, beneficiaries and dependents	$ -	$ -
Obligations for current benefit coverage		
Dental claims incurred but not reported	224,813	182,610
Total plan benefit obligations	$ 224,813	$ 182,610

See accompanying notes to the financial statements.

Pennsylvania Automotive Association Group Insurance Trust
Statements of Changes in Benefit Obligations
For the year ended December 31, 2025

	2025
Amounts currently payable to or for participants, beneficiaries and dependents	
Balance at beginning of year	$ -
Dental claims reported and approved for payment	5,389,430
Dental claims paid	(5,389,430)
Balance at end of year	-
Other obligations for current benefit coverage	
Dental claims incurred but not reported	
Balance at beginning of year	182,610
Net change during the year	42,203
Balance at end of year	224,813
Total plan benefit obligations at end of year	$ 224,813

See accompanying notes to the financial statements.

1. Description of Trust and Group Insurance Arrangements

The following brief description of the Trust and provides only general information. Participants should refer to the Trust agreement for a more complete description of the Trust's provisions.

Description of Trust

The Trust provides benefits to active members and associate members of the Pennsylvania Automotive Association. The benefits are provided through several insurance companies for health, group term life insurance, accidental death and dismemberment and vision. The plan is self- insured for dental benefits. The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Fully-Insured Benefits

Through insurance company contracts, the Trust provides for group term life insurance, accidental death and dismemberment insurance and a complete health insurance package including hospital, medical, surgical, major medical, and vision coverage. The group term life insurance does not create any cash surrender or paid-up insurance values.

Self-Funded Dental Benefits

Effective July 1, 2018, the Trust was amended to offer self-funded dental benefits to participating employers. The claims for self-funded dental benefits are processed by the Trust's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Trust. Despite the Trust's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Trust.

COBRA - Consolidated Omnibus Budget Reconciliation Act

Generally effective for years beginning on or after July 1, 1986, the Trust is required to offer continuation of benefits for a specified period of time to qualified members and their dependents that would not otherwise be eligible for continued coverage because of a particular qualifying event as required by law.

Administrative Fee

The Trust pays administrative expenses that consist primarily of administrative fees paid to the third-party claims administrator. These expenses are reported on the Statement of Changes in Net Assets available for Benefits. All other administrative expenses, such as professional fees, may be paid by the Trust.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Trust maintains its financial records on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

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. See Note 5 for a 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. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions

Employer contributions to the Trust are designed to fund the insurance premiums assessed on participants by the insurance companies.

Payment of Benefits

Premiums paid by the Trust are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when paid by the third-party claims processor.

Dental Claims Incurred but Not Reported

The Trust's liabilities for dental claims incurred but not reported as of December 31, 2025, were estimated based on historical claims information provided to management by the Trust's third-party administrator. These amounts are paid by the Trust only if claims are submitted and approved for payment.

Income Taxes

The Trust operates as a qualified taxable trust. Management evaluated the Trust's tax positions and concluded that the Trust had taken no uncertain tax positions that require adjustment to the financial statements.

The Trust is taxable to the extent that its investment income exceeds administrative expenses. In the event the Internal Revenue Service (IRS) audits the Trust and disallows its filing as a taxable trust, the Trust will be liable for income taxes and interest as a taxable organization. Management believes that any action by the IRS upon the Trust's filing status will not have a material adverse effect on the financial condition of the Trust.

Subsequent Events

The Trust's management has evaluated subsequent events through July 10, 2026, the date the financial statements were available to be issued.

3. Concentrations of Credit Risk

Trust services are provided principally to participating new car and truck dealers in the Commonwealth of Pennsylvania. The ability of these employers to pay premiums and insurance carriers to pay claims is subject to changes in general economic conditions and the overall health of the participants.

3. Concentrations of Credit Risk (Continued)

The Trust maintains its cash balances at one financial institution. These balances may, at times, exceed federally insured limits. Accounts at the institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. The Trust has not experienced any losses maintaining its balances in excess of federally insured limits. Management believes it is not exposed to any significant credit risk on its cash accounts.

4. Cash

Cash accounts consist of an interest-bearing checking account and two savings accounts with a bank that are used to fund claim payments and insurance premiums. Interest income is recorded on the accrual basis.

5. Investments and Fair Value Measurements

The Plan measures on a recurring basis its investments at fair value in accordance with Financial Accounting Standards Board (FASB) codification Fair Value Measurements, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follows:

Level 1 Quoted, market prices in active markets for identical assets or liabilities.

Level 2 Observable, market-based inputs, or unobservable inputs that are corroborated by market data.

Level 3 Unobservable inputs that are not corroborated by market date.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The inputs or methodology used for valuing investments are not an indication of the risk associated with investing in those securities.

The Plan's investments are held by PNC Bank. The following is a description of valuation methodologies used for assets at fair value.

Money Market Funds: Shares of money market funds are valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end mutual funds registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price.

U.S. Government and Agencies Securities: Fixed income securities do not always trade on a daily basis, so the fair values of each security are dependent upon various pricing models that incorporate benchmark yields, interest rates, credit risk, broker-dealer quotes and other valuation processes.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain investments or financial instruments could result in a different fair value measurement at the reporting date.

5. Investments and Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Investments at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,213,691	$ -	$ -	$ 1,213,691
U.S. gov. and agencies securities	-	3,304,709	-	3,304,709
Total investments, at fair value	$ 1,213,691	$ 3,304,709	$ -	$ 4,518,400

Investments at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,174,950	$ -	$ -	$ 1,174,950
U.S. gov. and agencies securities	-	3,646,617	-	3,646,617
Total investments, at fair value	$ 1,174,950	$ 3,646,617	$ -	$ 4,821,567

6. Premiums Payable to Insurance Companies

Premiums payable to insurance companies at December 31, 2025 and 2024, consisted of premiums received in advance from participating employers. These amounts were paid in January 2026 and 2025, respectively.

7. Dental Contributions Held

Dental contributions held consisted of contributions received in advance from participating employers. Contributions received by the Trust from participating employers are segregated from fully insured assets and held to pay claims weekly as reported by United Concordia.

8. Related-Parties and Party In Interest Transactions

The Pennsylvania Automotive Association (PAA); PAA Political Action Committee (PAC); PAA Services, Inc. and its Subsidiary; PAA Foundation; and PAA Experience Rated Insurance Trust are related organizations.

The Trust pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators and professional fees paid to the auditor, actuary, and attorney. These transactions are party-in-interest transactions under ERISA.

9. Plan Termination

In the event of termination of membership of a participating dealer from the program, the dealer is not entitled to any share of the residual assets of the Trust. In the event that the entire plan would be terminated, any surplus or deficit in the Trust will be determined at the time of termination. If a deficit exists at such time, the plan sponsor would be charged with funding the deficit.

10. Risks and Uncertainties

Investments

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

Benefit Obligations

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

Governmental Regulations

The Trust is subject to Federal and state insurance regulations including rules related to permissible activities. The Trust is in compliance with applicable Federal regulations and is reviewing state regulations for certain self-insured activities.

11. Dental Insurance Rate Stabilization Refund

The Trust has a contract with United Concordia for dental insurance. In 2015, the Trust renewed its agreement with United Concordia using a prospective rating which adjusts the premiums to reflect current losses instead of a retrospective rating which adjusts premiums based on prior period loss experience. When using the retrospective rating, the Trust paid in a premium creating a substantial rate stabilization reserve fund held by United Concordia. As part of the renewed agreement, United Concordia agreed to refund amounts in the rate stabilization fund over a three-year period beginning in February 2016. The total amount of the reserve repaid to the Trust was $1,825,404.

The dental premiums are paid to the PAA Group Insurance Trust. The PAA Group Insurance Trust pays claims as assessed by the carrier on a weekly basis from premiums collected. Any excess or deficit premiums is transferred to or funded by the dental rate stabilization fund. The Trusts will use these amounts to stabilize the dental rates of its subscribers in future years.

Supplemental Information

Pennsylvania Automotive Association Group Insurance Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 42-6633905
Plan Number: 503
As of December 31, 2025

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost	(d) Current value
Cash Accounts			
PNC Bank	Interest bearing checking	$ 1,533,362	$ 1,533,362
PNC Bank	PNC cash fund	74,571	74,571
PNC Bank	PNC cash fund	765,229	765,229
Money Market Funds			
PNC Bank	Federated Hermes Treasury Obligations Premier Shares Fund TOPXX #576	1,213,691	1,213,691
U.S. Government and Agency Securities			
PNC Bank	USA Treasury Notes 00.875% Due 6/30/2026	1,047,234	1,085,689
PNC Bank	USA Treasury Notes 01.250% Due 12/31/2026	747,893	752,944
PNC Bank	USA Treasury Notes 01.625% Due 09/30/2026	802,701	818,214
PNC Bank	USA Treasury Notes 02.25% Due 03/31/2026	635,553	647,862

Note: Schedule format conforms with IRS Form 5500 requirements.

Pennsylvania Automotive Association Group Insurance Trust
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 42-6633905
Plan Number: 503
For the Year Ended December 31, 2025

	(a) Description of asset	(b) Purchase price	(c) Selling price	(d) Cost	(e) Current value	(f) Net gain/(loss)
USA Treasury Notes 03.875% Due 03/31/2025	Sales	$ -	$ 675,000	$ 661,315	$ 675,000	$ 13,685
USA Treasury Notes 04.250% Due 12/31/2025	Sales	-	850,000	841,965	850,000	8,035
USA Treasury Notes 02.750% Due 06/30/2025	Sales	-	750,000	731,162	750,000	18,838
USA Treasury Notes 03.000% Due 09/30/2025	Sales	-	750,000	729,990	750,000	20,010
USA Treasury Notes 00.875% Due 06/30/2026	Purchases	1,047,234	-	1,047,234	1,047,234	-
USA Treasury Notes 01.250% Due 12/31/2026	Purchases	747,893	-	747,893	747,893	-
USA Treasury Notes 01.625% Due 09/30/2026	Purchases	802,701	-	802,701	802,701	-
Federated Hermes Treasury Obligations Premier Shares Fund TOPXX #576	Purchases	3,149,973	-	3,149,973	3,149,973	-
Federated Hermes Treasury Obligations Premier Shares Fund TOPXX #576	Sales	-	3,111,231	3,111,231	3,111,231	-

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► Pennsylvania Automotive Association Group Insurance Trust
Employer Identification Number (EIN): ► 42-6633905 Three-digit plan number: ► 503
For the plan year beginning/ending: ► 01/01/2025 - 12/31/2025

(a) Identity of party involved	**(b)**Description of asset (include interest rate and maturity in case of a loan)	**(c)** Purchase Price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or (loss)

Schedule of Reportable Transactions is contained in the attached audit report.

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

Name of Plan:

► Pennsylvania Automotive Association Group Insurance Trust

Employer Identification Number:► 42-6633905

For plan year (beginning/ending):► 01/01/2025 - 12/31/2025 Plan number:► 503

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value

Schedule of Assets (Held At End of Year) is contained in the attached audit report.