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. . . . . ▶ [ ]

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
GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

1b Three-digit plan number (PN) ▶ 569

1c Effective date of plan 01/01/1982

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**	1946
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**	1993
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1993
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E

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 1
- **(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
GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

B Three-digit plan number (PN) ▶ 569

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-H04-035	1886	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	6224

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
	6224	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**	374070
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
GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

B Three-digit plan number (PN) ▶ 569

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

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

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

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	76650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	22379	Yes ☐ No ☒	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	18803	Yes ☐ No ☒	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)

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	14040	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	10881	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	10072	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

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	7350	Yes [ ] No [X]	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 [ ]

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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
GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

B Three-digit plan number (PN) ▶ 569

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	521408

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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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
GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

B Three-digit plan number (PN) ▶ 569

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	REFUND CREDITED TO INCORRECT PLAN IN 2019. ERROR WAS CORRECTED IN 2024. 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
584553	0	0	520244	584553	64309

(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 2005 THROUGH 2010. THE ERROR AND 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
10460	0	0	4795	10460	5665

(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

(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
GROUP INSURANCE & HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

B Three-digit plan number (PN) ▶ 569

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)	4429876	3875410
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	337473	85410
(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)	443940	521408
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	23784048	24536363

		(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	28995337	29018591
Liabilities			
1g Benefit claims payable	1g	269085	180351
1h Operating payables	1h	9900	21330
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	278985	201681
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	28716352	28816910

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	7446	
(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)		7446
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6917258	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7004841	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-87583
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-7651	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-7651

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		43309
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1154769
d Total income. Add all **income** amounts in column (b) and enter total	2d		1110290
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	342950	
(2) To insurance carriers for the provision of benefits	2e(2)	404381	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		747331
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)	76650	
(5) Investment advisory and investment management fees	2i(5)	22379	
(6) Bank or trust company trustee/custodial fees	2i(6)	10072	
(7) Actuarial fees	2i(7)	7770	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	145530	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		262401
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1009732
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		100558
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		525039
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 _____.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

Financial Statements

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

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KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Group Insurance and Health Benefits for Salaried Non-Bargaining Employees of General Dynamics Land Systems:

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

We have performed audits of the financial statements of Group Insurance and Health Benefits for Salaried Non-Bargaining Employees of General Dynamics Land Systems (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

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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 17, 2026

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value	$ 25,143,181	$ 24,565,461
Due from providers	51,876	77,692
Due from General Dynamics Corporation	81,463	—
Prepaid income tax	83,853	3,602,053
Income tax receivable	3,347,662	449,795
Accrued interest receivable	310,556	300,336
Total assets	29,018,591	28,995,337
Liabilities:		
Accrued expenses	21,330	9,900
Due to General Dynamics Corporation	180,351	269,085
Total liabilities	201,681	278,985
Net assets available for benefits	$ 28,816,910	$ 28,716,352

See accompanying notes to financial statements.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions to net assets attributed to:		
Interest	$	1,204,192
Total additions		1,204,192
Deductions from net assets attributed to:		
Net depreciation in fair value of investments		93,902
Claims paid		342,950
Premiums paid		404,381
Administrative expenses		262,401
Total deductions		1,103,634
Net increase in net assets		100,558
Net assets available for benefits:		
Beginning of year		28,716,352
End of year	$	28,816,910

See accompanying notes to financial statements.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

Statements of Plan Benefit Obligations

(Rounded)

December 31, 2025 and 2024

	2025	2024
Postretirement benefit obligations:		
Current retirees	$ 16,700,000	$ 12,580,000
Other participants fully eligible for benefits	7,109,000	1,057,000
Participants not yet fully eligible for benefits	6,094,000	518,000
Total postretirement benefit obligations	$ 29,903,000	$ 14,155,000

See accompanying notes to financial statements.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

Statement of Changes in Plan Benefit Obligations

(Rounded)

Year ended December 31, 2025

Postretirement benefit obligations:		
Balance at beginning of year	$	14,155,000
Increase (decrease) in postretirement benefits attributed to:		
Benefits earned		41,000
Increase in interest		759,000
Benefits paid		(747,000)
Change in assumptions		944,000
Change in plan benefits		15,825,000
Change in other factors including plan experience		(1,074,000)
Balance at end of year	$	29,903,000

See accompanying notes to financial statements.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

Notes to Financial Statements

December 31, 2025 and 2024

(1) Description of the Plan

The following description of the Group Insurance and Health Benefits for Salaried Non-Bargaining Employees of General Dynamics Land Systems (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, life insurance and other benefits covering certain retired salaried and hourly non-bargaining employees of General Dynamics Land Systems, Inc., a wholly owned subsidiary of General Dynamics Corporation (the Company, the Plan Administrator or the Plan Sponsor) and their eligible dependents, which are funded through a Voluntary Employees' Beneficiary Association Trust, the General Dynamics Land Systems Non-Union Employees' Retiree Benefits Trust Agreement (the VEBA Trust). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Northern Trust Company (Trustee) is the Trustee of the Plan. In accordance with the VEBA Trust agreement, 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

The retirees eligible for benefits under the Plan are those who retire directly from General Dynamics Land Systems, Inc. and who are at least age 55 with at least 10 years of service or are at least age 65.

Retiree medical and dental benefits are provided to those retirees and employees at October 1, 1983 who elected to retain certain benefit structures available at that time, and to those retirees and employees who were qualified for this Plan on July 1, 1993, were under the age of 65, and either were active employees of at least age 50 with at least twenty years of service, or at least age 55 with at least five years of service.

Effective January 1, 2021, life insurance benefits were closed to new entrants.

Effective as of December 31, 2025, the Plan was amended to include retiree medical, dental, and vision benefits for certain non-bargaining retirees hired prior to October 1, 2009.

(c) Benefits

Benefits related to current health claims of retired participants and their eligible dependents are provided under self-insured group insurance contracts with Anthem, Express Scripts, Inc. (ESI), and Delta Dental of Virginia; and a fully insured, non-experience rated contract with Hartford Life and Accident Insurance Company (The Hartford). Life insurance benefits are provided under a group-term policy with The Hartford. Under this policy, the amount of coverage varies by employment status and age, service, and salary level at retirement.

(d) 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 Federal Government of the United States.

(e) Risks and Uncertainties

The Plan invests in various investments. 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 interest rates, health care trend 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. Interest income is recorded on an accrual basis. Net depreciation 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 on behalf of, current retirees, participants who have not yet retired, and their beneficiaries and 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 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 and to reflect the portion of those costs expected to be borne by Medicare, retired participants and other providers. 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 $51,876 and $77,692, respectively, represent medical rebates 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 and accrued interest receivable at December 31, 2025 and 2024, and interest and net depreciation in fair value of investments 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.

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

Units of Common Trust Fund: The fair value of the private investment security is determined using the net asset value as provided by the fund manager (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	$ 521,408	$ -	$ 521,408	$ -
Government Securities	24,621,773	-	24,621,773	-
Total investments, at fair value	$ 25,143,181	$ -	$ 25,143,181	$ -

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	$ 443,940	$ -	$ 443,940	$ -
Government Securities	24,121,521	-	24,121,521	-
Total investments, at fair value	$ 24,565,461	$ -	$ 24,565,461	$ -

(5) Tax Status

The Company holds the assets of the Plan in the VEBA Trust, which was designed in accordance with Section 501(c)(9) of the Internal Revenue Code of 1986 (the Code) issued by the Internal Revenue Service (IRS). The IRS has determined and informed the Plan Sponsor in a letter dated August 2, 1994, that the VEBA Trust is exempt from Federal income tax under Section 501(a) of the Code. Although the Plan and the VEBA Trust have been amended subsequent to the date of the last determination letter from the IRS, the Plan Sponsor and Plan's counsel believe that the Plan and the VEBA Trust 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 Code. The Plan had prepaid income tax of $83,853 and $3,602,053 as of December 31, 2025 and 2024, respectively. During the year ended December 31, 2025, the Plan incurred tax expense of $88,334, which is included in administrative expenses on the Statement of Changes in Net Assets Available for Benefits. Additionally, the Plan recorded an income tax receivable of $3,347,662 and $449,795 as of December 31, 2025 and 2024, respectively, which relates to overpayments made to the IRS which will be refunded to the Plan.

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. There are currently no audits in progress for any tax periods. Under the applicable IRS Statute of Limitations, the Plan is no longer open to income tax examinations for years prior to 2022.

(6) 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 Trust, and applicable law.

(7) Benefit Obligations

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

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

Year	Post-65 Claims	EGWP Subsidy
2025	8.25%	9.00%
2026	8.25	8.75
2027	8.00	8.50
2028	8.00	8.50
2029	7.75	8.25
2030	7.50	7.75
2031	7.25	7.50
2032	7.00	7.25
2033	6.75	7.00
2034	6.25	6.25
2035	5.50	5.50
2036+	5.00	5.00

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

Year	Post-65 Claims	EGWP Subsidy
2024	7.75%	30.00%
2025	7.50	8.25
2026	7.50	8.00
2027	7.25	7.75
2028	7.25	7.75
2029	6.75	7.25
2030	6.75	7.00
2031	6.50	6.75
2032	6.50	6.75
2033	6.00	6.25
2034	5.50	5.50
2035+	5.00	5.00

The health care cost trend rate assumption has an effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by 1.00% each year, the postretirement benefit obligations as of December 31, 2025 and 2024 would increase by approximately $147,000 and $166,000, respectively.

The following other significant assumptions were used in the actuarial valuations of both postretirement healthcare 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;
- Retirement – Beginning at age 55 at 4% with 100% of employees expected to retire by the age of 70 for December 31, 2025 and 2024;
- Weighted Average Discount Rate – 5.26% and 5.65% at December 31, 2025 and 2024, respectively.

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 and health care trend rate, and effective December 31, 2025, the Plan was amended to include retiree medical, dental, and vision benefits for certain non-bargaining individuals. 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.

(8) 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 $521,408 and $443,940 as of December 31, 2025 and 2024, respectively. These transactions qualify as related party transactions.

There is a receivable due from the Company of $81,463 at December 31, 2025 and payables due to the Company of $180,351 and $269,085 at December 31, 2025 and 2024, respectively. The receivables amount represents the claims rebates received by the Plan Sponsor that have not yet been remitted to the Plan. The payables are 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 Sponsor, these are exempt party-in-interest transactions. Fees paid to other service providers also qualified as exempt party-in-interest transactions.

(9) Subsequent Events

Plan management has evaluated all subsequent events and transactions that occurred after December 31, 2025 through September 17, 2026, which is the date the financial statements were available to be issued. No events are deemed relevant for disclosure.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

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) Gain (loss)
Category (iii)								
Northern Trust Investments, Inc.*	NT Common Short Term Investment Fund CUSIP: 66586U437	$ 7,524,229	$ —	$ —	$ —	$ 7,524,229	$ 7,524,229	$ —
Northern Trust Investments, Inc.*	NT Common Short Term Investment Fund CUSIP: 66586U437	$ —	$ 7,446,761	$ —	$ —	$ 7,446,761	$ 7,446,761	$ —

* Represents a party-in-interest

Note: Reportable transactions are defined as either:

1. Any single transaction 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.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS
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	$ -	$ 584,553	$ -	$ -	$ 520,244	$ 584,553	$ 64,309
General Dynamics Corporation	Plan Sponsor	See ** below	$ -	$ 10,460	$ -	$ -	$ 4,795	$ 10,460	$ 5,665

* This amount represents a refund credited to the incorrect Plan in 2019. This error was corrected in 2024, and earnings thereon were corrected in 2025.
** This amount respresents an overpayment of claims from 2005 through 2010. This error and any earnings thereon were corrected in 2025.

See accompanying independent auditors' report.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

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
Government Bonds				
91282CJT9	UNITED STATES OF AMER TREAS NOTES 4% 01-15-2027	Government Bonds	$ 84,585	$ 85,410
	Total Government Bonds		84,585	85,410
Municipal/Provincial Bonds				
02765UNQ3	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2029	Municipal/Provincial Bonds	$ 169,760	$ 157,315
02765URB2	AMERICAN MUN PWR OHIO INC REV 5% 02-15-2032	Municipal/Provincial Bonds	56,721	55,396
040664NP5	ARIZONA ST UNIV REVS SYS-SER A 5.0% 07-01-2039	Municipal/Provincial Bonds	53,973	57,034
047870QY9	ATLANTA GA WTR & WASTEWTR REV 5% 11-01-2027	Municipal/Provincial Bonds	166,849	156,925
07133AKG6	BATTERY PK CITY AUTH N Y REV 5% 11-01-2040	Municipal/Provincial Bonds	56,762	57,364
088365JU6	BEXAR CNTY TEX HOSP DIST 5% 02-15-2029	Municipal/Provincial Bonds	189,981	160,172
09182TDL8	BLACK BELT ENERGY GAS DIST ALA GAS FLTG RT 05-01-2055	Municipal/Provincial Bonds	37,075	38,012
09182NBR0	BLACK BELT ENERGY GAS DIST ALA GAS SUPPLY REV 4% 06-01-2051	Municipal/Provincial Bonds	96,393	102,291
09182TCR6	BLACK BELT ENERGY GAS DIST ALA GAS PROJ REV 5.5% 06-01-2049	Municipal/Provincial Bonds	57,615	58,027
09182TDB0	BLACK BELT ENERGY GAS DIST ALA GAS SER C 5.5% 10-01-2054	Municipal/Provincial Bonds	139,167	148,354
097067ML3	BOERNE TEX INDPT SCH DIST 5% 02-01-2029	Municipal/Provincial Bonds	260,726	241,658
108152GS2	BRIDGEPORT CONN 5% 08-15-2027	Municipal/Provincial Bonds	281,265	269,547
121342QL6	BURKE CNTY GA DEV AUTH POLLUTN CTL REV 3.375% 11-01-2053	Municipal/Provincial Bonds	125,000	125,525
13013JEA0	CA CMNTY CHOICE FING AUTH CLEAN SER B-GREEN BDS 5% 01-01-2055	Municipal/Provincial Bonds	111,937	109,436
13013JDR4	CALIFORNIA CMNTY CHOICE FING AUTH CLEAN ENERGY PROJ REV 5% 05-01-2054	Municipal/Provincial Bonds	179,930	182,193
13032UU22	CALIFORNIA HEALTH FACS FING AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	99,088	97,369
13068XLC1	CALIFORNIA ST PUB WKS BRD LEASE REV 5% 04-01-2043	Municipal/Provincial Bonds	50,079	49,132
13063ELK0	CALIFORNIA ST 5% 03-01-2044	Municipal/Provincial Bonds	157,749	158,727
160069M31	CHARLESTON CNTY S C 5% 11-01-2041	Municipal/Provincial Bonds	173,747	172,723
160429D86	CHARLESTON S C WTRWKS & SWR REV 5% 01-01-2042	Municipal/Provincial Bonds	64,277	66,348
161036TR9	CHARLOTTE N C ARPT REV 4% 07-01-2047	Municipal/Provincial Bonds	200,644	196,351
1675936N7	CHICAGO ILL O HARE INTL ARPT REV 5% 01-01-2032	Municipal/Provincial Bonds	145,409	145,984
181000QY9	CLARK CNTY NEV HWY IMPT REV 5% 07-01-2029	Municipal/Provincial Bonds	233,076	216,840
181006GT8	CLARK CNTY NEV PASSENGER FAC CHARGE REV 5% 07-01-2027	Municipal/Provincial Bonds	168,333	155,356
181059WA0	CLARK CNTY NEV SCH DIST 5% 06-15-2026	Municipal/Provincial Bonds	110,615	101,080
180848X40	CLARK CNTY NEV 5% 06-01-2043	Municipal/Provincial Bonds	283,988	268,553
19648FJY1	COLORADO HEALTH FACS AUTH REV 4% 08-01-2038	Municipal/Provincial Bonds	252,017	254,803
19648FXT6	COLORADO HEALTH FACS AUTH REV 5% 12-01-2039	Municipal/Provincial Bonds	34,189	32,526
1966324Z3	COLORADO SPRINGS COLO UTILS REV 5.25% 11-15-2053	Municipal/Provincial Bonds	93,005	89,944
1966327X5	COLORADO SPRINGS COLO UTILS REV 5% 11-15-2042	Municipal/Provincial Bonds	131,849	138,294
196711VP7	COLORADO ST CTFS PARTN 5% 11-01-2040	Municipal/Provincial Bonds	230,748	221,717
199546CR1	COLUMBUS OHIO REGL ARPT AUTH REV 5% 01-01-2035	Municipal/Provincial Bonds	88,718	90,009
207758C50	CONNECTICUT ST SPL TAX OBLIG REV 5% 05-01-2033	Municipal/Provincial Bonds	53,544	55,771
20772KVJ5	CONNECTICUT ST 5% 01-15-2035	Municipal/Provincial Bonds	109,373	104,302
20772KGD5	CONNECTICUT ST 5% 04-15-2035	Municipal/Provincial Bonds	268,633	261,749
20772KYL7	CONNECTICUT ST 5% 11-15-2037	Municipal/Provincial Bonds	103,505	103,038
20772KC56	CONNECTICUT ST 5% 12-01-2032	Municipal/Provincial Bonds	78,574	80,418
213248FW2	COOK CNTY ILL SALES TAX REV 5% 11-15-2049	Municipal/Provincial Bonds	154,791	154,549
23503CBM8	DALLAS FORT WORTH TEX INTL ARPT REV 4% 11-01-2045	Municipal/Provincial Bonds	44,211	42,551
235308T29	DALLAS TEX INDPT SCH DIST 5% 02-15-2043	Municipal/Provincial Bonds	65,713	64,295
246388UF7	DELAWARE ST HEALTH FACS AUTH REV 5% 10-01-2038	Municipal/Provincial Bonds	222,382	216,554
246381SM0	DELAWARE ST 5% 05-01-2034	Municipal/Provincial Bonds	99,904	104,346
249002MY9	DENTON TEX INDPT SCH DIST 5% 08-15-2033	Municipal/Provincial Bonds	56,096	57,718
249182QS8	DENVER COLO CITY & CNTY ARPT REV 4% 11-15-2041	Municipal/Provincial Bonds	184,977	183,633
249182QV1	DENVER COLO CITY & CNTY ARPT REV 5% 11-15-2047	Municipal/Provincial Bonds	83,353	81,566
24917DCR2	DENVER COLO CITY & CNTY DEDICATED TAX REV 4% 08-01-2051	Municipal/Provincial Bonds	331,014	307,409
249174YP2	DENVER COLO CITY & CNTY SCH DIST NO 1 5% 12-01-2045	Municipal/Provincial Bonds	208,246	205,834
25477GRY3	DISTRICT COLUMBIA INCOME TAX REV 4% 03-01-2045	Municipal/Provincial Bonds	376,579	354,992
25477GVW2	DISTRICT COLUMBIA INCOME TAX REV 5% 05-01-2039	Municipal/Provincial Bonds	76,355	77,688
25476FA57	DISTRICT COLUMBIA 5.25% 01-01-2048	Municipal/Provincial Bonds	61,076	57,946
29270C5V3	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2040	Municipal/Provincial Bonds	61,672	61,339
29270C6V2	ENERGY NORTHWEST WASH ELEC REV 5% 07-01-2043	Municipal/Provincial Bonds	63,766	65,554
292723BN2	ENERGY SOUTHEAST ALA COOP DIST ENERGY SUPPLY REV 5.25% 07-01-2054	Municipal/Provincial Bonds	63,023	65,285
3042438E1	FAIRFIELD CONN 4% 07-01-2037	Municipal/Provincial Bonds	184,954	187,551
345748E78	FOREST HILLS MICH PUB SCHS 5% 05-01-2041	Municipal/Provincial Bonds	144,686	143,312
36005FNB7	FULTON CNTY GA DEV AUTH REV 5% 06-15-2050	Municipal/Provincial Bonds	80,867	77,888
39081HFF4	GREAT LAKES WTR AUTH MICH SEW DISP SYS REV 5.25% 07-01-2048	Municipal/Provincial Bonds	293,825	288,238
39081JHP6	GREAT LAKES WTR AUTH MICH WTR SUPPLY SYS REV 5% 07-01-2032	Municipal/Provincial Bonds	116,425	119,986
41423PAX5	HARRIS CNTY TEX TOLL RD REV 4% 08-15-2048	Municipal/Provincial Bonds	194,025	176,786
416498DS9	HARTFORD CNTY CONN MET DIST CLEAN WTR PROJ REV 5% 02-01-2028	Municipal/Provincial Bonds	117,099	110,515
421111AV7	HAYS TEX CONS INDPT SCH DIST 5.25% 02-15-2045	Municipal/Provincial Bonds	89,273	91,798
42605XAB4	HENRICO CNTY VA ECONOMIC DEV AUTH HEALTH FACS REV 5% 11-01-2048	Municipal/Provincial Bonds	50,121	51,661
438687UG8	HONOLULU HAWAII CITY & CNTY 5% 11-01-2027	Municipal/Provincial Bonds	272,452	266,772
44244CU54	HOUSTON TEX UTIL SYS REV 5.25% 11-15-2049	Municipal/Provincial Bonds	137,020	133,481
447819KL6	HURST EULESS BEDFORD TEX INDPT SCH DIST 4% 08-15-2050	Municipal/Provincial Bonds	96,795	93,461
452153GH6	ILLINOIS ST 5% 07-01-2032	Municipal/Provincial Bonds	110,757	111,406
4521523C3	ILLINOIS ST 5% 10-01-2030	Municipal/Provincial Bonds	331,173	326,460
45505TWP2	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV 2.6% 07-01-2042	Municipal/Provincial Bonds	194,339	193,511
485106N46	KANSAS CITY MO SPL OBLIG 5% 04-01-2040	Municipal/Provincial Bonds	81,110	82,943
48542RX41	KANSAS ST DEV FIN AUTH REV 5% 05-01-2037	Municipal/Provincial Bonds	98,069	99,658
486063S43	KATY TEX INDPT SCH DIST 5% 02-15-2048	Municipal/Provincial Bonds	66,014	62,245
74440DEL4	KENTUCKY INC KY PUB ENERGY AUTH GAS SUPPLY REV 5% 05-01-2055	Municipal/Provincial Bonds	57,118	57,806
49474F6S4	KING CNTY WASH 5% 12-01-2037	Municipal/Provincial Bonds	167,652	173,571
49474GAT5	KING CNTY WASH 5% 12-01-2041	Municipal/Provincial Bonds	145,339	145,923
498044JA5	KITSAP CNTY WASH SCH DIST NO 100-C BREMERTON 5.25% 12-01-2047	Municipal/Provincial Bonds	134,620	128,056
503768NY5	LA PLATA CNTY COLO SCH DIST NO 9-R DURANGO 5.25% 11-01-2046	Municipal/Provincial Bonds	101,243	101,623

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

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
510768KT0	LAKE SHORE MICH PUB SCHS MACOMB CNTY 5% 11-01-2041	Municipal/Provincial Bonds	$ 121,673	$ 120,111
521841S80	LEANDER TEX INDPT SCH DIST 5%	Municipal/Provincial Bonds	51,403	52,381
544445NF2	LOS ANGELES CALIF DEPT ARPTS ARPT REV 5% 05-15-2028	Municipal/Provincial Bonds	42,293	41,974
54602QFS5	LOUDOUN CNTY VA ECONOMIC DEV AUTH PUB FAC REV 5% 12-01-2033	Municipal/Provincial Bonds	96,521	98,933
546417GZ3	LOUISIANA ST 5% 04-01-2038	Municipal/Provincial Bonds	119,622	117,110
546410CX7	LOUISIANA STAD & EXPOSITION DIST REV 5% 07-01-2048	Municipal/Provincial Bonds	131,848	128,252
54811BR78	LOWER COLO RIV AUTH TEX TRANSMISSION CONTRACT REV 5% 05-15-2050	Municipal/Provincial Bonds	77,714	77,174
56035DFC1	MAIN STR NAT GAS INC GA GAS SUPPLY REV 5% 07-01-2053	Municipal/Provincial Bonds	65,979	68,599
56678PBF3	MARICOPA CNTY ARIZ INDL DEV AUTH HOSP REV 5% 09-01-2034	Municipal/Provincial Bonds	392,800	324,779
57421CLH5	MARYLAND ST HEALTH & HIGHER EDL FACS AUTH REV 5% 05-15-2032	Municipal/Provincial Bonds	45,002	45,199
574294CV4	MARYLAND ST STAD AUTH BUILT LEARN REV 5% 06-01-2054	Municipal/Provincial Bonds	86,249	82,779
574193TF5	MARYLAND ST 5% 08-01-2032	Municipal/Provincial Bonds	169,655	170,993
57584Y3R8	MASSACHUSETTS ST DEV FIN AGY REV 5% 10-01-2039	Municipal/Provincial Bonds	218,010	215,630
576000G72	MASSACHUSETTS ST SCH BLDG AUTH SALES TAX 5.0% 02-15-2038	Municipal/Provincial Bonds	44,211	47,739
57604TLH7	MASSACHUSETTS ST TRANSN FD REV 5% 06-01-2054	Municipal/Provincial Bonds	172,965	166,011
57582RH74	MASSACHUSETTS ST 4% 11-01-2041	Municipal/Provincial Bonds	152,486	160,740
57582RJ31	MASSACHUSETTS ST 5% 11-01-2026	Municipal/Provincial Bonds	330,598	280,709
57582TBZ4	MASSACHUSETTS ST 5% 12-01-2049	Municipal/Provincial Bonds	129,215	125,760
58400CCD7	MECKLENBURG CNTY N C LTD OBLIG 4% 02-01-2043	Municipal/Provincial Bonds	198,771	199,327
5905453N7	MESA ARIZ UTIL SYS REV 4.5% 07-01-2049	Municipal/Provincial Bonds	95,659	100,010
5920983N5	METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN WTR & SWR REV 5% 07-01-2044	Municipal/Provincial Bonds	98,916	102,169
59261AH83	METROPOLITAN TRANSN AUTH N Y REV 4% 11-15-2049	Municipal/Provincial Bonds	220,823	219,718
592647NP2	METROPOLITAN WASH D C ARPTS AUTH ARPT SYS REV 5% 10-01-2032	Municipal/Provincial Bonds	90,998	94,988
59333P7M4	MIAMI-DADE CNTY FLA AVIATION REV 5% 10-01-2035	Municipal/Provincial Bonds	131,090	133,320
594615NK8	MICHIGAN ST BLDG AUTH REV 5% 04-15-2037	Municipal/Provincial Bonds	132,011	139,431
60412AN41	MINNESOTA ST 5% 08-01-2043	Municipal/Provincial Bonds	139,143	136,655
63165T2P9	NASSAU CNTY N Y 4% 04-01-2040	Municipal/Provincial Bonds	252,746	259,794
646140ET6	NEW JERSEY ST TPK AUTH TPK REV 4.5% 01-01-2048	Municipal/Provincial Bonds	69,513	70,771
646140DC4	NEW JERSEY ST TPK AUTH TPK REV 4% 01-01-2048	Municipal/Provincial Bonds	153,345	161,033
646140JD6	NEW JERSEY ST TPK AUTH TPK REV 5.25% 01-01-2050	Municipal/Provincial Bonds	98,759	102,073
64613CEN4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2036	Municipal/Provincial Bonds	90,166	91,778
64613CCT3	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2038	Municipal/Provincial Bonds	72,685	72,015
64613CEG9	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2046	Municipal/Provincial Bonds	82,095	83,281
64613CHQ4	NEW JERSEY ST TRANSN TR FD AUTH 5% 06-15-2050	Municipal/Provincial Bonds	233,685	231,604
646039YL5	NEW JERSEY ST 5% 06-01-2027	Municipal/Provincial Bonds	135,522	124,178
646039YN1	NEW JERSEY ST 5% 06-01-2029	Municipal/Provincial Bonds	139,023	135,280
6473104C2	NEW MEXICO ST SEVERANCE TAX 5% 07-01-2029	Municipal/Provincial Bonds	88,504	86,652
64966WGT8	NEW YORK N Y CITY HSG DEV CORP REV 2.875% 08-01-2042	Municipal/Provincial Bonds	248,755	254,952
64972GG32	NEW YORK N Y CITY MUN WTR FIN AUTH WTR & SWR SYS REV 5.25% 06-15-2054	Municipal/Provincial Bonds	66,559	62,991
64972JNN4	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.25% 05-01-2048	Municipal/Provincial Bonds	59,817	58,051
64972JLZ9	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 05-01-2040	Municipal/Provincial Bonds	79,748	77,143
64971XB72	NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5% 11-01-2028	Municipal/Provincial Bonds	112,338	112,182
64966SMF0	NEW YORK N Y 5.25% 02-01-2053	Municipal/Provincial Bonds	66,970	68,241
64966SKN5	NEW YORK N Y 5% 08-01-2036	Municipal/Provincial Bonds	177,587	177,587
65000BS74	NEW YORK ST DORM AUTH REVS NON ST SUPPORTED DEBT 5% 07-01-2037	Municipal/Provincial Bonds	112,685	109,505
64990AXW0	NEW YORK ST DORM AUTH SALES TAX REV ST SUPPORTED DEBT 5% 03-15-2045	Municipal/Provincial Bonds	160,128	159,790
64990KFX6	NEW YORK ST DORM AUTH ST PERS INC UNREFUNDED BALANCE-GEN 5.25% 03-15-2052	Municipal/Provincial Bonds	27,616	26,274
64990KHN6	NEW YORK ST DORM AUTH ST PERS INCOME TAX REV 5% 03-15-2034	Municipal/Provincial Bonds	33,757	34,981
64990F6P4	NEW YORK ST DORM AUTH ST PERS INCOME TAX REV 5% 03-15-2044	Municipal/Provincial Bonds	190,359	179,985
64986DKQ7	NEW YORK ST ENVIRONMENTAL F.C.ST CL 4.0% 06-15-2049	Municipal/Provincial Bonds	114,816	109,181
64989KLF1	NEW YORK ST PWR AUTH REV 4% 11-15-2055	Municipal/Provincial Bonds	66,675	63,272
650116GX8	NEW YORK TRANSN DEV CORP SPL FAC REV 5% 06-30-2049	Municipal/Provincial Bonds	79,450	80,290
65821DZU8	NORTH CAROLINA MED CARE COMMN HEALTH CARE FACS REV 5% 06-01-2042	Municipal/Provincial Bonds	56,825	59,497
65829QFY5	NORTH CAROLINA ST LTD OBLIG 5% 05-01-2039	Municipal/Provincial Bonds	119,928	125,475
6582565B4	NORTH CAROLINA ST 5% 06-01-2027	Municipal/Provincial Bonds	352,611	331,414
66604PAR6	NORTHERN VA TRANSN COMMN TRANSN DIST SPL OBLIG REV 5% 06-01-2038	Municipal/Provincial Bonds	89,417	88,195
67756DN85	OHIO ST HIGHER EDL FAC COMMN REV 5% 11-01-2034	Municipal/Provincial Bonds	52,660	51,409
677561LV2	OHIO ST HOSP FAC REV 5% 01-01-2028	Municipal/Provincial Bonds	170,175	151,709
67760HNK3	OHIO ST TPK COMMN TPK REV 5% 02-15-2051	Municipal/Provincial Bonds	227,592	232,039
677632R29	OHIO ST UNIV GEN RCPTS 4.25% 12-01-2056	Municipal/Provincial Bonds	114,625	114,305
677523EV0	OHIO ST 5% 09-01-2028	Municipal/Provincial Bonds	65,562	64,020
67919PWR0	OKLAHOMA ST WTR RES BRD REVOLVING FD REV 5% 04-01-2040	Municipal/Provincial Bonds	37,169	39,150
684517SQ9	ORANGE CNTY FLA SCH BRD CTFS PARTN 5% 08-01-2032	Municipal/Provincial Bonds	70,890	74,008
68609UPK5	OREGON ST REF-ARTICLE XI-Q ST 5% 05-01-2040	Municipal/Provincial Bonds	85,589	90,497
686513AX0	ORLANDO FLA WTR RECLAMATION SYS REV 5% 10-01-2054	Municipal/Provincial Bonds	98,231	94,570
70342PAN4	PATRIOTS ENERGY GROUP FING AGY S C GAS SUPPLY REV 5.25% 10-01-2054	Municipal/Provincial Bonds	231,596	245,764
70879QRA3	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 2.9% 10-01-2037	Municipal/Provincial Bonds	87,123	91,783
70879QRB1	PENNSYLVANIA HSG FIN AGY SINGLE FAMILY MTG REV 3% 04-01-2042	Municipal/Provincial Bonds	71,813	72,654
70917TTU5	PENNSYLVANIA ST HIGHER EDL FACS AUTH REV 5.5% 08-15-2055	Municipal/Provincial Bonds	146,369	151,882
709222DW0	PENNSYLVANIA ST TPK COMMN REGISTRATION FEE REV 5% 07-15-2033	Municipal/Provincial Bonds	68,663	68,758
70914P2K7	PENNSYLVANIA ST 5% 09-01-2036	Municipal/Provincial Bonds	142,893	147,569
71883PMB0	PHOENIX ARIZ CIVIC IMPT CORP WASTEWATER SYS REV 5% 07-01-2033	Municipal/Provincial Bonds	54,925	57,973
725304YA1	PITTSBURGH PA WTR & SWR AUTH WTR & SWR SYS REV 5% 09-01-2048	Municipal/Provincial Bonds	59,552	57,007
73358W5F7	PORT AUTH N Y & N J 5% 07-15-2030	Municipal/Provincial Bonds	288,910	276,824
74265L3N6	PRIVATE COLLEGES & UNIVS AUTH GA REV 5.25% 09-01-2045	Municipal/Provincial Bonds	94,259	98,310
79574CFQ1	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZ ELEC SYS REV 5% 01-01-2048	Municipal/Provincial Bonds	41,740	42,003
79574CHH9	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZ ELEC SYS REV 5% 01-01-2051	Municipal/Provincial Bonds	131,711	131,335
79739GNW2	SAN DIEGO CNTY CALIF REGL ARPT AUTH ARPT REV 4% 07-01-2051	Municipal/Provincial Bonds	255,363	239,993
812631TR0	SEATTLE WASH DRAIN & WASTEWATER REV 5.25% 05-01-2050	Municipal/Provincial Bonds	67,852	69,658
812643XN9	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2038	Municipal/Provincial Bonds	176,094	171,481
812643YC2	SEATTLE WASH MUN LT & PWR REV 5% 07-01-2052	Municipal/Provincial Bonds	188,764	180,639
837032CB5	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5.5% 11-01-2048	Municipal/Provincial Bonds	60,022	58,764
837032BR1	SOUTH CAROLINA JOBS-ECONOMIC DEV AUTH HEALTH CARE FACS REV 5% 11-01-2038	Municipal/Provincial Bonds	65,873	66,127
8371515K1	SOUTH CAROLINA ST PUB SVC AUTH REV 5% 12-01-2040	Municipal/Provincial Bonds	155,365	154,128
83755VU28	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 4% 07-01-2044	Municipal/Provincial Bonds	87,245	83,780
83755VW75	SOUTH DAKOTA ST HEALTH & EDL FACS AUTH REV 5% 11-01-2052	Municipal/Provincial Bonds	64,694	64,295
84131TBT8	SOUTHEAST ALA GAS SUPPLY DIST GAS SUPPLY REV 5% 06-01-2049	Municipal/Provincial Bonds	94,163	96,566
84136FBT3	SOUTHEAST ENERGY AUTH COMMODITY SUPPLY REV ALA 5.25% 01-01-2054	Municipal/Provincial Bonds	115,554	121,173
84136HCT8	SOUTHEAST ENERGY AUTHORITY A COOPERATIVE SER E 5.0% 10-01-2030	Municipal/Provincial Bonds	171,565	171,895

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED
NON-BARGAINING EMPLOYEES OF
GENERAL DYNAMICS LAND SYSTEMS

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
	845040ML5	SOUTHWEST HIGHER ED AUTH INC TEX REV 5% 10-01-2036	Municipal/Provincial Bonds	$ 118,182	$ 124,548
	850001CB2	SPRING TEX INDPT SCH DIST 5% 08-15-2040	Municipal/Provincial Bonds	122,935	129,090
	850269GA3	SPRINGDALE ARK SALES & USE TAX REV 4.125% 08-01-2047	Municipal/Provincial Bonds	117,892	116,541
	87638THF3	TARRANT CNTY TEX CULTURAL ED FACS FIN CORP REV 5% 07-01-2032	Municipal/Provincial Bonds	143,836	143,270
	876450BF3	TARRANT REGL WTR DIST TEX 4% 09-01-2055	Municipal/Provincial Bonds	57,956	54,991
	88256PAE0	TEXAS MUN GAS ACQUISITION & SUPPLY CORP IV GAS SUPPLY REV 5.25% 01-01-2029	Municipal/Provincial Bonds	87,207	89,797
	88283KBH0	TEXAS TRANSN COMMN CENT TEX TPK SYS REV 5% 08-15-2039	Municipal/Provincial Bonds	215,729	207,393
	88285AFA1	TEXAS WTR DEV BRD REV 5% 10-15-2031	Municipal/Provincial Bonds	225,140	226,155
	887440DJ1	TIMPANOGOS SPL SVC DIST UTAH SWR REV 5% 06-01-2047	Municipal/Provincial Bonds	78,315	73,674
	89602HHH3	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5.25% 05-15-2054	Municipal/Provincial Bonds	65,210	63,076
	89602HGH4	TRIBOROUGH BRDG & TUNL AUTH N Y PAYROLL MOBILITY TAX 5% 11-15-2041	Municipal/Provincial Bonds	104,670	109,494
	896035CA8	TRIBOROUGH BRDG & TUNL AUTH N Y SALES TAX REV 4.125% 05-15-2053	Municipal/Provincial Bonds	58,826	55,877
	914440RN4	UNIVERSITY MASS BLDG AUTH PROJ REV 5% 11-01-2028	Municipal/Provincial Bonds	61,309	53,563
	91476PF52	UNIVERSITY OKLA REVS 5% 07-01-2039	Municipal/Provincial Bonds	78,585	78,691
	915183YM3	UNIVERSITY UTAH UNIV REVS 5% 08-01-2028	Municipal/Provincial Bonds	171,837	155,690
	917393CU2	UTAH CNTY UTAH HOSP REV 4% 05-15-2041	Municipal/Provincial Bonds	241,793	242,626
	917567HL6	UTAH TRAN AUTH SALES TAX REV 5% 06-15-2037	Municipal/Provincial Bonds	98,106	97,146
	938395TF7	WASHINGTON & CLACKAMAS CNTYS ORE SCH DIST NO 23 J TIGARD 5% 06-15-2039	Municipal/Provincial Bonds	86,238	91,637
	93878YBD0	WASHINGTON D C MET AREA TRAN AUTH DEDICATED REV 5% 07-15-2030	Municipal/Provincial Bonds	162,854	154,413
	93974EMJ2	WASHINGTON ST 5% 06-01-2030	Municipal/Provincial Bonds	72,490	71,895
	93974EE36	WASHINGTON ST 5% 07-01-2031	Municipal/Provincial Bonds	98,310	101,488
	93974FBW2	WASHINGTON ST 5% 08-01-2043	Municipal/Provincial Bonds	114,106	119,884
	944514U63	WAYNE CNTY MICH ARPT AUTH REV 5.5% 12-01-2044	Municipal/Provincial Bonds	108,699	115,017
	95308RQW2	WEST HARRIS CNTY TEX REGL WTR AUTH WTR SYS REV 5% 12-15-2031	Municipal/Provincial Bonds	155,541	135,470
	97712JMC4	WI ST HLTH & EDL FACS AUTH REV PRE-REFUNDED-ASCENSION SR CR 4% 11-15-2046	Municipal/Provincial Bonds	187,060	145,764
	97712JMW0	WI ST HLTH & EDL FACS AUTH REV UNREFUNDED BALANCE 2025 4% 11-15-2046	Municipal/Provincial Bonds	89,288	128,528
	9771234G0	WISCONSIN ST TRANSN REV 5% 07-01-2041	Municipal/Provincial Bonds	99,243	98,772
	97705MD93	WISCONSIN ST 5% 05-01-2035	Municipal/Provincial Bonds	96,290	95,848
	97705MU78	WISCONSIN ST 5% 05-01-2036	Municipal/Provincial Bonds	67,058	69,808
		Total Municipal/Provincial Bonds		24,949,493	24,536,363
	Interest in Common Trust Fund:				
*	66586U437	NORTHERN TRUST INVESTMENTS, INC.	NT Common Short Term Investment Fund	$ 521,408	$ 521,408
		Total Interest in Common Trust Fund		521,408	521,408
		Total		$ 25,555,486	$ 25,143,181

* Represents a party-in-interest

See accompanying independent auditors' report.

GROUP INSURANCE AND HEALTH BENEFITS FOR SALARIED NON-BARGAINING EMPLOYEES OF GENERAL DYNAMICS LAND SYSTEMS

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, Collatreal, Par, or Maturity Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Auburn University	Auburn University Ala Gen Fee Rev 5% 06-01-2041	$ 50,715	$ 48,129
JEA Fla Wtr & Swe Sys	JEA Fla Wtr & Swr Sys Rev 5.25% 10-01-2055	185,502	183,821
Ohio State Water Dev Authority	Ohio St Wtr Dev Auth Rev 5% 12-01-2037	194,808	191,338
Oklahoma St Turnpike Authority	Oklahoma St Tpk Auth TPK Rev 5% 01-01-2043	27,241	25,879
State of Wisconsin	Wisconsin St 5% 05-01-2038	252,943	247,696