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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 565

1c Effective date of plan 10/01/1997

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)
GENERAL DYNAMICS CORPORATION

11011 SUNSET HILLS RD
RESTON, VA 20190-5311

2b Employer Identification Number (EIN)
13-1673581

2c Plan Sponsor's telephone number
703-876-3000

2d Business code (see instructions)
334200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	JOANNE LARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4681
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	5669
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5669
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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] 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)** [X] 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 4
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-019	373	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
0	4336

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

MARSH & MCLENNAN AGENCY LLC
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	
	4336	MANAGEMENT EXPENSE ALLOWANCE	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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

(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** [ ] 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	260607
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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-021	624	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
0	1578

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

MARSH & MCLENNAN AGENCY LLC
2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1578	MANAGEMENT EXPENSE ALLOWANCE	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		
	(c) Amount	(d) Purpose	(e) Organization code

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

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

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

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

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

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(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** [ ] 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	94872
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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-002	2081	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
0	3735

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

MARSH & MCLENNAN AGENCY LLC
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	
	3735	MANAGEMENT EXPENSE ALLOWANCE	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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

(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** [ ] 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	224505
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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	1375594-H04-048	124	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
0	278

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

MARSH MCLENNAN AGENCY LLC
2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

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

(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** [ ] 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**	16694
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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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).. . . . . [X] 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

NORTHERN TRUST CORPORATION

36-2723087

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

BLACKROCK INVESTMENTS, LLC

40 EAST 52ND STREET
NEW YORK, NY 10022

(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)

CIGNA HEALTH AND LIFE INS CO

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 38 49 50 56 62 64	THIRD-PARTY ADMINISTRATO	153923	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

WILLIS TOWERS WATSON

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	HRA ADMINISTRATION	97758	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	PLAN AUDITOR	87150	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	INVESTMENT MANAGER	64489	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAISER FOUNDATION HEALTH PLAN OF HI

94-1340523

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 38 49 50 64	THIRD-PARTY ADMINISTRATO	60383	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EY

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	TAX FORM PREPARER	28160	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

THE NORTHERN TRUST COMPANY

36-1561860

(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 25 50 62 65 72 99	PLAN TRUSTEE	26431	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

AON CONSULTING, INC.

22-2232264

(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 16 50	FORM 5500 PREP & ACTUARI	15323	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENERAL DYNAMICS INF TECHNOLOGY INC

54-1194322

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 99	OBIEE COST ALLOCATION	13754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CROWE LLP

35-0921680

(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 16 50	FINANCIAL STATEMENT PREP	13261	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPRESS SCRIPTS, INC.

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 38 49 50 64 99	TPA & PHARM BENEFIT MGR	9119	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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)

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 62	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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)

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 62	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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)

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 62	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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)

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

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

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	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
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
CASTLIGHT HEALTH 121 SPEAR STREET, 3RD FLOOR SAN FRANCISCO, CA 94105 26-1989091	APPROXIMATELY $3.24 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
SAGAMORE HEALTH NETWORK, INC. 11595 NORTH MERIDIAN STREET, #600 CARMEL, IN 46032	APPROXIMATELY $0.06 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
OMADA HEALTH, INC. 500 SANSOME STREET, #200 SAN FRANCISCO, CA 94111 45-2355015	APPROXIMATELY $1.72 PER PARTICIPANT

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
CIGNA HEALTH AND LIFE INSURANCE CO	49 62	0

(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.
BANK OF AMERICA (LOCKBOX) 540 WEST MADISON STREET CHICAGO, IL 60661 59-1031071	APPROXIMATELY $0.36 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
AMPLIFON HEARING HEALTHCARE FIFTH STREET TOWERS 150 SOUTH FIFTH STREET, SUITE 2300 MINNEAPOLIS, MN 55402 85-0437037	APPROXIMATELY $0.12 PMPY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
FITBIT 199 FREMONT STREET SAN FRANCISCO, CA 94105 20-8920744	APPROXIMATELY $0.12 PMPY

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
CIGNA HEALTH AND LIFE INSURANCE CO	49 62	0

(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.
DEUTSCHE BANK (GENERAL REFUND) 60 WALL STREET NEW YORK, NY 10005-2836 59-1031071	APPROXIMATELY $0.00 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
LCA-VISION INC. 7840 MONTGOMERY ROAD CINCINNATI, OH 45236 11-2882328	APPROXIMATELY $0.12 PMPY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
AMERICAN SPECIALTY HEALTH INC 10221 WATERIDGE CIRCLE SAN DIEGO, CA 92121 33-0883241	APPROXIMATELY $0.12 PMPY

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
CIGNA HEALTH AND LIFE INSURANCE CO	49	0

(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.
OMADA COMPLETE 500 SANSOME ST. #200 SAN FRANCISCO, CA 94111	APPROXIMATELY $0.18 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	49 62	0

(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.
CHLIC - COR DEPOSITS, PNC BANK 1600 MARKET ST., 19TH FLOOR PHILADELPHIA, PA 19103 59-1031071	APPROXIMATELY $0.33 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 2.52%.

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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: NT COMMON SHORT TERM INVESTMENT FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS,INC.

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)
36-6452394-001	C	2520436

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 | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2022 THROUGH 2024 BY THE PLAN. THE ERROR & ANY EARNINGS WERE CORRECTED IN 2025	0

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
1876	0	0	1716	1876	160

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2020 THROUGH 2025 BY THE PLAN. THE ERROR & ANY EARNINGS WERE CORRECTED IN 2025	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
1796	0	0	1537	1796	259

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
GENERAL DYNAMICS CORPORATION	PLAN SPONSOR	OVERPAYMENT OF CLAIMS FROM 2014 THROUGH 2025 BY THE PLAN. THE ERROR & ANY EARNINGS WERE CORRECTED IN 2026	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
23347	0	0	16549	23347	6798

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

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
GENERAL DYNAMICS IS&T RETIREE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 565

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL DYNAMICS CORPORATION

D Employer Identification Number (EIN)
13-1673581

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6698940	5528539
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	568902	30145
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1922129	2520436
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22612841	25846554
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	72236052	67804384

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	104038864	101730058
Liabilities			
1g Benefit claims payable	1g	4421274	3412813
1h Operating payables	1h	598355	109155
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	5019629	3521968
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	99019235	98208090

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	2649637	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2649637
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-164	
(B) U.S. Government securities	2b(1)(B)	167130	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		166966
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	648303	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		648303
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	25003946	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	25495117	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-491171
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-61062	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-61062

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		136346
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3869977
c Other income	2c		3111161
d Total income. Add all **income** amounts in column (b) and enter total	2d		10030157
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9287913	
(2) To insurance carriers for the provision of benefits	2e(2)	682218	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9970131
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	87150	
(5) Investment advisory and investment management fees	2i(5)	64489	
(6) Bank or trust company trustee/custodial fees	2i(6)	26431	
(7) Actuarial fees	2i(7)	9053	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	684048	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		871171
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10841302
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-811145
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

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		19802
e Was this plan covered by a fidelity bond?	**4e**	X		50000000
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**		X	
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 _____.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

FINANCIAL STATEMENTS

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

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KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

To the Plan Participants and Plan Administrator
General Dynamics IS&T Retiree Benefits Plan:

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

We have performed audits of the financial statements of General Dynamics IS&T Retiree Benefits Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information

to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.

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

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

The supplemental schedules of Schedule H, line 4(i) - Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2025, Schedule H, line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025, Schedule G, Part III - Nonexempt Transactions for the year ended December 31, 2025, and Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

KPMG LLP

Houston, Texas
September 18, 2026

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value	$ 96,201,519	$ 97,339,924
Net assets held in defined benefit plans - restricted for 401(h) accounts	69,417,191	63,171,812
Receivables:		
Due from providers	86,691	103,860
Due from broker for securities sold	157,662	247,236
Prepaid income tax	134,976	4,085,000
Income tax receivable	4,319,650	1,227,982
Accrued interest and dividends	829,560	1,034,862
Total receivables	5,528,539	6,698,940
Total assets	171,147,249	167,210,676
Liabilities:		
Due to broker for securities purchased	64,921	346,332
Accrued expenses	44,234	26,023
Due to General Dynamics Corporation	3,412,813	4,421,274
Income tax payable	-	226,000
Total liabilities	3,521,968	5,019,629
Net assets available for benefits	$ 167,625,281	$ 162,191,047

See accompanying notes to financial statements.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	3,427,939
Net increase in 401(h) accounts		6,245,379
Interest and dividends		3,952,581
Total investment income		13,625,899
Participant contributions		2,649,637
Total additions		16,275,536
Deductions from net assets attributed to:		
Premiums paid		682,218
Claims paid		9,287,913
Administrative expenses		871,171
Total deductions		10,841,302
Net increase in net assets		5,434,234
Net assets available for benefits:		
Beginning of year		162,191,047
End of year	$	167,625,281

See accompanying notes to financial statements.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

Statements of Plan Benefit Obligations

(Rounded)

December 31, 2025 and 2024

	2025	2024
Postretirement benefit obligations:		
Current retirees	$ 69,610,000	$ 61,911,000
Other participants fully eligible for benefits	9,832,000	10,473,000
Participants not yet fully eligible for benefits	11,768,000	12,025,000
Total postretirement benefit obligations	$ 91,210,000	$ 84,409,000

See accompanying notes to financial statements.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

Statement of Changes in Plan Benefit Obligations

(Rounded)

Year ended December 31, 2025

Postretirement benefit obligations:		
Balance at beginning of year	$	84,409,000
Increase (decrease) in postretirement benefits attributed to:		
Benefits earned		188,000
Increase from interest		4,515,000
Benefits paid (net of participant contributions)		(7,320,000)
Change in plan benefits		9,755,000
Change in assumptions		1,978,000
Other factors including plan experience		(2,315,000)
Balance at end of year	$	91,210,000

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of the General Dynamics IS&T Retiree Benefits Plan (the Plan) provides only general information. For a complete description of the Plan's provisions, refer to the various Summary Plan Descriptions that are provided under the Plan.

(a) General

The Plan provides medical, dental, and life insurance benefits for certain retirees of General Dynamics Mission Systems and General Dynamics Information Technology (GDIT), wholly owned subsidiaries of General Dynamics Corporation (the Company, the Plan Administrator or the Plan Sponsor), including retirees from former business units now part of General Dynamics Mission Systems and GDIT, and their dependents through purchased and self-insurance coverage arrangements, as well as through a health savings account (HSA) and through a health reimbursement account (HRA). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan holds two Internal Revenue Code (IRC) Section 401(h) accounts: the Mission Systems 401(h) Account and the GDIT 401(h) Account, associated with the General Dynamics Retirement Plan (Electric Boat and Mission Systems) (the Electric Boat and Mission Systems Plan) and the General Dynamics Retirement Plan (Government) (the Government Plan), respectively. These assets can be used to cover medical benefits for General Dynamics Mission Systems participants and GDIT participants, respectively. These participants are covered under the Plan. The Government Plan and the Electric Boat and Mission Systems Plan are two of six plans that participate in the General Dynamics Corporation Group Retirement Trust (the GDC Master Trust).

The Northern Trust Company (Trustee) is the Trustee of the Plan. In accordance with the Voluntary Employees' Beneficiary Association trust agreements (the VEBA Trusts), the Trustee administers and invests the Plan's assets under the direction of the Company and their investment manager, BlackRock Financial Management, Inc., for the benefit of the Plan's participants.

(b) Eligibility

For a description of the eligibility requirements, refer to the various Summary Plan Descriptions that are provided under the Plan. The Plan is closed to new hires.

Effective as of December 31, 2025, the Plan was amended to include retiree life benefits for AIS Advanced Engineering, Axsys, C4 West (retired prior to January 1, 2022), Defense Systems (retired prior to January 1, 2022), Information Systems, and Marion, VA.

(c) Benefits

The Plan provides benefits (medical, dental, HSAs, HRAs, and life insurance) to participants and their dependents.

Retirees under age 65 may enroll in the Company health plans.

Retirees over age 65 are eligible for an HRA account (a notional account) with a specified annual benefit credit (HRA allocation). The HRA account is used to reimburse the participant for eligible medical expenses. Each participant's reimbursement is limited to the amount allocated by the Plan Sponsor to the participant's HRA account. Unused amounts roll over to subsequent years. Unused funds in an HRA account are forfeited when a participant is no longer eligible for the plan for any reason, including death.

(d) Contributions

Contributions to the Plan are made by the Plan Sponsor, if required, and by participants under the terms of the purchased and self-insurance coverage. Employees who elect retirement from the Plan Sponsor and elect to participate in the Plan are required to pay monthly medical premiums that are subject to change each year and are evaluated based upon the prior year's actual plan experience for those contracts that are experience-rated. Participant contributions are either withheld from pension checks or obtained directly from the retirees. The cost of the postretirement benefit plan is shared by the Plan Sponsor and the eligible retirees. Participants do not make any contributions to the HRAs.

The Plan Sponsor has established two VEBA Trusts under Section 501(c)(9) of the Internal Revenue Code (IRC):

1. The General Dynamics IS&T Retiree Benefits Trust; and

2. The General Dynamics IS&T Postretirement Life Insurance Benefits Trust.

Retiree medical benefits are able to be funded by a combination of the VEBA Trust in (1) above and the IRC Section 401(h) Accounts associated with the Government Plan and the Electric Boat and Mission Systems Plan. The retiree life insurance for certain future eligible retirees is funded by the VEBA Trust in (2) above. For the plan year ended December 31, 2025, all retiree medical benefits were funded from the VEBA Trust in (1) above.

Contributions to the Plan are used for the payment of claims, administrative expenses, and insurance premiums. Contributions to the Plan are also used to reimburse retirees for qualifying expenses after age 65. Benefits are administered under contracts with various service providers.

(e) Funding Policy

The Company's policy is to fund contributions in amounts that are (1) expected to be required to provide the Plan with sufficient funds to pay benefits and expenses of administering the Plan as amounts become due and payable and (2) reimbursable under the provisions of the Plan Sponsor's contracts with the United States Government.

Plan participants share in funding a portion of benefits provided by the Plan in accordance with applicable provisions of the Summary Plan Descriptions. For the plan year ended December 31, 2025, participant contributions were $2,649,637.

(f) Risks and Uncertainties

The Plan invests in various investments through the VEBA Trusts and its interest in the 401(h) Accounts. As of and for the years ended December 31, 2025 and 2024, detailed disclosures on the investments in the GDIT 401(h) Account are presented in the Government Plan financial statements and detailed disclosures on the investments in the Mission Systems 401(h) Account are presented in the Electric Boat and Mission Systems Plan financial statements.

Investments are exposed to various risks, such as interest rate, market, liquidity and credit risks, as well as risks associated with global events. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the funded status of the Plan. In addition, the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to health care trend rates, interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

(b) Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on the trade date. Dividends are recognized on the ex-dividend date, the date on which an entity or an individual must own the stock to receive the pending dividend. Interest income is recorded on an accrual basis. Net appreciation includes the gains or losses on investments bought and sold as well as held during the year.

(c) Payment of Benefits

Benefits are recorded when paid.

(d) Postretirement Benefits

The postretirement benefit obligations represent the actuarial present value of estimated future benefits that are attributed to employee service rendered through the valuation date. Postretirement benefits include payments expected to be made to, or for (1) currently retired employees and their covered dependents and (2) active employees after retirement from service and their covered dependents.

The present value of the expected benefit obligations is determined actuarially and is the amount that results from applying actuarial assumptions to historical claims cost data. The estimate of future annual incurred claims costs net of participant contributions per participant is further adjusted for estimates of the time value of money (through discounts for interest) and the probability of payment (through decrements, such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Included in the Plan's benefit obligations are claims incurred prior to December 31 of the respective year that were not reported as of December 31 of that year.

(e) Administrative Expenses

The Plan Sponsor administers the Plan. Administrative expenses, including professional service fees, are paid by the Plan Sponsor or the Plan.

(f) Due from Providers

The amounts shown as due from providers at December 31, 2025 and 2024 of $86,691 and $103,860, respectively, represent medical rebates and premium refunds from service providers.

(g) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(3) Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value, investment information related to the 401(h) Account, accrued interest and dividends, due from broker for securities sold, and due to broker for securities purchased at December 31, 2025 and 2024, and net appreciation in fair value of investments, net increase related to the 401(h) Account, and interest and dividends, for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company (the Trustee of the Plan).

(4) Fair Value Measurements

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

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the assets or liabilities;
  - Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Exchange Traded Funds and Mutual Funds: Valued at the closing price reported on the active market in which the individual securities are traded (Level 1).

Government Securities: These securities are valued based on institutional bid evaluations (Level 2).

Units of a Common Trust Fund: The fair value of this private investment security is determined using the net asset value as provided by the fund managers (Level 2). The investment is redeemable daily at net asset value, and there are no significant restrictions on redemptions.

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

December 31, 2025	Total	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Trust Fund	$ 2,520,436	$ -	$ 2,520,436	$ -
Exchange Traded Funds and Mutual Funds	25,846,554	25,846,554	-	-
Government Securities	67,834,529	-	67,834,529	-
Total investments, at fair value	$ 96,201,519	$ 25,846,554	$ 70,354,965	$ -

December 31, 2024	Total	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common Trust Fund	$ 1,922,129	$ -	$ 1,922,129	$ -
Exchange Traded Funds and Mutual Funds	22,612,841	22,612,841	-	-
Government Securities	72,804,954	-	72,804,954	-
Total investments, at fair value	$ 97,339,924	$ 22,612,841	$ 74,727,083	$ -

(5) Tax Status

The Plan Sponsor holds the assets of the Plan in the VEBA Trusts, which were designed in accordance with Section 501(c)(9) of the IRC issued by the Internal Revenue Service (IRS). The IRS has determined and informed the Plan Sponsor in separate letters dated June 11, 1999, that the Trusts were designed in accordance with Section 501(a) of the IRC and are therefore exempt from Federal income tax under Section 501(c)(9) of the IRC. The Plan Sponsor and Plan's counsel believe that the Plan and the VEBA Trusts, including those Trusts referenced in Note 1(d), continue to be designed and operated in compliance with the IRS regulations.

Certain earnings related to the Plan assets may be subject to income taxes based on the provisions of Section 419(a) and Section 512 of the IRC. The Plan recorded a prepaid income tax of $134,976 and $4,085,000 as of December 31, 2025 and 2024, respectively. The Plan recorded an income tax payable of $0 and $226,000 as of December 31, 2025 and 2024. The Plan recorded an income tax receivable of $4,319,650 and $1,227,982 as of December 31, 2025 and 2024. During the year ended December 31, 2025, the Plan incurred tax expense of $299,079, which is included in the administrative expenses on the Statement of Changes in Net Assets Available for Benefits.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. At December 31, 2024 there was an ongoing audit of the Plan for the 2021 Plan year. The audit was closed during March 2025 with no findings. Under the applicable IRS Statute of Limitations, the Plan is no longer open to income tax examinations for years prior to 2022.

(6) 401(h) Accounts

A portion of the Plan's obligations were funded through contributions to the Government Plan and the Electric Boat and Mission Systems Plan in accordance with IRC Section 401(h). The following tables present the components of the net assets available for the 401(h) Accounts as of December 31, 2025 and 2024 and the related changes in net assets available for the year ended December 31, 2025.

	2025			2024		
	GDIT	Mission Systems	Total	GDIT	Mission Systems	Total
Assets:						
Investment in GDC Master Trust at fair value	$ 3,596,132	$ 65,836,429	$ 69,432,561	$ 3,204,945	$ 60,015,863	$ 63,220,808
Liabilities:						
Accrued Expenses	2,786	12,584	15,370	2,624	46,372	48,996
Net assets available for benefits	$ 3,593,346	$ 65,823,845	$ 69,417,191	$ 3,202,321	$ 59,969,491	$ 63,171,812

	GDIT	Mission Systems	Total
Additions from net assets attributed to:			
Net appreciation from GDC Master Trust	$ 401,863	$ 5,910,891	$ 6,312,754
Total additions	401,863	5,910,891	6,312,754
Deductions from net assets attributed to:			
Administrative expenses	10,838	56,537	67,375
Total deductions	10,838	56,537	67,375
Net increase	391,025	5,854,354	6,245,379
Net assets available for benefits:			
Beginning of year	3,202,321	59,969,491	63,171,812
End of year	$ 3,593,346	$ 65,823,845	$ 69,417,191

(7) Plan Termination

The Plan was established by the Plan Sponsor with the intention that it shall be operated indefinitely and that contributions to the Plan, if required, shall continue for an indefinite period. Although it has not expressed any intention to do so, the Plan Sponsor reserves the right at any time to terminate the Plan in whole or in part subject to the provisions of ERISA. In the event of such termination, contributions shall cease as of the date of termination and the assets then remaining in the Plan shall continue to be used and applied for the payment of reasonable and necessary expenses incurred in connection with such termination, or the purchase of contracts issued by insurance companies for insurance or other benefits coverage, or as otherwise permitted by the Plan, the VEBA Trusts, the 401(h) Accounts and applicable law.

(8) Benefit Obligations

The benefit obligations at December 31, 2025 and 2024 are comprised principally of postretirement health and life insurance benefits.

At December 31, 2025, the health care cost trend rates applied to claims were as follows:

Year	Pre-65 Claims
2025	8.00%
2026	8.00%
2027	7.75%
2028	7.75%
2029	7.50%
2030	7.25%
2031	7.00%
2032	6.75%
2033	6.50%
2034	6.00%
2035	5.50%
2036+	5.00%

At December 31, 2024, the health care cost trend rates applied to claims were as follows:

Year	Pre-65 Claims
2024	7.50%
2025	7.25%
2026	7.25%
2027	7.00%
2028	7.00%
2029	6.50%
2030	6.50%
2031	6.25%
2032	6.25%
2033	5.75%
2034	5.50%
2035+	5.00%

The health care cost trend rate assumption has an effect on the amounts reported in the accompanying financial statements. If the assumed medical trend rates increased by 1.00% each year, the postretirement benefit obligations as of December 31, 2025 and 2024 would increase by $41,000.

The following other significant actuarial assumptions were used in the actuarial valuations of both postretirement health care and life insurance benefit obligations prepared for each year.

- Mortality – RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Adjusted Mortality Improvement Scale (2025) for December 31, 2025 and RP-2014 total employee and healthy annuitant mortality tables with generational projection from the base year 2014 using Aon U.S. Adjusted Mortality Improvement Scale (2024) for December 31, 2024;
- Weighted Average Discount Rate – 5.38% and 5.63% at December 31, 2025 and 2024, respectively;
- Retirement – Sliding scale where 100% of employees expected to retire by the age of 70;
- Salary – Sliding scale ranging from 6.7% at age 21 and under to 2.7% at age 69 or over;
- Retiree participation rate – 50% to 75%

The change in the postretirement benefit obligations for the year ended December 31, 2025, exclusive of benefits earned and paid, was a result of various factors, including a change in the discount rate, mortality scale, health care trend rate, and the Plan was amended to include retiree life insurance benefits for AIS Advanced Engineering, Axsys, C4 West (retired prior to January 1, 2022), Defense Systems (retired prior to January 1, 2022), Information Systems, and Marion, VA. Other factors impacting the calculation of the expected benefit obligation include updated census data reflecting actual experience during 2024 and

anticipated experience during 2025, plus any other changes to the underlying data elements or coverage elections and updated net claims data applicable to 2025.

The foregoing assumptions presume that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations. The Plan Sponsor currently has no intention to terminate the Plan.

(9) Related Party and Party-In-Interest Transactions

The Plan invests in units of a common trust fund managed by Northern Trust Investments, Inc., an affiliate of the Trustee, in the amounts of $2,520,436 and $1,922,129 as of December 31, 2025 and 2024. The Plan invests in mutual funds and exchange traded funds managed by BlackRock Financial Management, Inc., the Plan's investment manager in the amounts of $25,846,554 and $22,612,841 as of December 31, 2025 and 2024. These transactions and fees paid by the Plan qualify as related party transactions.

The Master Trust invests in units of a collective trust fund managed by Northern Trust Investments, Inc. Detailed disclosures on the related party transactions in the GDIT 401(h) Account are presented in the Government Plan financial statements and detailed disclosures on the related party transactions in the Mission Systems 401(h) Account are presented in the Electric Boat and Mission Systems Plan financial statements at December 31, 2025 and 2024.

Investments in certain collective funds held in the Master Trust are managed by Northern Trust Investments, Inc., an affiliate of the Trustee, in the amounts of $2,709,779,956 and $2,795,388,711, as of December 31, 2025 and 2024, respectively. An investment in a hedge fund in the Master Trust was managed by BlackRock Financial Management, Inc., in the amounts of $864,450 as of December 31, 2024. Investments in certain collective funds held in the Master Trust are managed by BlackRock Institutional Trust Company, N.A., an affiliate of BlackRock Financial Management, Inc., in the amounts of $4,122,206,835 and $3,254,485,210 as of December 31, 2025 and 2024, respectively. These transactions qualify as related party transactions. There were also fees paid to BlackRock Financial Management, Inc. and The Northern Trust Company from the Master Trust and the Plan that qualify as related party transactions. The Master Trust also holds investment funds issued by certain investment managers which also qualify as exempt party-in-interest investments. Fees paid to other service providers also qualify as exempt party-in-interest transactions.

There is a payable due to the Company of $3,412,813 and $4,421,274 at December 31, 2025 and 2024, respectively. The payable is comprised of payments made by the Plan Sponsor on behalf of the Plan for claims, premiums, and Plan expenses. As the Company is the Plan's Sponsor, these are exempt party-in-interest transactions. Fees paid to other service providers also qualified as exempt party-in-interest transactions.

(10) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported in the financial statements to the Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits as reported in the financial statements	$ 167,625,281	$ 162,191,047
Less: net assets held in the Master Trust 401(h) accounts	(69,417,191)	(63,171,812)
Net assets available for benefits per the Form 5500	$ 98,208,090	$ 99,019,235

The following is a reconciliation of net increase as reported in the financial statements to the net loss per the Form 5500 for the year ended December 31, 2025:

Net increase per the financial statements	$ 5,434,234
Less: net increase in 401(h) net assets available for benefits	(6,245,379)
Net loss per the Form 5500	$ (811,145)

(11) Subsequent Events

Plan management has evaluated all subsequent events and transactions that occurred after December 31, 2025 through September 18, 2026, which is the date the financial statements were available to be issued. No events are deemed relevant for disclosure.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

Schedule H, Line (4)j – Schedule of Reportable Transactions

For the year ended December 31, 2025

(a) Identity of party involved	(b) Description of asset (including 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)	Category (iii)
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ 38,314,105	$ —	$ —	$ —	$ 38,314,105	$ 38,314,105	$ —	
Northern Trust Investments, Inc. *	NT Common Short Term Investment Fund CUSIP: 66586U437	$ —	$ 37,715,798	$ —	$ —	$ 37,715,798	$ 37,715,798	$ —	

* Represents a party-in-interest

Note: Reportable transactions are defined as either:

1. Any single transactions in excess of 5% of the current value of the Plan's assets as of the beginning of the Plan year or
2. A series of transactions involving securities of the same issue which, in the aggregate, amounts to more than 5% of the current value of the Plan's assets as of the beginning of the Plan year.

See accompanying independent auditors' report.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN
Schedule G, Part III - Nonexempt Transactions
For the Year Ended December 31, 2025

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction (including interest rate, maturity, collateral, par or maturity value)	(d) Purchase price	(e) Selling price	(f) Lease Rental	(g) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss)
Part III									
General Dynamics Corporation	Plan Sponsor	See * below	$ -	$ 1,876	$ -	$ -	$ 1,716	$ 1,876	$ 160
General Dynamics Corporation	Plan Sponsor	See ** below	$ -	$ 1,796	$ -	$ -	$ 1,537	$ 1,796	$ 259
General Dynamics Corporation	Plan Sponsor	See *** below	$ -	$ 23,347	$ -	$ -	$ 16,549	$ 23,347	$ 6,798

* This amount represents an overpayment of claims from 2022 through 2024 by the Plan. This error and any earnings thereon were corrected in 2025.
** This amount represents an overpayment of claims from 2020 through 2025 by the Plan. This error and any earnings thereon were corrected in 2025.
*** This amount represents an overpayment of claims from 2014 through 2025 by the Plan. This error and any earnings thereon were corrected in 2026.

See accompanying independent auditors' report.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN
Schedule H, Line (4)i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
Interest in Common Trust:				
* 66586U437	NORTHERN TRUST INVESTMENTS, INC.	NT Common Short Term Investment Fund	$ 2,520,436	$ 2,520,436
		Total Interest in Common Trust	2,520,436	2,520,436
Exchange Traded Funds:				
* 464287200	ISHARES CORE S&P 500 ETF	Exchange Traded Funds	$ 6,211,478	$ 10,298,074
* 46434G764	ISHARES INC MSCI EMERGING MKTS EX CHINA	Exchange Traded Funds	1,628,951	2,226,553
		Total Exchange Traded Funds	7,840,429	12,524,627
Government Bonds:				
91282CJT9	UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027	Government Bonds	29,854	30,145
		Total Government Bonds	29,854	30,145
Mutual Funds				
* 09260B630	BLACKROCK FDS V HIGH YIELD BD PORT INSTLCL	Mutual Fund	$ 2,875,383	$ 2,950,605
* 09258N315	BLACKROCK FDS ADVANTG INTL K	Mutual Fund	5,067,645	7,036,942
* 091936450	BLACKROCK FDS ADVANTAGE SMALL CAP CORE FD INSTL CL	Mutual Fund	582,528	750,115
* 091936583	BLACKROCK FUNDS REAL ESTATE SEC FD INSTL	Mutual Fund	2,573,608	2,584,265
		Total Mutual Funds	11,099,164	13,321,927
Municipal/Provincial Bonds:				
005518YW9	ADAMS & WELD CNTYS COLO SCH DIST NO 027JBRIGHTON 5% 12-01-2047	Municipal/Provincial Bonds	$ 81,795	$ 79,165
02765UNQ3	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2029	Municipal/Provincial Bonds	106,941	99,633
02765URB2	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2032	Municipal/Provincial Bonds	170,163	166,187
040664NP5	ARIZONA ST UNIV REVS SYS-SER A 5.0% 07-01-2039	Municipal/Provincial Bonds	156,522	165,398
041806WR7	ARLINGTON TEX HIGHER ED FIN CORP ED REV 5% 08-15-2031	Municipal/Provincial Bonds	244,219	215,513
0418264U9	ARLINGTON TEX INDPT SCH DIST 5% 02-15-2030	Municipal/Provincial Bonds	185,829	160,834
050589PE4	AUBURN UNIV ALA GEN FEE REV 5% 06-01-2026	Municipal/Provincial Bonds	27,451	25,246
051556KJ6	AURORA COLO CTFS PARTN 5% 12-01-2031	Municipal/Provincial Bonds	21,279	21,841
052397JS6	AUSTIN TEX FIXED 5.0% DUE 09-01-2030	Municipal/Provincial Bonds	61,034	57,233
052477PW0	AUSTIN TEX WTR & WASTEWATER SYS REV 5% 11-15-2039	Municipal/Provincial Bonds	16,296	16,453
052477MW3	AUSTIN TEXAS MUNI 4.0% DUE 11-15-2041	Municipal/Provincial Bonds	95,868	100,875
07133AKG6	BATTERY PK CITY AUTH N Y REV 5% 11-01-2040	Municipal/Provincial Bonds	158,934	160,619
09182TDL8	BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055	Municipal/Provincial Bonds	111,225	114,037
09182NBR0	BLACK BELT ENERGY GAS DIST ALA GAS SUPPLY REV 4% 06-01-2051	Municipal/Provincial Bonds	313,277	332,444
09182TCR6	BLACK BELT ENERGY GAS DIST ALA GAS PROJ REV 5.5% 06-01-2049	Municipal/Provincial Bonds	183,321	184,630
09182TDB0	BLACK BELT ENERGY GAS DIST ALA GAS SER C5.5% 10-01-2054	Municipal/Provincial Bonds	432,965	461,544
097067ML3	BOERNE TEX INDPT SCH DIST 5% 02-01-2029	Municipal/Provincial Bonds	69,527	64,442
106241G55	BRAZOSPORT TEX INDPT SCH DIST 5% 02-15-2026	Municipal/Provincial Bonds	289,492	260,757
108152GS2	BRIDGEPORT CONN 5% 08-15-2027	Municipal/Provincial Bonds	297,492	285,098
121342QL6	BURKE CNTY GA DEV AUTH POLLUTN CTL REV 3.375% 11-01-2053	Municipal/Provincial Bonds	380,000	381,596
13013JEA0	CA CMNTY CHOICE FING AUTH CLEAN SER B-GREEN BDS 5% 01-01-2055	Municipal/Provincial Bonds	346,473	338,730
13013JDR4	CALIFORNIA CMNTY CHOICE FING AUTH CLEAN ENERGY PROJ REV 5% 05-01-2054	Municipal/Provincial Bonds	534,497	541,221
130178X76	CALIFORNIA EDL FACS AUTH REV 5% 06-01-2043	Municipal/Provincial Bonds	384,963	384,491
13032UU22	CALIFORNIA HEALTH FACS FING AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	412,868	405,705
13063DLF3	CALIFORNIA ST FIXED 5.0% DUE 04-01-2030	Municipal/Provincial Bonds	75,483	70,446
13068XLC1	CALIFORNIA ST PUB WKS BRD LEASE REV 5% 04-01-2043	Municipal/Provincial Bonds	161,366	158,315
13063ELK0	CALIFORNIA ST 5% 03-01-2044	Municipal/Provincial Bonds	385,891	388,608
13080SYA6	CALIFORNIA STATEWIDE CMNTYS DEV AUTH REV5% 04-01-2038	Municipal/Provincial Bonds	497,368	468,209
160069M31	CHARLESTON CNTY S C 5% 11-01-2041	Municipal/Provincial Bonds	526,847	523,739
160429D86	CHARLESTON S C WTRWKS & SWR REV 5% 01-01-2042	Municipal/Provincial Bonds	182,119	187,986
161036TR9	CHARLOTTE N C ARPT REV 4% 07-01-2047	Municipal/Provincial Bonds	587,250	574,685
161036NT1	CHARLOTTE N C ARPT REV 5% 07-01-2029	Municipal/Provincial Bonds	292,089	269,183
161045TE9	CHARLOTTE N C WTR & SWR SYS REV 5.0% 07-01-2054	Municipal/Provincial Bonds	339,220	332,436
163103VJ0	CHELAN CNTY WASH PUB UTIL DIST NO 001 CONS REV 4% 07-01-2039	Municipal/Provincial Bonds	46,531	50,910
1675935C2	CHICAGO ILL O HARE INTL ARPT REV 5.25% 01-01-2044	Municipal/Provincial Bonds	33,506	32,254
1675936N7	CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2032	Municipal/Provincial Bonds	453,005	454,797
18085PSH8	CLARK CNTY NEV ARPT REV 5% 07-01-2030	Municipal/Provincial Bonds	235,873	210,761
1810597E02	CLARK CNTY NEV SCH DIST 5% 06-15-2043	Municipal/Provincial Bonds	137,584	140,815
194740NS1	COLLIN CNTY TEX 5% 02-15-2031	Municipal/Provincial Bonds	155,653	133,867
19648FWU4	COLORADO HEALTH FACS AUTH REV 5.25% 11-01-2052	Municipal/Provincial Bonds	49,194	51,771
19648FXD1	COLORADO HEALTH FACS AUTH REV 5% 11-15-2058	Municipal/Provincial Bonds	435,076	422,737
19648FXT6	COLORADO HEALTH FACS AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	91,170	86,736
1966324Z3	COLORADO SPRINGS COLO UTILS REV 5.25% 11-15-2053	Municipal/Provincial Bonds	289,958	280,412
1966327X5	COLORADO SPRINGS COLO UTILS REV 5% 11-15-2042	Municipal/Provincial Bonds	369,177	387,223
196711VP7	COLORADO ST CTFS PARTN 5% 11-01-2040	Municipal/Provincial Bonds	715,319	687,323
199546CR1	COLUMBUS OHIOL ARPT AUTH REV 5% 01-01-2035	Municipal/Provincial Bonds	260,610	264,403
1994927J2	COLUMBUS OHIO 5% 08-15-2039	Municipal/Provincial Bonds	264,886	260,742
207758C50	CONNECTICUT ST SPL TAX OBLIG REV 5% 05-01-2033	Municipal/Provincial Bonds	155,278	161,736
20772KVJ5	CONNECTICUT ST 5% 01-15-2035	Municipal/Provincial Bonds	340,273	324,495
20772KGD5	CONNECTICUT ST 5% 04-15-2035	Municipal/Provincial Bonds	789,451	769,220
20772KC56	CONNECTICUT ST 5% 12-01-2032	Municipal/Provincial Bonds	246,946	252,742
213248FW2	COOK CNTY ILL SALES TAX REV 5% 11-15-2049	Municipal/Provincial Bonds	443,734	443,041
23503CBM8	DALLAS FORT WORTH TEX INTL ARPT REV 4% 11-01-2045	Municipal/Provincial Bonds	628,547	600,446
235308T29	DALLAS TEX INDPT SCH DIST 5% 02-15-2043	Municipal/Provincial Bonds	202,616	198,243
238388XH0	DAVENPORT IOWA 4% 06-01-2034	Municipal/Provincial Bonds	355,078	334,550
246388UF7	DELAWARE ST HEALTH FACS AUTH REV 5% 10-01-2038	Municipal/Provincial Bonds	697,190	681,351
246381SM0	DELAWARE ST 5% 05-01-2034	Municipal/Provincial Bonds	294,161	307,241
249002MY9	DENTON TEX INDPT SCH DIST 5% 08-15-2033	Municipal/Provincial Bonds	168,287	173,154
249182QS8	DENVER COLO CITY & CNTY ARPT REV 4% 11-15-2041	Municipal/Provincial Bonds	60,865	67,654
249182QV1	DENVER COLO CITY & CNTY ARPT REV 5% 11-15-2047	Municipal/Provincial Bonds	255,268	249,795
24917DCR2	DENVER COLO CITY & CNTY DEDICATED TAX REV 4% 08-01-2051	Municipal/Provincial Bonds	243,640	229,409
249174YP2	DENVER COLO CITY & CNTY SCH DIST NO 1 5%12-01-2045	Municipal/Provincial Bonds	635,418	628,058
25477GVW2	DISTRICT COLUMBIA INCOME TAX REV 5% 05-01-2039	Municipal/Provincial Bonds	250,882	255,262
25476FA57	DISTRICT COLUMBIA 5.25% 01-01-2048	Municipal/Provincial Bonds	188,782	179,104
259852HV6	DOUGLASVILLE-DOUGLAS CNTY GA WTR & SWR AUTH WTR & SWR REV 5% 06-01-2048	Municipal/Provincial Bonds	63,485	63,469
29270C5V3	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2040	Municipal/Provincial Bonds	185,016	184,018
29270C6V2	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2043	Municipal/Provincial Bonds	180,671	185,736
292723BN2	ENERGY SOUTHEAST ALA COOP DIST ENERGY SUPPLY REV 5.25% 07-01-2054	Municipal/Provincial Bonds	178,565	184,973
30382LGB8	FAIRFAX CNTY VA ECONOMIC DEV AUTH FAC REV 5% 10-01-2027	Municipal/Provincial Bonds	427,457	365,225
3042438E1	FAIRFIELD CONN 4% 07-01-2037	Municipal/Provincial Bonds	539,448	547,024
34161HAL0	FLORIDA ST DEPT TRANSN SUNSHINE SKYWAY REV 5% 07-01-2030	Municipal/Provincial Bonds	192,396	173,927
34574RE78	FOREST HILLS MICH PUB SCHS 5% 05-01-2041BEO	Municipal/Provincial Bonds	434,058	429,936
346817EQ8	FORT BEND CNTY TEX TOLL RD REV 5% 03-01-2042	Municipal/Provincial Bonds	185,042	181,816
36005FNB7	FULTON CNTY GA DEV AUTH REV 5% 06-15-2050	Municipal/Provincial Bonds	247,991	238,858
373586HT6	GEORGIA ST PORTS AUTH REV 4% 07-01-2047	Municipal/Provincial Bonds	151,335	143,854
37970PJA1	GLOUCESTER CNTY N J IMPT AUTH REV 5% 11-01-2028	Municipal/Provincial Bonds	26,966	25,453
39081HFF4	GREAT LAKES WTR AUTH MICH SEW DISP SYS REV 5.25% 07-01-2048	Municipal/Provincial Bonds	119,706	117,430
39081HGU0	GREAT LAKES WTR AUTH MICH SEW DISP SYS REV 5% 07-01-2035	Municipal/Provincial Bonds	33,687	34,913
39081JHP6	GREAT LAKES WTR AUTH MICH WTR SUPPLY SYSREV 5% 07-01-2032	Municipal/Provincial Bonds	44,352	45,709
407288F95	HAMILTON CNTY OHIO SWR SYS REV 5% 12-01-2039	Municipal/Provincial Bonds	57,320	55,922
41423PAX5	HARRIS CNTY TEX TOLL RD REV 4% 08-15-2048	Municipal/Provincial Bonds	616,900	562,087
419722P80	HAWAII CNTY HAWAII 5% 09-01-2027	Municipal/Provincial Bonds	93,973	85,318
421111AV7	HAYS TEX CONS INDPT SCH DIST 5.25% 02-15-2045	Municipal/Provincial Bonds	246,813	253,796
42605XAB4	HENRICO CNTY VA ECONOMIC DEV AUTH HEALTHFACS REV 5% 11-01-2048	Municipal/Provincial Bonds	140,337	144,651
438687UG8	HONOLULU HAWAII CITY & CNTY 5% 11-01-2027	Municipal/Provincial Bonds	833,383	816,008
44244CU54	HOUSTON TEX UTIL SYS REV 5.25% 11-15-2049	Municipal/Provincial Bonds	427,502	416,462
447819KL6	HURST EULESS BEDFORD TEX INDPT SCH DIST 4% 08-15-2050	Municipal/Provincial Bonds	304,906	294,401
448474ZL3	HUTTO TEX 5% 08-01-2040	Municipal/Provincial Bonds	356,192	349,476
45204EY93	ILLINOIS FIN AUTH REV 5% 11-01-2030	Municipal/Provincial Bonds	486,917	451,245
452252NG0	ILLINOIS ST TOLL HWY AUTH TOLL HIGHWAY REV 5% 01-01-2031	Municipal/Provincial Bonds	136,001	122,790
452153KY4	ILLINOIS ST 5% 02-01-2039	Municipal/Provincial Bonds	78,699	76,017
452153GH6	ILLINOIS ST 5% 07-01-2032	Municipal/Provincial Bonds	332,271	334,219
4521523C3	ILLINOIS ST 5% 10-01-2030	Municipal/Provincial Bonds	956,129	942,520
476637AN3	JERSEY CITY N J REDEV AGY 4% 12-15-2031	Municipal/Provincial Bonds	647,273	560,437
485106N46	KANSAS CITY MO SPL OBLIG 5% 04-01-2040	Municipal/Provincial Bonds	232,514	237,769
48542RX41	KANSAS ST DEV FIN AUTH REV 5% 05-01-2037BEO	Municipal/Provincial Bonds	277,863	282,365

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN
Schedule H, Line (4)i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
486063S43	KATY TEX INDPT SCH DIST 5% 02-15-2048	Municipal/Provincial Bonds	$ 198,041	$ 186,735
74440DFC3	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 01-01-2055	Municipal/Provincial Bonds	232,736	236,663
74440DEL4	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055	Municipal/Provincial Bonds	181,739	183,928
492244GQ5	KERN CALIF CMNTY COLLEGE DIST 5.25% 08-01-2038	Municipal/Provincial Bonds	339,295	355,114
494890F43	KING CNTY WASH SCH DIST NO 210 FEDERAL WAY 5% 12-01-2029	Municipal/Provincial Bonds	55,154	54,661
49474F6S4	KING CNTY WASH 5% 12-01-2037	Municipal/Provincial Bonds	223,536	231,427
49474GAT5	KING CNTY WASH 5% 12-01-2041	Municipal/Provincial Bonds	402,476	404,093
503768NY5	LA PLATA CNTY COLO SCH DIST NO 9-R DURANGO 5.25% 11-01-2046	Municipal/Provincial Bonds	37,300	37,440
510768KT0	LAKE SHORE MICH PUB SCHS MACOMB CNTY 5% 11-01-2041	Municipal/Provincial Bonds	370,550	365,793
521841S80	LEANDER TEX INDPT SCH DIST 5% 08-15-2050BEO	Municipal/Provincial Bonds	143,928	146,666
544445JN0	LOS ANGELES CALIF DEPT ARPTS ARPT REV 4%05-15-2044	Municipal/Provincial Bonds	794,200	750,607
54602QFS5	LOUDOUN CNTY VA ECONOMIC DEV AUTH PUB FAC REV 5% 12-01-2033	Municipal/Provincial Bonds	272,530	279,341
546417GZ3	LOUISIANA ST 5% 04-01-2038	Municipal/Provincial Bonds	375,956	368,059
546410CX7	LOUISIANA STAD & EXPOSITION DIST REV 5% 07-01-2048	Municipal/Provincial Bonds	432,460	420,666
54811BR78	LOWER COLO RIV AUTH TEX TRANSMISSION CONTRACT REV 5% 05-15-2050	Municipal/Provincial Bonds	341,943	339,568
56035DFC1	MAIN STR NAT GAS INC GA GAS SUPPLY REV 5% 07-01-2053	Municipal/Provincial Bonds	197,937	205,797
56678PBF3	MARICOPA CNTY ARIZ INDL DEV AUTH HOSP REV 5% 09-01-2034	Municipal/Provincial Bonds	162,647	135,325
57421CLH5	MARYLAND ST HEALTH & HIGHER EDL FACS AUTH REV 5% 05-15-2032	Municipal/Provincial Bonds	123,754	124,298
574294CV4	MARYLAND ST STAD AUTH BUILT LEARN REV 5.0% 06-01-2054	Municipal/Provincial Bonds	269,528	258,683
574193TF5	MARYLAND ST 5% 08-01-2032	Municipal/Provincial Bonds	76,619	77,223
575579L47	MASSACHUSETTS BAY TRANSN AUTH MASS SALESTAX REV 4% 07-01-2039	Municipal/Provincial Bonds	92,404	102,088
57584Y3R8	MASSACHUSETTS ST DEV FIN AGY REV 5% 10-01-2039	Municipal/Provincial Bonds	693,160	685,594
576000G72	MASSACHUSETTS ST SCH BLDG AUTH SALES TAX5.0% 02-15-2038	Municipal/Provincial Bonds	132,634	143,216
57604TLH7	MASSACHUSETTS ST TRANSN FD REV 5% 06-01-2054	Municipal/Provincial Bonds	64,862	62,254
57582RH74	MASSACHUSETTS ST 4% 11-01-2041	Municipal/Provincial Bonds	524,172	552,545
57582TBZ4	MASSACHUSETTS ST 5% 12-01-2049	Municipal/Provincial Bonds	382,260	372,039
577286BD8	MAUI CNTY HAWAII 5% 09-01-2033	Municipal/Provincial Bonds	56,569	58,154
58400CCD7	MECKLENBURG CNTY N C LTD OBLIG 4% 02-01-2043	Municipal/Provincial Bonds	601,282	602,964
5905453N7	MESA ARIZ UTIL SYS REV 4.5% 07-01-2049	Municipal/Provincial Bonds	301,326	315,031
5920983N5	METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN WTR & SWR REV 5% 07-01-2044	Municipal/Provincial Bonds	286,336	295,752
59261AH83	METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2049	Municipal/Provincial Bonds	648,950	645,701
592647NP2	METROPOLITAN WASH D C ARPTS AUTH ARPT SYS REV 5% 10-01-2032	Municipal/Provincial Bonds	262,290	273,790
59332SFB8	MIAMI CNTY OHIO HOSP FACS REV 5% 08-01-2028	Municipal/Provincial Bonds	107,374	99,785
59333P7M4	MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2035	Municipal/Provincial Bonds	404,195	411,069
59333N5H2	MIAMI-DADE CNTY FLA SPL OBLIG 5% 04-01-2047	Municipal/Provincial Bonds	69,998	67,901
59334DPE8	MIAMI-DADE CNTY FLA WTR & SWR REV 5% 10-01-2033	Municipal/Provincial Bonds	127,686	127,387
594615NK8	MICHIGAN ST BLDG AUTH REV 5% 04-15-2037	Municipal/Provincial Bonds	385,032	406,674
5946952G2	MICHIGAN ST TRUNK LINE 4% 11-15-2045	Municipal/Provincial Bonds	93,266	96,111
594712WF4	MICHIGAN ST UNIV REVS 4% 02-15-2038	Municipal/Provincial Bonds	68,271	71,193
60412AN41	MINNESOTA ST 5% 08-01-2043	Municipal/Provincial Bonds	434,125	426,363
64480PGP8	NEW HANOVER CNTY N C LTD OBLIG 5% 11-01-2035	Municipal/Provincial Bonds	43,718	45,893
64579RDG9	NEW JERSEY INST TECHNOLOGY 5% 07-01-2033	Municipal/Provincial Bonds	103,075	91,061
646140ET6	NEW JERSEY ST TPK AUTH TPK REV 4.5% 01-01-2048	Municipal/Provincial Bonds	281,995	288,141
646140DC4	NEW JERSEY ST TPK AUTH TPK REV 4% 01-01-2048	Municipal/Provincial Bonds	45,102	47,363
646140JD6	NEW JERSEY ST TPK AUTH TPK REV 5.25% 01-01-2050	Municipal/Provincial Bonds	291,080	300,847
64613CEN4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2036	Municipal/Provincial Bonds	281,770	286,805
64613CCT3	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2038	Municipal/Provincial Bonds	229,237	227,124
64613CEG9	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2046	Municipal/Provincial Bonds	256,548	260,254
64613CHQ4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2050	Municipal/Provincial Bonds	98,667	97,788
646039YL5	NEW JERSEY ST 5% 06-01-2027	Municipal/Provincial Bonds	169,403	155,223
646039YN1	NEW JERSEY ST 5% 06-01-2029	Municipal/Provincial Bonds	444,872	432,897
6473104C2	NEW MEXICO ST SEVERANCE TAX 5% 07-01-2029	Municipal/Provincial Bonds	271,044	265,372
64966WGT8	NEW YORK N Y CITY HSG DEV CORP REV 2.875% 08-01-2042	Municipal/Provincial Bonds	734,031	752,316
64972GG32	NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5.25% 06-15-2054	Municipal/Provincial Bonds	205,222	194,221
64972HZN5	NEW YORK N Y CITY TRANSITIONAL FIN AUTH BLDG AID REV 5% 07-15-2028	Municipal/Provincial Bonds	564,028	518,616
64972JNN4	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.25% 05-01-2048	Municipal/Provincial Bonds	190,328	184,706
64972JLZ9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 05-01-2040	Municipal/Provincial Bonds	256,331	247,959
64971XB72	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 11-01-2028	Municipal/Provincial Bonds	320,967	320,521
64972JPF9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 11-01-2038	Municipal/Provincial Bonds	424,391	422,210
64966SMF0	NEW YORK N Y 5.25% 02-01-2053	Municipal/Provincial Bonds	200,910	204,723
64966QG38	NEW YORK N Y 5.25% 09-01-2041	Municipal/Provincial Bonds	113,730	108,057
64966SKN5	NEW YORK N Y 5% 08-01-2036	Municipal/Provincial Bonds	532,760	532,761
65000BS74	NEW YORK ST DORM AUTH REVS NON ST SUPPORTED DEBT 5% 07-01-2037	Municipal/Provincial Bonds	354,958	344,940
64990AXW0	NEW YORK ST DORM AUTH SALES TAX REV ST SUPPORTED DEBT 5% 03-15-2045	Municipal/Provincial Bonds	74,726	74,569
64990KFX6	NEW YORK ST DORM AUTH ST PERS INC UNREFUNDED BALANCE-GEN 5.25% 03-15-2052	Municipal/Provincial Bonds	93,894	89,332
64990KHN6	NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 5% 03-15-2034	Municipal/Provincial Bonds	95,645	99,112
64990F6P4	NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 5% 03-15-2044	Municipal/Provincial Bonds	571,078	539,955
64986DKQ7	NEW YORK ST ENVIRONMENTAL F.C.ST CL 4.0% 06-15-2049	Municipal/Provincial Bonds	354,432	337,038
64989KLF1	NEW YORK ST PWR AUTH REV 4% 11-15-2055	Municipal/Provincial Bonds	219,075	207,892
650036FS0	NEW YORK ST URBAN DEV CORP REV 5% 03-15-2040	Municipal/Provincial Bonds	107,105	108,672
650116GX8	NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2049	Municipal/Provincial Bonds	253,246	255,925
65821DZU8	NORTH CAROLINA MED CARE COMMN HEALTH CARE FACS REV 5% 06-01-2042	Municipal/Provincial Bonds	175,641	183,898
65829QFY5	NORTH CAROLINA ST LTD OBLIG 5% 05-01-2039	Municipal/Provincial Bonds	354,331	370,722
6582565B4	NORTH CAROLINA ST 5% 06-01-2027	Municipal/Provincial Bonds	110,191	103,567
662903K77	NORTH TEX MUN WTR DIST TEX WTR SYS REV 5% 09-01-2055	Municipal/Provincial Bonds	35,237	36,249
66285WJ56	NORTH TEX TWY AUTH REV 5.25% 01-01-2038	Municipal/Provincial Bonds	11,061	11,068
66285THK2	NORTH THURSTON PUB SCHS WASH 4% 12-01-2036	Municipal/Provincial Bonds	897,075	926,429
66604PAR6	NORTHERN VA TRANSN COMMN TRANSN DIST SPLOBLIG REV 5% 06-01-2038	Municipal/Provincial Bonds	268,250	264,585
67756DN85	OHIO ST HIGHER EDL FAC COMMN REV 5% 11-01-2034	Municipal/Provincial Bonds	169,682	165,652
67756CEG9	OHIO ST HOSP REV 4% 01-15-2050	Municipal/Provincial Bonds	492,605	425,166
67760HNK3	OHIO ST TPK COMMN TPK REV 5% 02-15-2051	Municipal/Provincial Bonds	692,891	706,430
677632R29	OHIO ST UNIV GEN RCPTS 4.25% 12-01-2056	Municipal/Provincial Bonds	372,530	371,491
677632N72	OHIO ST UNIV GEN RCPTS 4% 12-01-2048	Municipal/Provincial Bonds	62,003	65,208
677523EV0	OHIO ST 5% 09-01-2028	Municipal/Provincial Bonds	213,077	208,066
67919PWR0	OKLAHOMA ST WTR RES BRD REVOLVING FD REV5% 04-01-2040	Municipal/Provincial Bonds	15,929	16,778
684517SQ9	ORANGE CNTY FLA SCH BRD CTFS PARTN 5% 08-01-2032	Municipal/Provincial Bonds	223,577	233,410
68609UPK5	OREGON ST REF-ARTICLE XI-Q ST 5% 05-01-2040	Municipal/Provincial Bonds	32,096	33,937
68609UHM0	OREGON ST 5% 11-01-2034	Municipal/Provincial Bonds	98,653	104,161
686513AX0	ORLANDO FLA WTR RECLAMATION SYS REV 5% 10-01-2054	Municipal/Provincial Bonds	311,063	299,471
70342PAN4	PATRIOTS ENERGY GROUP FING AGY S C GAS SUPPLY REV 5.25% 10-01-2054	Municipal/Provincial Bonds	422,915	448,787
70879QRA3	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 2.9% 10-01-2037	Municipal/Provincial Bonds	261,369	275,350
70879QRB1	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 3% 04-01-2042	Municipal/Provincial Bonds	215,439	217,961
70917TTU5	PENNSYLVANIA ST HIGHER EDL FACS AUTH REV5.5% 08-15-2055	Municipal/Provincial Bonds	423,423	439,372
709222DW0	PENNSYLVANIA ST TPK COMMNISTRATION FEE REV 5% 07-15-2033	Municipal/Provincial Bonds	183,102	183,355
70914P4R0	PENNSYLVANIA ST 5% 08-15-2031	Municipal/Provincial Bonds	83,827	84,788
70914P2K7	PENNSYLVANIA ST 5% 09-01-2036	Municipal/Provincial Bonds	417,688	431,357
71883PMB0	PHOENIX ARIZ CIVIC IMPT CORP WASTEWATER SYS REV 5% 07-01-2033	Municipal/Provincial Bonds	153,789	162,324
725304YA1	PITTSBURGH PA WTR & SWR AUTH WTR & SWR SYS REV 5% 09-01-2048	Municipal/Provincial Bonds	194,899	186,567
735389YF9	PORT SEATTLE WASH REV 5% 02-01-2027	Municipal/Provincial Bonds	55,391	50,088
74265L3N6	PRIVATE COLLEGES & UNIVS AUTH GA REV 5.25% 09-01-2045	Municipal/Provincial Bonds	277,540	289,470
759136VY7	REGIONAL TRANSN DIST COLO SALES TAX REV 5% 11-01-2037	Municipal/Provincial Bonds	67,107	67,533
762197TG6	RHODE ISLAND HEALTH & EDL BLDG CORP HIGHER ED FAC REV 5% 09-15-2026	Municipal/Provincial Bonds	67,196	60,883
765433KD8	RICHMOND VA PUB UTIL REV 5% 01-15-2026	Municipal/Provincial Bonds	274,120	250,218
79574CFQ1	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZELEC SYS REV 5% 01-01-2048	Municipal/Provincial Bonds	135,656	136,508
79574CHH9	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZELEC SYS REV 5% 01-01-2051	Municipal/Provincial Bonds	374,060	372,992
79739GNW2	SAN DIEGO CNTY CALIFL ARPT AUTH ARPTREV 4% 07-01-2051	Municipal/Provincial Bonds	751,903	706,647
801315NG3	SANTA BARBARA CALIF UNI SCH DIST 4.25% 08-01-2039	Municipal/Provincial Bonds	100,792	106,210
812631TR0	SEATTLE WASH DRAIN & WASTEWATER REV 5.25% 05-01-2050	Municipal/Provincial Bonds	193,116	198,258
812643XN9	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2038	Municipal/Provincial Bonds	511,241	497,848
812643YC2	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2052	Municipal/Provincial Bonds	539,325	516,111
837032CB5	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5.5% 11-01-2048	Municipal/Provincial Bonds	185,523	181,633
837032BR1	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2038	Municipal/Provincial Bonds	208,597	209,402
8371515K1	SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2040	Municipal/Provincial Bonds	466,095	462,383
8371514X4	SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2049	Municipal/Provincial Bonds	32,098	31,326
83755VU28	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 4% 07-01-2044	Municipal/Provincial Bonds	281,124	269,959
83755VW75	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 5% 11-01-2052	Municipal/Provincial Bonds	188,690	187,528

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN
Schedule H, Line (4)i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investments	(d) Cost	(e) Current value
84131TBT8	SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLYREV 5% 06-01-2049	Municipal/Provincial Bonds	$ 292,953	$ 300,427
84136FBT3	SOUTHEAST ENERGY AUTH COMMODITY SUPPLY REV ALA 5.25% 01-01-2054	Municipal/Provincial Bonds	351,687	368,787
84136HCT8	SOUTHEAST ENERGY AUTHORITY A COOPERATIVESER E 5.0% 10-01-2030	Municipal/Provincial Bonds	482,526	483,456
845040ML5	SOUTHWEST HIGHER ED AUTH INC TEX REV 5% 10-01-2036	Municipal/Provincial Bonds	343,802	362,321
850001CB2	SPRING TEX INDPT SCH DIST 5% 08-15-2040	Municipal/Provincial Bonds	368,805	387,269
850269GA3	SPRINGDALE ARK SALES & USE TAX REV 4.125% 08-01-2047	Municipal/Provincial Bonds	353,677	349,622
790409HV1	ST JOHNS CNTY FLA SCH BRD CTFS PARTN 5.5% 07-01-2049	Municipal/Provincial Bonds	73,336	69,680
87638THF3	TARRANT CNTY TEX CULTURAL ED FACS FIN CORP REV 5% 07-01-2032	Municipal/Provincial Bonds	448,104	446,341
876450BF3	TARRANTL WTR DIST TEX 4% 09-01-2055	Municipal/Provincial Bonds	193,185	183,304
880541G92	TENNESSEE ST 5% 05-01-2027	Municipal/Provincial Bonds	317,757	310,178
88256PAE0	TEXAS MUN GAS ACQUISITION & SUPPLY CORP IV GAS SUPPLY REV 5.25% 01-01-2029	Municipal/Provincial Bonds	261,620	269,392
88278PJ39	TEXAS ST UNIV SYS FING REV 5% 03-15-2040BEO	Municipal/Provincial Bonds	239,764	237,430
88283KBH0	TEXAS TRANSN COMMN CENT TEX TPK SYS REV 5% 08-15-2039	Municipal/Provincial Bonds	685,906	659,403
88285AHM3	TEXAS WTR DEV BRD REV 5% 08-01-2041	Municipal/Provincial Bonds	47,896	49,892
88285AFA1	TEXAS WTR DEV BRD REV 5% 10-15-2031	Municipal/Provincial Bonds	675,420	678,466
887440DJ1	TIMPANOGOS SPL SVC DIST UTAH SWR REV 5% 06-01-2047	Municipal/Provincial Bonds	246,134	231,548
889855V25	TOMBALL TEX INDPT SCH DIST 5% 02-15-2048BEO	Municipal/Provincial Bonds	55,756	52,040
89602HEN3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2047	Municipal/Provincial Bonds	87,234	84,132
89602HHH3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054	Municipal/Provincial Bonds	211,934	204,995
89602HEY9	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5% 11-15-2032	Municipal/Provincial Bonds	353,243	372,443
89602HGH4	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5% 11-15-2041	Municipal/Provincial Bonds	334,944	350,382
896035CA8	TRIBOROUGH BRDG & TUNL AUTH N Y SALES TAX REV 4.125% 05-15-2053	Municipal/Provincial Bonds	191,183	181,599
89658HVY3	TRINITY RIVER AUTH TEXL WASTEWTR SYSREV 5% 08-01-2028	Municipal/Provincial Bonds	84,945	79,679
9142332T7	UNIVERSITY CONN 5% 05-01-2027	Municipal/Provincial Bonds	743,182	681,415
914302ET7	UNIVERSITY HOUSTON TEX UNIV REVS 5% 02-15-2028	Municipal/Provincial Bonds	38,294	35,101
914455TL4	UNIVERSITY MICH UNIV REVS GEN-SER A 5% DUE 04-01-2027	Municipal/Provincial Bonds	727,569	618,456
91476PF52	UNIVERSITY OKLA REVS 5% 07-01-2039	Municipal/Provincial Bonds	33,679	33,725
917393CU2	UTAH CNTY UTAH HOSP REV 4% 05-15-2041	Municipal/Provincial Bonds	710,575	713,022
917567HL6	UTAH TRAN AUTH SALES TAX REV 5% 06-15-2037	Municipal/Provincial Bonds	305,860	302,868
938395TF7	WASHINGTON & CLACKAMAS CNTYS ORE SCH DIST NO 23 J TIGARD 5% 06-15-2039	Municipal/Provincial Bonds	253,325	269,184
93974EMJ2	WASHINGTON ST 5% 06-01-2030	Municipal/Provincial Bonds	211,894	210,153
93974EE36	WASHINGTON ST 5% 07-01-2031	Municipal/Provincial Bonds	32,770	33,829
BK91GB6	WASHINGTON ST 5% 08-01-2042	Municipal/Provincial Bonds	16,546	15,586
93974FBW2	WASHINGTON ST 5% 08-01-2043	Municipal/Provincial Bonds	326,759	343,305
944514U63	WAYNE CNTY MICH ARPT AUTH REV 5.5% 12-01-2044	Municipal/Provincial Bonds	310,569	328,619
95308RQW2	WEST HARRIS CNTY TEXL WTR AUTH WTR SYS REV 5% 12-15-2031	Municipal/Provincial Bonds	123,112	108,376
956510BY6	WEST VA PKWYS AUTH TPK TOLL REV 5% 06-01-2047	Municipal/Provincial Bonds	80,966	77,580
9771234G0	WISCONSIN ST TRANSN REV 5% 07-01-2041	Municipal/Provincial Bonds	27,568	27,437
97705MD93	WISCONSIN ST 5% 05-01-2035	Municipal/Provincial Bonds	305,861	304,458
97705MU78	WISCONSIN ST 5% 05-01-2036	Municipal/Provincial Bonds	184,409	191,972
		Total Municipal/Provincial Bonds	68,747,745	67,804,384
		Total Investments	$ 90,237,628	$ 96,201,519

* Represents a party-in-interest

See accompanying independent auditors' report.

GENERAL DYNAMICS
IS&T RETIREE BENEFITS PLAN

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

For the year ended 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) Costs of Acquisitions	(d) Proceeds of Dispositions
Auburn University, Alabama	Auburn University Ala Gen Fee Rev 5% 06-01-2041	$ 157,780	$ 149,736
Great Lakes Water Authority (MI)	Great Lakes Water Auth Mich Sew Disp Sys Rev 5.25% 07-01-2048	919,563	750,038
Jacksonville Electric Authority (FL)	JEA Fla Wtr & Swr Sys Rev 5.25% 10-01-2055	561,963	556,870
Ohio Water Development Authority	Ohio St Wtr Dev Auth Rev 5% 12-01-2037	595,884	585,270
Oklahoma Turnpike Authority	Oklahoma St Tpk Auth TPK Rev 5% 01-01-2043	87,172	82,814
State of Wisconsin	Wisconsin St 5% 05-01-2038	758,828	743,087
		$ 3,081,190	$ 2,867,815

See accompanying independent auditors' report.