Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1932

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)
SOUTHERN CALIFORNIA GAS COMPANY

C/O SEMPRA

488 8TH AVENUE, MAILSTOP HQ04N5
SAN DIEGO, CA 92101

2b Employer Identification Number (EIN)
95-1240705

2c Plan Sponsor's telephone number
619-696-2000

2d Business code (see instructions)
221210

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.	09/26/2026	KAREN SEDGWICK
	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 ☐ Same as Plan Sponsor

SEMPRA P&B COMMITTEE
C/O SEMPRA
488 8TH AVENUE, MAILSTOP HQ04N5
SAN DIEGO, CA 92101

3b Administrator's EIN
33-0732627

3c Administrator's telephone number
619-696-2000

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	11638
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)**	8639
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8009
b	Retired or separated participants receiving benefits	**6b**	1848
c	Other retired or separated participants entitled to future benefits	**6c**	1387
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	11244
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	484
f	Total. Add lines **6d** and **6e**.	**6f**	11728
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)**	0
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)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	56
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:

1A 1C 1E 3F 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

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
ANTHEM BLUE CROSS LIFE AND HEALTH 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
95-4331852	62825	174217	113	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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	246046
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

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
BLUE CROSS OF CALIFORNIA

(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
95-3760980	00000	C19393	63	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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned (**(1)** + **(2)** - **(3)**)		9a(4)	
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add **(1)** and **(2)**)		9b(3)	
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	66353
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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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
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

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
KAISER FOUNDATION HEALTH PLAN INC.

(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
94-1340523	00000	104236	541	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

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

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

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

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

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Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	2300109
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0220160/0220161	108	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned (**(1)** + **(2)** - **(3)**)		9a(4)	
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add **(1)** and **(2)**)		9b(3)	
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	8224
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

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
SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORPORATION

(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
95-2879515	96030	0140055/0140056	142	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	24026
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

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
UNITEDHEALTHCARE OF CALIFORNIA

(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
95-2931460	00000	900149/900152	1125	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	4532060
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1895998367
b Actuarial value	**2b**	1894940589

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2146	538529539	538529539
b For terminated vested participants	1339	120310852	120310852
c For active participants	8639	1064113371	1197196469
d Total	12124	1722953762	1856036860

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.40 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	92961408
b Expected plan-related expenses	**6b**	3100000
c Target normal cost	**6c**	96061408

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

08/27/2026
Date

KAREN CHEUNG
Type or print name of actuary

26-07727
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

213-337-6000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.79 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		91488763
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.24 %		4794011
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		96282774
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	102.09 %
15	Adjusted funding target attainment percentage	15	102.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.69 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2025	42730000	0			
07/01/2025	42730000	0			
10/01/2025	42730000	0			
12/15/2025	42695000	0			
			Totals ► 18(b)	170885000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	165472602

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	96061408
b Excess assets, if applicable, but not greater than line 31a	**31b**	38903729

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	57157679

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	57157679
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	165472602
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	108314923
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	1935770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL INVEST MGMT AMERICA

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1555128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 50	NONE	485702	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)

FIDELITY INSTITUTIONAL ASSET MGMT.

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	443151	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON FD

04-6913417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	342830	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL GLOBAL INVESTORS, LLC

42-1479618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	326629	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WILLIAM BLAIR

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	261724	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	247158	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	230138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BLACKROCK BGI

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	199293	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELOITTE & TOUCHE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	192080	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON HEWITT INVESTMENT

36-3109431

(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	NONE	164355	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SSGA GLOBAL

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	105216	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELTA DENTAL OF CALIFORNIA

95-1461312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50 65	NONE	90562	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTHEM BLUE CROSS LIFE AND HEALTH I

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE	82084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BLUE CROSS OF CALIFORNIA

95-3760980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE	35316	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NASDAQ EVESTMENT

20-1635630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 65	NONE	18046	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS, SAYLES & COMPANY, L.P.

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	10469	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PARAMETRIC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	9158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE TAX LLP

86-1065772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6429	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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

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: SEMPRA PENSION MASTER TRUST

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

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)
33-0732627-005	M	2574296723

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 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
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2357873669	2574296723
(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)		

		(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	2357873669	2574296723
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1091619	1640136
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1091619	1640136
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2356782050	2572656587

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)	170885000	
(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)		170885000
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)		
(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)		0
(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)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		276021408
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		446906408
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	213253399	
(2) To insurance carriers for the provision of benefits	2e(2)	7176818	
(3) Other	2e(3)	3044052	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		223474269
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)	1782710	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	198509	
(5) Investment advisory and investment management fees	2i(5)	3731714	
(6) Bank or trust company trustee/custodial fees	2i(6)	485702	
(7) Actuarial fees	2i(7)	325760	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1626223	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		8150618
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		231624887
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		215281521
l Transfers of assets:			
(1) To this plan	2l(1)		593016
(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: DELOITTE & TOUCHE **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		125000000
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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**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)
SAN DIEGO GAS & ELECTRIC COMPANY CASH BALANCE PLAN	95-1184800	002
SEMPRA CASH BALANCE PLAN	33-0732627	001

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587818.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5160382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 450

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☒

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 22.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 68.00 %
High-Yield Debt: 1.00 % Real Assets: 7.00 % Cash or Cash Equivalents: 2.00 % Other: 0.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Southern California Gas Company Pension Plan

Employer ID Number: 95-1240705
Plan Number: 001

Financial Statements as of December 31, 2025 and 2024, and for the Year Ended December 31, 2025, and Independent Auditor's Report

SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

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NOTE: All supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of conditions under which they are required or as they are filed by the trustee of the master trust in which the plan participates.

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the Southern California Gas Company Pension Plan:

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

We have performed audits of the financial statements of Southern California Gas Company Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for pension benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for pension benefits 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 7 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 Auditor's 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 accounting principles generally accepted in the United States of America.

- 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Deloitte & Touche LLP

September 24, 2026

SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

GLOSSARY

The following terms and abbreviations appearing in these financial statements have the meanings indicated below.

GLOSSARY	
Cash Balance Program	Southern California Gas Company Cash Balance Program
Company	Southern California Gas Company
Employer	Southern California Gas Company
ERISA	Employee Retirement Income Security Act of 1974
FBPA	Frozen Benefit Plus Account
Interest Crediting Rate	average 30-year U.S. Treasury bond rate
IRC	U.S. Internal Revenue Code
IRS	U.S. Internal Revenue Service
NAV	net asset value
PBGC	Pension Benefit Guaranty Corporation
Plan	Southern California Gas Company Pension Plan
Plan Administrator	Sempra Pension and Benefits Committee
Plan Sponsor	Southern California Gas Company
Sempra Master Trust	Sempra Defined Benefit Master Trust
Sempra P&B Committee	Sempra Pension and Benefits Committee
Trustee	Bank of New York Mellon/BNY Mellon, N.A.
U.S. GAAP	generally accepted accounting principles in the United States of America

SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS
AS OF DECEMBER 31, 2025 AND 2024
(Dollars in thousands)

	December 31, 2025	December 31, 2024
ASSETS:		
Investment, at fair value:		
Plan's interest in the Sempra Master Trust	$ 2,073,823	$ 1,895,498
Net assets held in 401(h) account of the Sempra Master Trust	500,131	462,181
Total assets	2,573,954	2,357,679
LIABILITIES:		
Accrued administrative expenses	1,295	896
Amounts related to obligations of 401(h) account	500,131	462,181
Total liabilities	501,426	463,077
NET ASSETS AVAILABLE FOR PENSION BENEFITS	$ 2,072,528	$ 1,894,602

See Notes to Financial Statements.

SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025
(Dollars in thousands)

ADDITIONS:		
Plan's interest in net investment income of the Sempra Master Trust	$	226,330
Employer contributions		170,885
Total additions		397,215
DEDUCTIONS:		
Retirement benefits paid		213,253
Administrative expenses		6,590
Total deductions		219,843
INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS		177,372
NET TRANSFERS OF ASSETS OF ACTIVE EMPLOYEES FROM RELATED PLANS		554
INCREASE IN NET ASSETS		177,926
NET ASSETS AVAILABLE FOR PENSION BENEFITS:		
Beginning of year		1,894,602
End of year	$	2,072,528

See Notes to Financial Statements.

1. DESCRIPTION OF PLAN

The following brief description of the Plan, which includes the Cash Balance Program, is provided for general information purposes only. Participants in the Plan should refer to the applicable Plan documents for a more complete description of the Plan's provisions.

General—The Plan is a single-employer, noncontributory defined benefit pension plan covering substantially all employees of the Company. The Plan is subject to the provisions of ERISA. The Company's board of directors has appointed the Sempra P&B Committee to oversee and manage the operation and administration of the Plan as the Plan Administrator. Sempra is the parent company of the Company. The Bank of New York Mellon/BNY Mellon, N.A. serves as the Trustee of the Plan, and Willis Towers Watson US LLC serves as the recordkeeper of the Plan.

Pension Benefits—Non-represented Employees

Cash Balance Program—The Cash Balance Program is noncontributory by participants, but is based on accumulated amounts in a hypothetical account maintained for each participant. Each participant's account receives a monthly credit of 7.5% of eligible monthly earnings, as defined in the Plan document for the Cash Balance Program, and interest based on the Interest Crediting Rate as of each previous November. Employees with at least three years of service are vested in their pension benefits. If an employee terminates before rendering three years of service, his or her rights to receive benefits are forfeited. Upon retirement or termination, participants may elect to receive their cash balance benefits in the form of a lump sum, a single life annuity, or a joint and survivor annuity. The Plan was amended to provide benefits under these provisions as of July 1, 1998. In addition, participants with a deferred vested benefit in the Plan, that had not commenced payment of their benefit and had not elected to receive a lump-sum distribution as of September 1, 2018, can elect to receive their benefit in the form of a lump-sum distribution.

Transition Provisions—Initial account balances were established for each participant in the Cash Balance Program based on the present value of the participant's accrued benefit under the prior pension plan as of June 30, 1998, the date of conversion to the Cash Balance Program, plus an early retirement subsidy. Certain participants received an additional increase in their initial opening balance if the benefits projected over the next 10 years would be higher under the provisions of the Plan before the Cash Balance Program amendments. In addition, the accounts of active participants who were age 40 or older with fewer than 15 years of service as of July 1, 1998, receive an additional contribution of 2% of eligible earnings, in addition to the 7.5% credit, until they complete 15 years of service. The accounts of eligible employees who were participants in the Plan as of July 1, 1998 with fewer than 30 years of service, are credited with interest at the Interest Crediting Rate plus an additional 2%. After completing 30 years of service, participants no longer receive the additional 2% interest.

Grandfather Provisions—Through June 30, 2003, a participant's benefit under the Cash Balance Program was not less than the benefit that would have been earned through the date of calculation under the provisions of the prior plan in which the participant previously participated. The benefit calculated under the prior plan is based on accrued final average earnings and service, as defined in the Plan document.

Such calculation derives a lifetime monthly annuity at age 65. The participant may elect an immediate annuity or payout upon meeting early retirement eligibility (after attaining age 55 and the required years of service as specified in the Plan document), the amount of which is adjusted with early retirement factors as defined in the Plan document. On or after July 1, 2003, a participant's benefit under the Cash Balance Program is not less than the present value of the accrued grandfathered benefit, frozen as of June 30, 2003. Participants with such benefits may elect to receive them in the form of several joint and survivor annuities, a single life annuity, a level income annuity, a 10- or 15-year certain and life annuity, or a lump sum.

Effective January 1, 2008, the preretirement death benefit for non-represented grandfathered participants employed as of January 1, 2008 was enhanced to be the same value that the participant would receive at separation from service.

FBPA—Effective March 1, 2007, the Plan was amended to include the FBPA. Generally, the participants eligible for this account were non-represented active employees as of March 1, 2007, have not been terminated and rehired since that date, and had an opening initial account balance established on July 1, 1998. The amended benefit is based on the greater of the cash balance account balance or the sum of (i) the present value of the accrued grandfathered benefit, frozen as of June 30, 2003, calculated using the grandfathered plan's formulae and factors and (ii) the FBPA balance. The FBPA balance is the sum of the initial opening balance, which is the participant's cash balance account activity from July 1, 2003 through February 28, 2007, and any cash balance account activity to the date of distribution of the account to the participant.

Transfer of Positions—Effective January 1, 2012, the accounts of eligible employees with fewer than 30 years of service who were participants in the Plan as of July 1, 1998 and transfer employment to an affiliated company are credited with interest at the Interest Crediting Rate plus an additional 2%. These participants stop receiving the additional 2% interest beginning the month in which the earlier of the following occurs: (i) the participant completes 15 years of service with the affiliated employer following the date of transfer or (ii) the participant completes a combined 30 years of service at the Company and an affiliated company.

Effective July 1, 2014, the Plan was amended to provide an enhanced pension benefit to certain non-represented employees of the Company employed as of or after that date and who transfer or have transferred from a represented position at the Company after June 30, 1998.

Pension Benefits—Represented Employees

Benefits for represented employees are based on years of service, the employee's highest three years of compensation during the last five consecutive years of employment, and estimated social security benefits at normal retirement date. Employees with five or more years of service are entitled to receive pension benefits beginning at normal retirement age, 65. The Plan permits early retirement from the age of 55 through 62, if the employee has completed 15 years of service or has attained a specific combination of age and years of service. Participants may elect to receive their pension benefits in the form of several payment options, such as a single life annuity, a lump sum, specified 10- or 15-year payments, or a joint and survivor annuity.

Effective January 1, 2012, represented employees hired on or after that date and covered by the Plan earn benefits under the Cash Balance Program described above. Represented employees rehired by the Company prior to March 1, 2012 earn benefits under the Plan's pension benefit provisions described in

this section. Subsequent to January 1, 2010, represented employees that transfer to a non-represented management position and then return to a represented position within two years of the date of transfer, will be treated as if they had always been earning benefits under the pension benefit provisions of the Plan. If the transferring employee returns to a represented position after two years, they will continue to earn benefits under the Cash Balance Program described above.

Also effective January 1, 2012, the preretirement death benefit for represented participants employed on or after that date was enhanced to be the value of the lump sum benefit that the participant would receive at separation from service.

Funding Policy—The Company's contributions are made in amounts sufficient to fund pension costs on a current basis, which are actuarially determined using the projected unit credit cost method, and in accordance with the Company's current agreement with the California Public Utilities Commission. Additionally, the Sempra Plan Funding Committee may approve discretionary contributions to the Plan in excess of the Plan's minimum funding requirements, and may elect to allocate current year contributions to the Plan to a prior plan year in accordance with the provisions of the IRC. Under U.S. GAAP, in 2025, the Company made contributions of $170,885,000 to the Plan. The Plan met the minimum funding requirements of ERISA in 2025.

Transfers—Employees transfer between the Company and related entities for various reasons, and this results in the transfer of participant assets and related benefit obligations from one plan to another. In 2025, net transfers of assets of active employees from related plans of $554,000 included in the statement of changes in net assets available for pension benefits consisted entirely of net transfers from and no net transfers to related plans.

401(h) Account—The Plan includes a health benefit component, in addition to normal retirement benefits, to fund a portion of the postretirement benefit obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate 401(h) account has been established and maintained in the Plan for the net assets related to the health benefit component and is held in the Sempra Master Trust (see Note 3). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess Plan assets (and any income allocable thereto) that are not used during the plan year must be transferred back to the Plan.

The related obligations for health benefits are not included in the Plan's obligations. Accordingly, the liability for amounts related to obligations of 401(h) account reflected in the accompanying statements of net assets available for pension benefits only represents the fair value of investments presently held by the Plan on behalf of the Southern California Gas Company Non-Represented Retiree Health and Welfare Program, net of accruals. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually by actuarial study and are at the discretion of the Company.

Plan Termination—Although the Company has not expressed any intent to do so, it has the right under the Plan, subject to the provisions of ERISA and contractual obligations, to change or discontinue any or all parts of the Plan or to terminate the Plan at any time.

In the event the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits for former employees or their beneficiaries who have been receiving benefits for at least three years equal to the lowest benefit level in that three-year period, and for those employees who were eligible to retire during that same three-year period and would have been receiving annuity benefits (if they had retired), calculated at the lowest benefit formula under the Plan during the five years prior to termination of the Plan

2. Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations

3. All other vested benefits (i.e., vested benefits not insured by the PBGC)

4. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with U.S. GAAP.

Use of Estimates—The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties—As discussed in Note 3, the Plan invests in various investment instruments in the Sempra Master Trust. Investments, in general, are exposed to various risks and uncertainties, such as interest rate risk, credit risk, and market risk. Market risks include global events which could impact the value of investments, such as a pandemic or international conflict. Due to the level of risk associated with certain investments, it is 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 financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Investment Valuation and Income/Loss Recognition—The Plan's investment consists of an interest in the Sempra Master Trust. The Plan's interest in the Sempra Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Sempra Master Trust. See Note 4 for descriptions of valuation methods. The Sempra Master Trust uses various derivative instruments to manage investment risk as discussed below.

Investment income related to the Plan's interest in the Sempra Master Trust is presented in Plan's interest in net investment income of the Sempra Master Trust in the statement of changes in net assets available for pension benefits and consists of net appreciation in the fair value of investments, dividend income and interest income. Net appreciation includes realized gains and losses on investments sold during the year and unrealized gains and losses on investments held as of year-end. Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on an accrual basis.

Derivative Instruments—Plan management uses derivative instruments to manage the Sempra Master Trust investments' exposure to interest rate, foreign currency exchange rate, market, credit, and inflation risks. Derivative instruments are recorded at fair value, which is derived from an underlying security or index. They may include futures, swaps, options, forwards, structured notes, and stripped securities. None of the derivative instruments in the Sempra Master Trust are designated as hedges for accounting purposes.

The Sempra Master Trust's derivative instruments are included in Plan's interest in the Sempra Master Trust on the statements of net assets available for pension benefits. Within the Sempra Master Trust (see Note 3), the foreign currency exchange contracts are recorded in receivables—due from broker and liabilities—due to broker, and all the other derivative instruments are disclosed in investments—derivative instruments. The Plan's share of the Sempra Master Trust's derivative gains and losses is included in Plan's interest in net investment income of the Sempra Master Trust on the statement of changes in net assets available for pension benefits and located in the summary of the Sempra Master Trust's net investment income in Note 3 in net appreciation in fair value of investments.

Benefit Payments—Benefit payment annuities are paid monthly, and lump sum benefit payment distributions are paid when due by the Plan. In both cases, benefit payments to participants are recorded when paid.

Administrative Expenses—Administrative expenses of the Plan are paid by the Plan as provided in the Plan documents. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge. Administrative expenses not paid by the Plan are paid by the Plan Sponsor.

Subsequent Events—Subsequent events were evaluated through September 24, 2026, the date the financial statements were available to be issued.

3. INVESTMENT IN SEMPRA MASTER TRUST

The Sempra Master Trust was established by Sempra and is administered by the Trustee. Use of the Sempra Master Trust permits the commingling of the trust assets of this and other similar employee benefit plans sponsored by Sempra or an affiliate for investment and administrative purposes.

The Plan's net assets are held in a trust account with the Trustee. Its investments consist of both an undivided interest in a commingled investment account in the Sempra Master Trust (commingled

account) and a divided interest in the Sempra Master Trust for the exclusive benefit of the Plan (non-commingled account) (see Notes 4 and 7).

As of December 31, 2025 and 2024, the Plan's approximate interest and the Plan's 401(h) account's approximate interest in the total net assets of the Sempra Master Trust were as follows (dollars in thousands):

	December 31, 2025		December 31, 2024	
	Percentage	Amount	Percentage	Amount
Plan's interest [(a)]	55.7 %	$ 2,072,528	55.2 %	$ 1,894,602
Plan's 401(h) account interest [(a)]	13.5 %	500,131	13.5 %	462,181
Total	69.2 %	$ 2,572,659	68.7 %	$ 2,356,783
Net assets of the Sempra Master Trust		$ 3,718,178		$ 3,431,805

[(a)] Amounts include the Plan's commingled account and non-commingled account.

The value of the Plan's interest in the Sempra Master Trust is based on the beginning of year value of the Plan's interest in the Sempra Master Trust, plus actual contributions and net earnings of the Sempra Master Trust, less actual benefit payments. Contributions and benefit payments are allocated on a specific identification basis to the plans.

Net earnings include interest income, dividend income, and net appreciation in fair value of investments (representing net investment income of the Sempra Master Trust), net of investment management, custodial, accounting, and actuarial expenses. Net investment income, excluding the non-commingled accounts, is allocated monthly on a pro rata basis using the percentage that the net assets of each plan's respective commingled account bears to the net assets of the commingled investment account in the Sempra Master Trust. Net investment income for the non-commingled accounts is retained within the respective non-commingled accounts.

Expenses are allocated to the plans in the following order: (1) expenses specifically identifiable to each plan, then (2) for the commingled accounts, monthly on a pro rata basis using the percentage that the net assets of each plan's respective commingled account bears to the net assets of the commingled investment account in the Sempra Master Trust.

The net assets of the Sempra Master Trust as of December 31, 2025 and 2024 are summarized as follows (dollars in thousands):

	Sempra Master Trust		Plan's Interest in the Sempra Master Trust	
	December 31,		December 31,	
	2025	2024	2025	2024
Assets:				
Noninterest-bearing cash	$ 1,308	$ 73	$ 838	$ —
Investments:				
Interest-bearing cash	9,405	13,848	7,081	10,704
Common and preferred stocks	69,925	66,622	47,422	48,551
U.S. government and government agency securities	646,579	609,769	506,152	290,865
Foreign government bonds	48,397	17,882	32,823	13,886
Municipal bonds	43,210	13,927	29,305	10,518
Corporate bonds	1,231,208	516,008	834,998	416,465
Registered investment companies	392,710	241,212	266,334	175,786
Derivative instruments	3,281	4,432	(2,139)	(2,717)
Common/collective trusts	1,272,418	1,940,709	845,876	1,401,121
Other	—	25,120	—	—
Total investments	3,717,133	3,449,529	2,567,852	2,365,179
Receivables:				
Foreign currency exchange contracts	8,745	8,931	5,931	6,508
Due from broker: Investments sold	156,014	42,509	105,808	25,608
Interest and dividends	29,661	18,790	21,437	12,891
Total receivables	194,420	70,230	133,176	45,007
Total assets	3,912,861	3,519,832	2,701,866	2,410,186
Liabilities:				
Foreign currency exchange contracts	8,884	8,840	6,025	6,442
Due to broker:				
Derivatives contracts	6,027	8,506	1,259	839
Investments purchased	176,897	68,822	119,971	44,853
Other	459	242	311	177
Accrued administrative expenses	2,416	1,617	1,641	1,092
Total liabilities	194,683	88,027	129,207	53,403
Net assets	$ 3,718,178	$ 3,431,805	$ 2,572,659	$ 2,356,783

The net investment income of the Sempra Master Trust for the year ended December 31, 2025 is summarized as follows (dollars in thousands):

	Year Ended December 31, 2025
Net investment income:	
Interest	$ 66,471
Dividends	25,526
Net appreciation in fair value of investments	312,220
Total net investment income	$ 404,217

4. FAIR VALUE MEASUREMENTS—SEMPRA MASTER TRUST

Plan management applies recurring fair value measurements to certain assets and liabilities. "Fair value" is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). A fair value measurement reflects the assumptions market participants would use in pricing an asset or liability based on the best available information. These assumptions include the risk inherent in a particular valuation technique (such as a pricing model) and the risks inherent in the inputs to the model.

The fair value hierarchy used by Plan management prioritizes the inputs used to measure fair value, with the highest priority given to observable inputs and the lowest priority given to unobservable inputs as follows:

Level 1—Quoted prices are available in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis. The investments in this category include interest-bearing cash, equity securities, U.S. government and government agency securities, investments in registered investment companies such as mutual funds, and exchange-traded derivatives.

Level 2—Pricing inputs are other than quoted prices in active markets included in Level 1, which are either directly or indirectly observable as of the reporting date. Level 2 includes those financial instruments that are valued using models or other valuation methodologies. These models are primarily industry-standard models that consider various assumptions, including:

- time value
- current market and contractual prices for the underlying instruments
- volatility factors
- other relevant economic measures

Substantially all these assumptions are observable in the marketplace throughout the full term of the instrument, can be derived from observable data or are supported by observable levels at which transactions are executed in the marketplace. The investments in this category include equity securities, U.S. government and government agency securities, foreign government bonds, municipal bonds, corporate bonds, investments in registered investment companies such as mutual funds, and non-exchange-traded derivatives such as interest rate instruments and over-the-counter forwards and options.

Level 3—Pricing inputs include significant inputs that are generally less observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value from the perspective of a market participant. There were no investments classified as Level 3 in the Sempra Master Trust as of December 31, 2025 or 2024.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies and assumptions used to estimate the fair values of the investments in the Sempra Master Trust:

Interest-bearing Cash—Interest-bearing cash is valued at cost, which approximates fair value, and is classified within Level 1 of the fair value hierarchy.

Equity Securities—Equity securities include common and preferred stocks. They are generally valued using quoted prices listed on nationally recognized securities exchanges and are classified within Level 1 or Level 2 of the fair value hierarchy.

Fixed Income Securities—Fixed income securities include U.S. government and government agency securities, foreign government bonds, municipal bonds, and corporate bonds. Certain fixed income securities are valued at the closing price reported in the active market in which the security is traded. Such investments are classified within Level 1 of the fair value hierarchy. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks. Certain high yield fixed-income securities are valued by applying a price adjustment to the bid side to calculate a mean and ask value. Adjustments can vary based on maturity, credit standing, and reported trade frequencies. The bid to ask spread is determined by the investment manager based on the review of the available market information. Such investments are classified within Level 2 of the fair value hierarchy.

Registered Investment Companies—Investments in mutual funds sponsored by a registered investment company are valued based on exchange listed prices. Where the value is a quoted price in an active market, the investment is classified within Level 1 of the fair value hierarchy. Investments in certain fixed income securities are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks for the remaining fixed income securities. Such investments are classified within Level 2 of the fair value hierarchy.

Derivative Instruments—Futures contracts that are publicly traded in active markets are valued at closing prices as of the last business day of the year. Forward currency contracts are valued at the prevailing forward exchange rate of the underlying currencies, and unrealized gains and losses are recorded daily. Fixed income futures and options are marked to market daily. Equity index future contracts are valued at the last sales price quoted on the exchange on which they primarily trade. Derivative instruments are classified within Level 1 or Level 2 of the fair value hierarchy.

Common/Collective Trusts—Investments in common/collective trust funds are valued based on the NAV of units owned, which is based on the current fair value of the funds' underlying net assets. The NAV, as provided by the trustee of the fund, is used as a practical expedient to estimate fair value.

The valuation methods described above are intended to produce a fair value calculation that is indicative of net realizable value or reflective of future fair values. However, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy a summary of the Sempra Master Trust's investments and foreign currency exchange contracts measured at fair value on a recurring basis as of December 31, 2025 and 2024 (dollars in thousands):

	December 31, 2025		
	Level 1	Level 2	Total
Interest-bearing cash	$ 9,405	$ —	$ 9,405
Common and preferred stocks	69,421	504	69,925
U.S. government and government agency securities	638,292	8,287	646,579
Foreign government bonds	—	48,397	48,397
Municipal bonds	—	43,210	43,210
Corporate bonds	—	1,231,208	1,231,208
Registered investment companies	165,579	227,131	392,710
Derivative instruments	2,211	1,070	3,281
Total investments in the fair value hierarchy	$ 884,908	$ 1,559,807	2,444,715
Investments measured at NAV:			
Common/collective trusts			1,272,418
Other			—
Total investments measured at NAV			1,272,418
Total investments in the Sempra Master Trust			$ 3,717,133
Foreign currency exchange contracts:			
Asset—due from broker	$ 8,745	$ —	$ 8,745
Liability—due to broker	$ (8,884)	$ —	$ (8,884)

	December 31, 2024		
	Level 1	Level 2	Total
Interest-bearing cash	$ 13,848	$ —	$ 13,848
Common and preferred stocks	66,057	565	66,622
U.S. government and government agency securities	592,493	17,276	609,769
Foreign government bonds	—	17,882	17,882
Municipal bonds	—	13,927	13,927
Corporate bonds	—	516,008	516,008
Registered investment companies	240,934	278	241,212
Derivative instruments	3,559	873	4,432
Total investments in the fair value hierarchy	$ 916,891	$ 566,809	1,483,700
Investments measured at NAV:			
Common/collective trusts			1,940,709
Other			25,120
Total investments measured at NAV			1,965,829
Total investments in the Sempra Master Trust			$ 3,449,529
Foreign currency exchange contracts:			
Asset—due from broker	$ 8,931	$ —	$ 8,931
Liability—due to broker	$ (8,840)	$ —	$ (8,840)

Fair Value of Investments that Calculate NAV:

Below is a summary of the Sempra Master Trust's investments at December 31, 2025 and 2024 for which fair value is estimated based on the NAV (dollars in thousands):

	Fair Value Estimated Using NAV per Share [a]			
	December 31,		Redemption Frequency	Redemption Notice Period
	2025	2024		
Common/collective trusts [b]:				
Aristotle Small CAP Equity	$ 31,779	$ 31,581	Daily	None
Cohen & Steers Real Assets Multi-Strategy Fund	55,193	57,911	Daily	None
Duff & Phelps Global Real Estate Securities CIT	59,968	51,117	Daily	None
EB Temporary Investment Fund of the Bank of New York Mellon	109,433	143,181	Daily	None
FIAM Select International SC EQ LLC	93,042	82,273	Daily	None
L&G Long Duration U.S. Credit CIT Fund	—	477,551	Daily	5 days
Lazard/Wilmington Emerging Markets Sudan Free	49,485	49,166	Daily	None
SER 8 Brookfield Real Assets	44,222	68,555	Daily	None
State Street MSCI Canada Index Non-Lending Fund	19,657	21,273	Daily	None
State Street MSCI EAFE Index Non-Lending Fund	142,236	164,002	Daily	None
State Street Russell 1000(R) Index Non-Lending Fund	507,421	544,229	Daily	None
State Street 20 Year U.S. Treasury Strips Index Non-Lending Fund	—	97,334	Daily	None
William Blair Emerging Markets Leaders	46,708	49,247	Daily	None
WTC-CIF II Multi Sector Credit	113,274	103,289	Daily	None
Total common/collective trusts	1,272,418	1,940,709		
Other:				
LGIMA Long Duration US Credit Fund	—	25,120	[c]	[c]
Total other	—	25,120		
Total investments measured at NAV	$ 1,272,418	$ 1,965,829		

[a] The investments for which fair value is estimated based on the NAV have no unfunded commitments.

[b] These trusts discuss their investment strategies in their individual Forms 5500 (annual return/report of Employee Benefit Plan) filed with the Department of Labor.

[c] LGIMA Long Duration US Credit Fund consisted of investments in a diversified pool of long duration U.S. investment-grade assets with a goal of maximizing total return through a combination of income and capital appreciation. The fund liquidated its underlying investments and distributed the proceeds to investors in 2025 and has closed. The Sempra Master Trust recognized a $1,462 gain on the liquidation during the year ended December 31, 2025.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic benefit payments, including lump sum distributions, under the Plan that are attributable to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits has been determined by the Plan's independent actuary as of December 31, 2025 and 2024, and is that amount which results from applying actuarial assumptions, which are reviewed by Plan management, to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the benefit information date and the expected dates of payment. The effect of plan amendments and changes in plan assumptions on accumulated plan benefits is recognized during the year in which such amendments and changes in plan assumptions become effective. As of January 1, 2026, no amendments or changes in assumptions to the Plan became effective that would have changed accumulated plan benefits as of December 31, 2025.

The following are the significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2025 and 2024:

	December 31,	
	2025	**2024**
Discount rate	5.50%	6.00%
Mortality:		
Pre-retirement mortality	Pri-2012 Employees table with MP-2021 generational projection scale	
Post-retirement mortality	Sempra specific table, base year of 2021, with MP-2021 generational projection scale from 2021	
Weighted average retirement age	61	64
Weighted average long-term rate of return on assets	5.50%	6.00%
Weighted average cash balance Interest Crediting Rate	4.70%	4.54%

In addition, for purposes of converting monthly annuities to a lump sum and converting cash balance accounts to monthly annuities, the 2026 IRC Section 417(e) mortality table with MP-2021 IRS 2024 Adjusted with Cap generational projection scale is used as of December 31, 2025 with interest based on the IRC Section 417(e) segment rates for November 2025. The 2025 IRC Section 417(e) mortality table with MP-2021 IRS 2024 Adjusted with Cap generational projection scale was used as of December 31, 2024 with interest based on the IRC Section 417(e) segment rates for November 2024.

In 2025, changes in the actuarial assumptions for retirement rates, discount rate, cash balance Interest Crediting Rate and interest rates for converting monthly annuities to a lump sum and converting cash balance accounts to monthly annuities most significantly contributed to the net increase in the actuarial present value of accumulated plan benefits of $96,258,000.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024 is as follows (dollars in thousands):

	December 31,	
	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 581,668	$ 523,473
Other participants	1,118,345	1,115,033
Total vested benefits	1,700,013	1,638,506
Non-vested benefits	118,727	111,221
Total actuarial present value of accumulated plan benefits	$ 1,818,740	$ 1,749,727

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2025 is as follows (dollars in thousands):

	Year Ended December 31, 2025
Actuarial present value of accumulated plan benefits—beginning of year	$ 1,749,727
Increase (decrease) during the year attributable to:	
Benefits accumulated	85,358
Actuarial experience losses (gains)	(2,861)
Interest due to a decrease in the discount period	103,801
Benefits paid	(213,253)
Assumption changes	96,258
Reduction of benefits due to net transfers of active employees between related plans	(290)
Net increase	69,013
Actuarial present value of accumulated plan benefits—end of year	$ 1,818,740

6. FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated March 2, 2021 that the Plan and the Sempra Master Trust were designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter. Additionally, on an annual basis, the IRS publishes a Required Amendments List for individually designed plans that specifies changes in statutory and administrative requirements. The Company and Plan management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and that the Plan and the Sempra Master Trust continue to remain tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the information regarding the Plan and the Sempra Master Trust as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included in the Plan's financial statements that was prepared by or derived from information prepared by the Trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee for the Plan and the Sempra Master Trust that this information is complete and accurate (dollars in thousands):

Statements of Net Assets Available for Pension Benefits	December 31, 2025	December 31, 2024
Plan's interest in the Sempra Master Trust [(a)]	$ 2,073,823	$ 1,895,498
Net assets held in 401(h) account of the Sempra Master Trust	$ 500,131	$ 462,181

[(a)] Represents the amounts reported on the statements of net assets available for pension benefits. The amounts of the Plan's interest in the net assets of the Sempra Master Trust reported in Note 3 includes: (1) accrued administrative expenses necessary to present the net assets of the Plan and the Sempra Master Trust in accordance with U.S. GAAP, which are not part of the balances certified by the Trustee, and (2) the Net assets held in 401(h) account of the Sempra Master Trust.

Statement of Changes in Net Assets Available for Pension Benefits	Year Ended December 31, 2025
Plan's interest in net investment income of the Sempra Master Trust	$ 226,330

The Trustee certified all investment balances and investment information in Notes 3 and 4, excluding the classification of investments by level within the fair value hierarchy and the unfunded commitment, redemption frequency and other redemption restrictions, and redemption notice period of investments for which fair value is estimated based on the NAV in Note 4.

8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a common/collective trust managed by The Bank of New York Mellon Corporation, an affiliate of the Trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services are included as a reduction of the return on the common/collective trust.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31,	
	2025	2024
Net assets available for pension benefits per the financial statements	$ 2,072,528	$ 1,894,602
Net assets held in 401(h) account of the Sempra Master Trust	500,131	462,181
Net assets available for benefits per the Form 5500	$ 2,572,659	$ 2,356,783

The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits, but can be used only to pay retiree health benefits. Accordingly, they are reflected as 401(h) account assets with an offsetting liability in the accompanying financial statements.

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2025 as reported in the financial statements compared to the Form 5500 (dollars in thousands):

	Year Ended December 31, 2025		
	Amounts per Financial Statements	401(h) Account	Amounts per Form 5500
Plan's interest in net investment income of the Sempra Master Trust	$ 226,330	$ 49,692	$ 276,022
Benefits paid	213,253	10,221	223,474
Administrative expenses	6,590	1,560	8,150
Net transfers of assets of active employees from related plans	554	39	593

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Defined Benefit Plan Provisions for SoCalGas Company Union Participants (Except POPCO Union)

Plan Provisions

Effective September 1, 1933. All plan amendments made through the valuation date, have been included in the actuarial valuation.

Eligibility for Participation	All employees on first anniversary of date of hire. Plan was closed to new entrants for represented employees hired on or after January 1, 2012.

Definitions

Final Average Earnings	The average eligible earnings of the 36 consecutive months of highest earnings within the last 60 months of earnings prior to June 30, 2003. For Plan Years beginning after December 31, 1997, pensionable earnings are limited to $200,000, as indexed under the Internal Revenue Code. Effective January 1, 2004, the plan Final Average Earnings definition was amended to equal the highest 3 years of the last 5 years of service. A year for this purpose is defined starting from the month of retirement or termination. For participants who terminate after August 31, 2005 and commence benefits on or after January 1, 2006, qualified Earnings include amounts deferred in the Company's deferred compensation plan.
Credited Service	The period of service from date of hire to date of termination of employment excluding the period of any breaks in service. On and after January 1, 1976, Credited Service is one year for each calendar year in which the employee works 2,080 hours, rateably reduced for fewer hours.
Social Security Benefit	The projected amount of the employee's primary Social Security Benefit according to the law in effect and assuming a zero earnings up to retirement.
Normal retirement date (NRD)	First of month next following the attainment of age 65 with five years of pension service

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal or late retirement	All employees who will have completed five or more years of Credited Service at their NRD.
Early retirement	Attainment of age 55 with 15 years of vesting service.
Vested termination	All employees who terminate after completing five or more years of vesting service.
Spouses Eligibility	Spouses of active employees who die in active service after becoming eligible for vested benefits and spouses of certain former employees entitled to deferred vested benefits who are continuously married for the one-year period prior to death.

Benefits Paid Upon the Following Events

Normal or Late Retirement

Retirement Benefit

The greater of (i), (ii), (iii), (iv) or (v):

(i) The following percentages of Final Average Earnings:
(a) 1.5% for the first 15 years of Credited Service, plus
(b) 1.25% for the next 5 years of Credited Service, plus
(c) 1.35% for the next 10 years of Credited Service, plus
(d) 1.00% for Credited Service in Excess of 30 years.

(ii) The following percentages of Final Average Earnings, offset by 50% of Social Security Benefits at age 65:
(a) 2.75% for the first 10 years of Credited Service, plus
(b) 1.50% for the next 10 years of Credited Service, plus
(c) 1.35% for the next 10 years of Credited Service, plus
(d) 0.75% for the next 5 years of Credited Service, plus
(e) 0.50% for Credited Service in excess of 35 years.

(iii) The larger of the benefit determined under (i) or (ii) above, based on Credited Service projected to normal retirement, times a fraction, not more than one, where the numerator is Credited Service as of the earlier of June 30, 2003 or separation from service, and the denominator is Credited Service projected to normal retirement. For this purpose, Final Average Earnings and Social Security Benefits are assumed to remain constant.

(iv) An amount which, when combined with Social Security Benefits, equals $300 per month, proportionately reduced for Credited Service less than 20 years (but not less than $225 per month).

(v) $130 per month proportionately reduced for Credited Service less than 20 years.

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Normal Form of Benefit

The retirement benefit specified above payable for the employee's lifetime, actuarially reduced to provide for continuation of 50% of the reduced benefit to a surviving spouse, if the employee was married for at least one year at date of retirement.

Early retirement

Benefit

The Normal Retirement Benefit, based on Credited Service to date of retirement, reduced by 3% for each year the early retirement date precedes age 62, down to age 60, and by 4% for each year before age 60.

Unreduced Benefit

Attainment of age 55 at separation from service with attainment of 90 points (vice presidents and above are excluded). Service for this purpose is based on Credited Service assuming Credited Service continued to accrue through date of separation from service.

Vested Termination

The Normal Retirement Benefit based on Credited Service to date of termination, but assuming no further earnings for Social Security purposes.

Preretirement Death for Spouse

For active vested employees who separated from service on or after January 1, 2012 due to death or termination of employment:

- The present value of early, normal or late retirement benefit.

For former employees entitled to vested benefits, who separated from service on or after January 1, 1996 and before January 1, 2012 due to death or termination of employment:

- Benefit is calculated assuming participant survived to date of death, elected a 50% joint and survivor option to commence on first of month following date of death, then deceased.

For former employees entitled to deferred vested benefits who separated from service due to death or termination of employment prior to January 1, 1996:

- If death occurs on or after age 55, computed on basis of 50% joint and survivor option, assuming retirement just before death.
- If death occurs before age 55, the benefit is payable beginning when the employee would have attained age 55, calculated on basis of 50% joint and survivor option, assuming that retirement occurred at that age. Such benefit is payable as a life annuity.

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	Duration of Benefit Monthly pensions are paid for the remainder of the surviving spouse's lifetime. Lump sum payment is optional for beneficiaries of those who separated from service due to death or termination of employment on or after January 1, 1996.
Post-retirement Death	As provided by the normal form of benefit or by the election of an optional form of benefit.

Other Plan Provisions

Optional Forms of Benefit	1. 33-1/3%, 50%, 75%, or 100% joint and survivor options. 2. 10- and 15-year certain and continuous options. 3. Lump sum option. All options except for (c) above are converted from the normal form of benefit using 1) the applicable mortality table under Section 417(e)(3) and 2) a 7.00% interest rate. The conversion factor for the 50% joint and survivor option is limited for married participants to be no less than 90%. For the Lump Sum option, benefits are converted from the normal form using 1) the applicable mortality table under Section 417(e)(3) and 2) the applicable interest rate under Section 417(e)(3) for the November preceding the first day of the Plan Year.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

SoCalGas Grandfathered Defined Benefit Plan Provisions for Non-Union Participants

Plan Provisions

Effective September 1, 1932. Benefit accruals were frozen at June 30, 2003 based on plan provisions as of that date.

Eligibility for Participation	All employees on first anniversary of date of hire.

Definitions

Final Average Earnings	The average eligible earnings of the 36 consecutive months of highest earnings within the last 60 months of earnings prior to June 30, 2003. For Plan Years beginning after December 31, 1997, pensionable earnings are limited to $200,000, as indexed under the Internal Revenue Code. The limit for 2003 was $200,000.
Credited Service	The period of service from date of hire to the earlier of June 30, 2003 or date of termination of employment excluding the period of any breaks in service. On and after January 1, 1976, Credited Service is one year for each calendar year in which the employee works 2,080 hours, rateably reduced for fewer hours.
Social Security Benefit	The projected amount of the employee's primary Social Security Benefit according to the law in effect and assuming zero earnings up to retirement.
Normal retirement date (NRD)	First of month next following the attainment of age 65 with five years of pension service

Eligibility for Benefits

Normal or late retirement	All employees who will have completed five or more years of Credited Service at attainment of their NRD.
Early retirement	Attainment of age 55 with 10 years of vesting service as of date participant separates from service.
Vested termination	Three years of vesting service for all employees who terminate on or after January 1, 2008. Five years of vesting service for employees who terminated before January 1, 2008.
Preretirement spouse's death benefit	Vested participants who terminated or died before January 1, 2008.
Spouses Eligibility	Spouses of active employees who die in active service after becoming eligible for vested benefits or early retirement and spouses of certain former employees entitled to deferred vested benefits, assuming duration of marriage of at least one year.

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Preretirement death benefit Vested participants who are employed on or after January 1, 2008.

Benefits Paid Upon the Following Events

Normal or Late Retirement

Retirement Benefit

The greater of (i), (ii), (iii), (iv) or (v) based on Credited Service as of the earlier of June 30, 2003 or separation from service:

(i) The following percentages of Final Average Earnings:
- (a) 1.5% for the first 15 years of Credited Service, plus
- (b) 1.25% for the next 5 years of Credited Service, plus
- (c) 1.35% for the next 10 years of Credited Service, plus
- (d) 0.75% for the next 5 years of Credited Service, plus
- (e) 0.50% for Credited Service in excess of 35 years.

(ii) The following percentages of Final Average Earnings, offset by 50% of Social Security Benefits at age 65:
- (a) 2.75% for the first 10 years of Credited Service, plus
- (b) 1.50% for the next 10 years of Credited Service, plus
- (c) 1.35% for the next 10 years of Credited Service, plus
- (d) 0.75% for the next 5 years of Credited Service, plus
- (e) 0.50% for Credited Service in excess of 35 years.

(iii) The larger of the benefit determined under (i) or (ii) above, based on Credited Service projected to normal retirement, times a fraction, not more than one, where the numerator is Credited Service as of the earlier of June 30, 2003 or separation from service, and the denominator is Credited Service projected to normal retirement. For this purpose, Final Average Earnings and Social Security Benefits are assumed to remain constant.

(iv) An amount which, when combined with Social Security Benefits, equals $300 per month, proportionately reduced for Credited Service less than 20 years (but not less than $225 per month).

(v) $130 per month proportionately reduced for Credited Service less than 20 years.

Normal Form of Benefit

The retirement benefit specified above payable for the employee's lifetime, actuarially reduced to provide for continuation of 50% of the reduced benefit to a surviving spouse, if the employee was married for at least one year at date of retirement.

SCHEDULE SB ATTACHMENTS

Early retirement

Benefit

The Normal Retirement Benefit, based on Credited Service to date of retirement, reduced by 3% for each year the early retirement date precedes age 62, down to age 60, and by 4% for each year before age 60.

Unreduced Benefit

Attainment of age 55 at separation from service with attainment of 90 points (vice presidents and above are excluded). Service for this purpose is based on Credited Service assuming Credited Service continued to accrue through date of separation from service.

Vested Termination

The Normal Retirement Benefit based on Credited Service to date of termination, but assuming no further earnings for Social Security purposes.

Preretirement Death for Spouse

Prospective Lifetime Benefits

For active vested employees and former employees entitled to vested benefits, who separated from service on or after January 1, 1996 due to death or termination of employment:

- Benefit is calculated assuming participant survived to date of death, elected a 50% joint and survivor option to commence on first of month following date of death, then deceased.

For former employees entitled to deferred vested benefits who separated from service due to death or termination of employment prior to January 1, 1996:

- If death occurs on or after age 55, computed on basis of 50% joint and survivor option, assuming retirement just before death. If death occurs before age 55, the benefit is payable beginning when the employee would have attained age 55, calculated on basis of 50% joint and survivor option, assuming that retirement occurred at that age.

Duration of Benefit

Monthly pensions are paid for the remainder of the surviving spouse's lifetime. Lump sum payment is optional for beneficiaries of those who separated from service due to death or termination of employment on or after January 1, 1996.

Pre-retirement Death

Beneficiary receives a benefit having the same value as the benefit the employee would have received upon separation from service.

Such benefit is payable as a lump sum or single annuity.

Post-retirement Death

As provided by the normal form of benefit or by the election of an optional form of benefit.

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Other Plan Provisions

Optional Forms of Benefit	1. 33-1/3%, 50%, 75%, or 100% joint and survivor options. 2. 10- and 15-year certain and continuous options. 3. Lump sum option. All options except for (c) above are converted from the normal form of benefit using 1) the applicable mortality table under Section 417(e)(3) and 2) a 7.00% interest rate. The conversion factor for the 50% joint and survivor option is limited for married participants to be no less than 90%. For the Lump Sum option, benefits are converted from the normal form using 1) the applicable mortality table under Section 417(e)(3) and 2) the applicable interest rate under Section 417(e)(3) for the November preceding the first day of the Plan Year.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

SDG&E Grandfathered Defined Benefit Plan Provisions

Plan Provisions

Effective January 1, 1941. Benefit accruals were frozen as of June 30, 2003 based on plan provisions as of that date. All plan amendments made through the valuation date have been reflected.

Eligibility for Participation	Employees become participants on the first of the month following the later of attaining age 18 and completing one year of service, or if earlier, on the first of the month following attainment of age 40 (conditioned upon completing a year of service in the following 12 months).

Definitions

Vesting service	Participants receive credit for a year of vesting service for each 12-month period commencing on the Employment Commencement Date with at least 1,000 hours of service. Different rules apply for plan years beginning before July 1, 1976.
Compensation	Participant's base pay actually paid or payable for services rendered during any Plan Year, including 401(k) contributions and section 125 deferrals, deferred compensation, incentive pay in the month in which it is paid, and Pay for Performance amounts, but excluding overtime pay and other bonuses or special payments.
Years of Participation	Participants receive credit for a full year of participation for each plan year in which they complete at least 2,000 hours. They receive a partial year of credit (calculated as the ratio of the actual number of hours to 2,000) if they work less than 2,000 hours. Different rules were used for plan years beginning before July 1, 1976.
Primary Social Security Benefit	The projected amount of the employee's Primary Social Security Benefit according to the law currently in effect and assuming a continuation of earnings up to retirement.

Eligibility for Benefits

Normal retirement	Age 65
Early retirement	Attainment of age 55 while employed with 1 year of vesting service.
Postponed retirement	Retirement after age 65
Vested termination	Three years of vesting service for employees who terminate on or after January 1, 2008 (March 31, 2007 for union employees). Five years of vesting service for employees who terminated before January 1, 2008 (March 31, 2007 for union employees).

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Disability retirement	Total and permanent disability after age 35 with 10 or more years of participation including participation post June 30. 2003.
Pre-retirement death benefit	Vested non-union participants who are employed on or after January 1, 2008.
Pre-retirement spouse benefit	All vested non-union participants who terminated or died before January 1, 2008 as well as all vested union participants.
Spouse Eligibility	Spouses of active employees who die in active service after becoming eligible for vested benefits or early retirement and spouses of certain former employees entitled to deferred vested benefits, assuming duration of marriage of at least one year.
Post-retirement	As provided by the normal form of benefit or by the election of an optional form of benefit.

Benefits Paid Upon the Following Events

Normal retirement

Benefit

Based on participation through the earlier of June 30, 2003 or separation from service, the greater of:

1. the Basic Pension formula
2. the Minimum Pension Formula, or
3. the Alternative Pension.

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These formulas are summarized as follows:

1. Basic Pension: This is a career average formula. The annual compensation used for plan years prior to July 1, 1984 is based on a special projection of compensation.

   The benefit is the sum of the amounts in (a), (b) and (c), described below:

   a. From July 1, 1961 to July 1, 1971 - .6% of the first $3,000 of compensation for the year, plus 1.8% of compensation in excess of $3,000.

   b. After July 1, 1971 - the larger of the two following benefits:

      (i) 0.75% of the first $3,000 of compensation for the year, plus 2.0% of compensation in excess of $3,000.

      (ii) 1.15% of the first $4,411.80 of compensation for the year, plus 2% of the excess over $4,411.80.

   c. 24.00 times years of participation (excluding years before July 1, 1976 prior to attaining age 25 and one year of service) up to a maximum benefit of $840.

2. Minimum Pension: This is a final average pay formula based on the highest 5-year average pay in the 10 years preceding retirement. The benefit is the sum of (a) and (b) below:

   a. 1-1/2% of 5-year average pay for each year of participation up to 20 years, plus 1-1/3% of 5-year average pay for additional years of participation up to 15 years, minus

      66-2/3% of the Primary Social Security Benefit, determined under the 1968 law.

   b. $12.00 times years of participation (excluding years before July 1, 1976 prior to attaining age 25 and one year of service) up to a maximum benefit of $420.

3. Alternative Pension: This is another final average pay formula, based on the highest 3-year average pay in the 10 years preceding the date of retirement. The benefit is determined as (a) minus (b):

   a. 2.0% of 3-year average pay for each year of participation up to 20 years, plus 3/4% for each year of additional participation in excess of 20 years.

   b. 1.0% of the Primary Social Security Benefit for each year of participation up to 40 years.

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	Normal Form of Benefit
	The retirement benefit specified above payable for the employee's lifetime, actuarially reduced to provide for continuation of 50% of the reduced benefit to a surviving spouse, if the employee was married for at least one year at date of retirement.
Early retirement	The accrued normal retirement benefit is determined as the greatest of Basic, Minimum, or Alternative benefits described under Normal Retirement. The Minimum and Alternative benefits are prorated by a fraction equal to the years of participation at the earlier of June 30, 2003 or early retirement divided by the potential years of participation at Normal Retirement. The accrued benefit is unreduced if early retirement occurs after age 62. For ages before 62, the accrued benefit is reduced by applying a reduction factor of 3% for the first two years preceding age 62 plus 4% for the next five years.
Postponed retirement	Same Normal Retirement Benefit based on years of participation and earnings at earlier of June 30, 2003 or actual date of retirement and increased by any cost-of-living adjustments that have occurred since age 65.
Vested termination	100% of the accrued benefit. The accrued normal retirement benefit is determined as the greatest of the Basic, Minimum, or Alternative benefits described under Normal Retirement. The Minimum and Alternative benefits are prorated by a fraction equal to the years of participation at earlier of June 30, 2003 or date of termination divided by the potential years of participation at Normal Retirement. The accrued benefit is unreduced if benefit commences after age 62. For ages before 62, the accrued benefit is reduced by applying a reduction factor of 3% for the first two years preceding age 62 plus 4% for the next five years, then actuarially reduced prior to age 55.
Disablement	A temporary benefit to age 65 equal to the greater of the Participant's Primary Social Security Benefit or the early retirement benefit, not to exceed the projected age 65 benefit. This benefit is discontinued effective January 1, 2023 (employees receiving TDI before January 1, 2023 will be grandfathered). At normal or early retirement date a participant will receive a retirement benefit calculated as if a participant had continued to work until retirement at the same rate of pay as when the disability began.
Pre-retirement death	Beneficiary receives a benefit having the same value as the benefit the employee would have received upon separation from service. Such benefit is payable as a lump sum or single life annuity.

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Pre-retirement Spouse's Benefit	***Prospective Lifetime Benefits***
	For active vested employees and former employees entitled to vested benefits, who separated from service on or after January 1, 1996 due to death or termination of employment:
	Benefit is calculated assuming participant survived to date of death, elected a 50% joint and survivor option to commence on first of month following date of death, then deceased.
	For former employees entitled to deferred vested benefits who separated from service due to death or termination of employment prior to July 1, 1998 (November 1, 1998 for SDG&E union):
	If death occurs on or after age 55, computed on basis of 50% joint and survivor option, assuming retirement just before death. If death occurs before age 55, the benefit is payable beginning when the employee would have attained age 55, calculated on basis of 50% joint and survivor option, assuming that retirement occurred at that age.
	Duration of Benefit
	Monthly pensions are paid for the remainder of the surviving spouse's lifetime. Lump sum payment is optional for beneficiaries of those who separated from service due to death or termination of employment on or after July 1, 1998 (November 1, 1998 for SDG&E union)
Post-retirement Death	As provided by the normal form of benefit or by the election of an optional form of benefit.

Other Plan Provisions

Optional Forms of Benefit	1. 50%, 75%, or 100% joint and survivor options
	2. 10-year certain and continuous option
	3. Social Security level income
	4. 50% joint and survivor, with pop-up option
	5. Lump sum option
	Annuity options except for (e) above are converted from the normal form of benefit using 1) the applicable mortality table under Section 417(e)(3) and 2) a 7.00% interest rate with a 2½ % COLA.
	For the Lump Sum option and as a minimum benefit for the Social Security level income option, benefits are converted from the normal form using 1) the applicable mortality table under Section 417(e)(3) and 2) the applicable interest rate under Section 417(e)(3) for the November preceding the first day of the Plan Year with a 2½ % COLA.

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Cost of Living Increases	Pensions being paid are adjusted each October 1 to reflect the change in the consumer price index for the 12-month period ending on the previous June 30th. The maximum annual increase is 3%.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Cash Balance Plan Provisions

Plan Provisions

All plan amendments made through the valuation date, have been included in the actuarial valuation.

Eligibility	Non-represented employees hired on or after July 1, 1998. Represented employees hired on or after January 1, 2012.
Date of Participation	The anniversary of the date of hire if employee completes 1,000 hours during first year of service. Upon entering the plan, Eligible Earnings are retroactively included in benefits.

Definitions

Vesting Service	Participants receive one year of Vesting Service if they work 1,000 or more hours in the 12-month period following the date of hire. Vesting Service includes vesting service previously earned with Pacific Enterprises, Enova, SDG&E, and any of their affiliates. Former Pacific Enterprises participants receive one year of Vesting Service for each calendar year in which they work 1,000 or more hours; former Enova and AIG participants receive one year of Vesting Service for working 1,000 or more hours in the 12-month period between anniversaries of their date of hire.
Eligible Earnings	Pensionable earnings for the qualified plan include: • Base pay including deferred compensation • Incentive pay for the month in which it is paid • Lump sum merit pay recognized in the 12-month period starting with the month of payment • Imputed incentive pay for year of retirement if participant meets specified age and service requirements.
Normal Retirement Date (NRD)	First day of the month following or coinciding with the participant's 65th birthday.
Initial Account Balance	The present value of the accrued early retirement benefit on June 30, 1998 was calculated using a 6.11% interest rate and the Unisex 1983 Group Annuity Mortality Table (GAM 83) (50% male, 50% female). Early retirement factors (ERFs) are the subsidized factors used to determine the Early Retirement Benefit under the previous plan for participants age 55 and older. For ages younger than 55, the factors are based on actuarial equivalency from age 55 to the attained age using a 6.11% interest rate and Unisex GAM 83. Factors for former SDG&E participants assume that participants receive a 2.5% annual cost-of-living adjustment (COLA) beginning at age 55. Sample factors are shown below.

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Age	ERFs for Former PE or SoCalGas Participants	ERFs for Former SDG&E Participants
62	1.000000	1.000000
60	0.940000	0.940000
55	0.740000	0.740000
50	0.507106	0.548790
40	0.252241	0.299958
30	0.131492	0.164049

Interest on Initial Account Balance

1. Before completion of 30 years of service: 30-year U.S. Treasury rate plus 2%.
2. On or after completion of 30 years of service including period of time after separation from service but prior to payment of benefits: 30-year U.S. Treasury rate.

Retirement Credits

7.5% of Eligible Earnings

Participants who are over age 40 and had less than 15 years of service as of July 1, 1998 receive an additional contribution of 2.0% of Eligible Earnings until they complete 15 years of service.

Contributions are credited at the end of each month.

Interest on Retirement Credits

30-year U.S. Treasury rate in effect for November preceding the first day of the applicable plan year. Retirement Credits continue to earn interest after separation from service up to date benefits are distributed.

Bump-Up

The initial account balance for certain individuals may be increased by an additional amount, referred to as a bump-up, as specified in the plan document.

Adjustment Account

If a participant was a participant in one of the grandfathered plans and is between age 59 and age 65 on July 1, 1998 or (for former Pacific Enterprises plan participants only) meets the Rule of 90 (i.e., age plus Credited Service is 90 or greater), the account balance will be split into two parts:

1. Retirement Account: 90% of the initial account balance, which receives additional interest and retirement credits.
2. Adjustment Account: 10% of the initial account balance, which does not receive interest credits and is payable immediately; if the participant elects not to retire, it decreases to zero in uniform dollar amounts until age 65.

The retirement account/adjustment account split is different for employees age 63 and 10 months or older as of July 1, 1998.

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Age, years/months	Split
63/10, 63/11, 63/12	92%/8%
64/1, 64/2, 64/3	94%/6%
64/4, 64/5, 64/6	96%/4%
64/7, 64/8, 64/9	98%/2%
64/10 and older	100%/0%

Grandfathered Plan

Until July 1, 2003, a participant's benefit under the cash balance plan will not be less than the benefit that would have been earned through the date of calculation under the provisions of the grandfathered plan in which the participant previously participated (i.e., Pacific Enterprises Pension Plan, Southern California Gas Company Pension Plan, or San Diego Gas & Electric Pension Plan).

On or after July 1, 2003, a participant's benefit under the cash balance plan will not be less than sum of (1) the present value of the accrued grandfathered benefit, frozen as of June 30, 2003, and, if eligible, (2) the participant's Frozen Benefit Plus Account.

Frozen Benefit Plus Account (FBPA) Cash Balance Account

Effective date

Frozen Benefit Plus Account established as of July 1, 2003, effective for certain participants who separate from service on or after March 1, 2007.

Eligibility

Any employee who was a management, associate or San Diego Gas & Electric union-represented employee on March 1, 2007, and met one of the following:

- Was a participant in a prior pension plan on June 30, 1998 with a grandfathered benefit, had an Initial Account Balance under the Cash Balance Plan established on July 1, 1998, and remained employed (or became disabled within the meaning of the plan in which the employee participated) and covered under one of the company's cash balance plans from July 1, 1998 through March 1, 2007, or
- Was an SDG&E union-represented employee and was a participant in the prior SDG&E pension plan on October 31, 1998, had an Initial Account Balance under the Cash Balance Plan established on November 1, 1998, and remained employed (or became disabled within the meaning of the Plan in which the employee participated) and was covered under one of the company's cash balance plans from November 1, 1998 through March 1, 2007.

The following are specifically excluded:

1. Participants who are hired or rehired after July 1, 1998.

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	2. Southern California Gas Union Plan participants who transferred to the non-union plans after June 30, 1998.
Initial Account Balance	$0 as of July 1, 2003.
Retirement Credits	Same provisions as the base cash balance plan.
Interest on Retirement Credits	Same provisions as the base cash balance plan.

Minimum Benefit for Union to Non-union Transfers

Effective Date	Amendment signed December 17, 2009, applies retroactively to June 29, 2005
Eligibility	Participants in the union plan who transfer to a non-union position on or after June 29, 2005.
Minimum Benefit	Participant's accrued under this plan shall not be less than the sum of: • Frozen benefit as of transfer date accrued from employment as a union employee • A Minimum Account Balance (MAB) consisting of an initial account balance of $0 at date of transfer and the same Retirement Credits as are applicable under the base cash balance plan along with Interest on Retirement Credits Participant shall be entitled to receive the minimum benefit at the same time with same optional forms as his other benefits earned under this plan.

Enhanced Benefit for Union to Non-union Transfers

Effective Date	Effective for terminations and retirements on and after June 30, 2014
Eligibility	Participants in the union plan who transfer to a non-union position after June 30, 1998, and upon such transfer, participate in the Cash Balance Program.
Benefit	Benefit based on the date of transfer and the years of credited service as of the date of transfer, as follows: <u>Less than 10 Years of Credited Service at Transfer:</u> If transferred after June 30, 1998 and before July 1, 2014: Greater of: a. Frozen benefit as of transfer date accrued from employment as a union employee, plus Minimum Account Balance (MAB), which consists of an initial account balance of $0 at date of transfer and the same Retirement Credits as are applicable

under the base cash balance plan along with Interest on Retirement Credits.

b. Opening account balance set up as of transfer date, and Retirement Credits that follow the same provisions as described under the base cash balance plan including Interest on Retirement Credits.

c. Present value of the frozen accrued Grandfathered benefit as of June 30, 2003 if transfer occurred prior to July 1, 2003

If transfer on or after July 1, 2014:

Frozen benefit as of transfer date accrued from employment as a union employee, plus Minimum Account Balance (MAB), which consists of an initial account balance of $0 at date of transfer and the same Retirement Credits as are applicable under the base cash balance plan along with Interest on Retirement Credits.

10 or more Years of Credited Service at Transfer:

If transferred after June 30, 1998 and before July 1, 2014:

Greater of:

a. Frozen benefit as of transfer date accrued from employment as a union employee, plus Minimum Account Balance (MAB), which consists of an initial account balance of $0 at date of transfer and the same Retirement Credits as are applicable under the base cash balance plan along with Interest on Retirement Credits.
b. Opening account balance set up as of transfer date, and Retirement Credits that follow the same provisions as described under the base cash balance plan including Interest on Retirement Credits.
c. Present value of the frozen accrued Grandfathered benefit as of June 30, 2003 if transfer occurred prior to July 1, 2003
d. Enhanced Employer Credit Account plus Enhanced Pension Plan Accrued Benefit (described below)

If transfer on or after July 1, 2014:

Greater of:

a. Frozen benefit as of transfer date accrued from employment as a union employee, plus Minimum Account Balance (MAB), which consists of an initial account balance of $0 at date of transfer and the same Retirement Credits as are applicable under the base cash balance plan along with interest on those Retirement Credits.
b. Enhanced Employer Credit Account plus Enhanced Pension Plan Accrued Benefit (described below)

Enhanced Employer Credit Account:

- The account is $0 at transfer date and is credited with Retirement Credits limited to 7.50% on Eligible Earnings, plus an additional 2% Enhanced Retirement Credits on Eligible Earnings from transfer date to the later of:
  - the twenty-fifth anniversary of the participant's hire date or adjusted hire date, or
  - the fifth anniversary of the transfer date, plus
- Interest on Retirement and Enhanced Retirement Credits.

Enhanced Pension Plan Accrued Benefit:

- Accrued benefit determined under the terms of the SoCalGas Union Pension Plan based on years of credited service frozen as of the transfer date and post-transfer base pay rates up to the later of:
  - the twentieth anniversary of the participant's hire date or adjusted hire date, or
  - the fifth anniversary of the transfer date, plus
- Interest on Retirement and Enhanced Retirement Credits.

Eligibility for Benefits

Normal or late retirement	Attainment of normal retirement age
Early retirement for grandfathered participants	Attainment of age 55 with 10 years of service while employed for former participants in the Pacific Enterprises or Southern California Gas pension plan, and attainment of age 55 and while employed with 1 year of vesting service for former participants in the SDG&E pension plan.
Vested termination	For terminations on or after January 1, 2008 (March 1, 2007 for union employees), 100% vesting at the earlier of: • Completion of three years of Vesting Service, or • Age 65. For terminations before January 1, 2008 (March 1, 2007 for union employees), 100% vesting at the earlier of: • Completion of five years of Vesting Service, or • Age 65. Nonvested participants always are grandfathered under the previous vesting schedule if they were employed on June 30, 1998. The account balance of a vested terminated employee continues to earn interest at the 30-year U.S. Treasury bond rate until distribution.

SCHEDULE SB ATTACHMENTS

Disability retirement	Total and permanent disability after age 35 with 10 or more years of participation including participation post June 30, 2003.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Retirement	***Benefit***
	The cash balance plan provides a Retirement Account that is the sum of the following: 1. The Initial Employer Allocation (including bump-up) 2. Interest on the Initial Employer Allocation 3. Retirement Credits 4. Interest on Retirement Credits. For participants who separated from service prior to March 1, 2007, participants receive the greater of the: 1. Retirement Account balance as of benefit commencement, or 2. Present value of the frozen accrued grandfathered benefit. For participants who separate from service on or after March 1, 2007, participants receive the greater of the 1. Retirement Account balance as of benefit commencement, or 2. The sum of the a. present value of the frozen accrued grandfathered benefit, and b. If eligible, the Frozen Benefit Plus Account balance as of benefit commencement.
Normal Form of Benefit	For married participants, a 50% Qualified Joint and Survivor Annuity. For single participants, a Life Annuity. Both forms are the actuarial equivalent value of the Retirement Benefit.
Conversion of Account Balance to Life Annuity	The calculation is performed on the basis of the following assumptions: Internal Revenue Code (IRC) Section 417(e) applicable PPA transition segment interest rates, as of November of the previous year (including COLA starting at 55 for SDG&E grandfathered participants assumed to be 2.5%). IRC section 417(e) applicable mortality table in effect as of the date of the benefit commencement.
Early retirement for grandfathered participants	Same as normal retirement benefit based on participant's Retirement Account and, if eligible, the Frozen Benefit Plus Account balance as of benefit commencement. For participants grandfathered under a prior pension plan, grandfathered benefit is reduced by the prior plan's applicable early retirement reduction factors. The benefit is payable either as a lump sum or an actuarially equivalent monthly annuity.

SCHEDULE SB ATTACHMENTS

Vested termination

Same as Normal Retirement Benefit but based on: Retirement Account and, if eligible, the Frozen Benefit Plus Account as of benefit commencement, and frozen grandfathered benefit actuarially reduced for commencement prior to normal retirement.

If benefit commences prior to normal retirement date, frozen grandfathered benefit is reduced actuarially for former participants in the Pacific Enterprises or Southern California Gas pension plan. For former participants in the SDG&E pension plan, the frozen grandfathered benefit is reduced to 55 by the prior plan's applicable early retirement reduction factors and actuarially reduced prior to 55.

Preretirement death

Beneficiary receives the greater of:

1. The Retirement Account as of benefit commencement, or
2. a. For employees who are not active on or after January 1, 2008: the sum of (i) the present value of spousal benefit attributable to grandfathered plan benefit, which is determined as if the participant terminated employment on the date of his death, elected a 50% joint and survivor annuity to commence immediately, and then deceased, and (ii), if eligible, the Frozen Benefit Plus Account balance as of benefit commencement.

   b. For employees who are active on or after January 1, 2008: the sum of (i) the present value of early, normal or late retirement benefit attributable to grandfathered plan benefit, and (ii), if eligible, the Frozen Benefit Plus Account balance as of benefit commencement.

Such benefit is payable as a lump sum or single life annuity.

Postretirement death

Benefits are payable to the beneficiary under the terms of the payment option elected; if the participant elected a single life annuity or a lump sum, no benefit is payable to the beneficiary.

Disability retirement

A temporary benefit to age 65 equal to the Participant's Primary Social Security Benefit. At normal or early retirement date a participant will receive a retirement benefit calculated as if a participant had continued to work until retirement at the same rate of pay as when the disability began.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms of Payment

Participants without grandfathered benefits can elect from among the following options:

- Single life annuity
- 50% and 75% joint and survivor annuity
- Lump sum.

Alternative forms of benefits are converted from the normal form using 1) the applicable mortality table under Section 417(e)(3) and 2) the applicable interest rate under Section 417(e)(3) for the November preceding the first day of the Plan Year.

Participants working for the company on June 30, 1998 may elect from among the benefit payment options available to them under the grandfathered plan in which they previously participated. Conversion factors used to convert the normal form of benefit to optional forms are those that apply to the grandfathered plan.

Employees hired before July 1, 1998 who do not qualify for plan participation until on or after July 1, 1998 are not eligible for previous plan options.

All grandfathered plans offer the following payment options:

- 10-year certain and life annuity
- 50%, 75%, and 100% joint and survivor annuity
- Lump sum.

Former Pacific Enterprises participants also have the following payment options:

- 33-1/3% joint and survivor annuity
- 15-year certain and life annuity.

Former Enova participants have the same options as the other grandfathered plans plus the following:

- 50% Pop-up annuity
- Level Income annuity.

In addition, SDG&E union participants whose benefit is equal to the grandfathered plan benefit plus the FBPA, may elect a partial lump sum option using the actuarial equivalence assumptions for the prior plan benefit with a minimum benefit based on 417(e) using 1) the applicable mortality table under Section 417(e)(3) and 2) the applicable interest rate under Section 417(e)(3) for the November preceding the first day of the Plan Year with a 2 ½% COLA.

All options for former Enova participants include a COLA beginning at age 55.

SCHEDULE SB ATTACHMENTS

Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Southern California Gas Company
Southern California Gas Company Pension Plan
EIN 95-1240705
Plan No. 001

Schedule R, Line 18 - Funded Percentages of Plans Contributing to the Liabilities of Plan Participants

Plan Name	EIN	Plan Number	Funded Percentage
Southern California Gas Company Pension Plan	95-1240705	001	100.33%
San Diego Gas & Electric Company Cash Balance Plan	95-1184800	002	95.15%
Sempra Cash Balance Plan	33-0732627	001	98.27%

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOUTHERN CALIFORNIA GAS COMPANY

D Employer Identification Number (EIN)
95-1240705

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,895,998,367
b Actuarial value	**2b**	1,894,940,589

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,146	538,529,539	538,529,539
b For terminated vested participants	1,339	120,310,852	120,310,852
c For active participants	8,639	1,064,113,371	1,197,196,469
d Total	12,124	1,722,953,762	1,856,036,860

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.40%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	92,961,408
b Expected plan-related expenses	**6b**	3,100,000
c Target normal cost	**6c**	96,061,408

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Karen Cheung K.C.
Signature of actuary

8/27/2026
Date

Karen Cheung
Type or print name of actuary

2607727
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

213-337-6000
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	27	104	0	0	0	0	0	0	0	0	131
	60,794	88,291	-	-	-	-	-	-	-	-	82,623
25-29	21	393	96	6	0	0	0	0	0	0	516
	89,650	99,170	110,255	-	-	-	-	-	-	-	100,985
30-34	22	624	384	276	0	0	0	0	0	0	1,306
	74,794	105,812	114,317	122,538	-	-	-	-	-	-	111,325
35-39	16	516	315	497	201	4	0	0	0	0	1,549
	-	112,146	122,367	127,730	131,020	-	-	-	-	-	121,390
40-44	9	331	239	403	350	222	2	0	0	0	1,556
	-	122,081	132,393	124,365	136,514	140,689	-	-	-	-	129,918
45-49	3	180	143	224	262	356	70	1	0	0	1,239
	-	129,444	139,903	134,138	137,072	144,035	148,806	-	-	-	138,394
50-54	1	98	80	142	126	243	112	26	9	0	837
	-	130,620	138,086	138,532	130,122	136,342	153,983	161,448	-	-	138,356
55-59	2	54	53	78	88	165	59	95	76	2	672
	-	144,242	141,986	134,393	138,016	136,963	161,687	153,313	152,891	-	143,837
60-64	0	23	33	64	72	103	34	55	92	75	551
	-	146,105	159,463	132,008	138,763	137,059	158,992	155,594	164,206	170,096	150,647
65-69	0	9	11	25	23	33	18	16	26	58	219
	-	-	-	131,830	127,395	148,963	-	-	141,953	150,414	148,775
70 & over	0	4	1	10	5	9	4	3	8	19	63
	-	-	-	-	-	-	-	-	-	-	135,343
Total	101	2,336	1,355	1,725	1,127	1,135	299	196	211	154	8,639
	77,168	112,057	125,570	128,306	135,042	140,095	155,679	156,988	155,107	157,640	128,089

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Southern California Gas Company Pension Plan
EIN / PN: 95-1240705/001
Plan Sponsor: Southern California Gas Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	27	104	0	0	0	0	0	0	0	0	131
	3,955	14,255	-	-	-	-	-	-	-	-	12,132
25-29	21	393	96	6	0	0	0	0	0	0	516
	7,377	19,298	49,039	-	-	-	-	-	-	-	24,950
30-34	22	623	383	233	0	0	0	0	0	0	1,261
	4,276	22,513	55,189	78,596	-	-	-	-	-	-	42,482
35-39	16	516	311	375	74	0	0	0	0	0	1,292
	-	24,704	61,562	86,702	79,101	-	-	-	-	-	54,435
40-44	9	331	231	275	151	115	0	0	0	0	1,112
	-	28,247	67,139	84,675	123,502	118,231	-	-	-	-	72,358
45-49	3	180	132	155	126	167	31	1	0	0	795
	-	28,363	73,736	103,285	132,053	172,287	218,151	-	-	-	104,879
50-54	1	95	79	104	49	82	59	17	3	0	489
	-	29,564	73,089	110,239	161,573	210,148	298,488	-	-	-	141,832
55-59	2	53	49	55	41	59	40	57	41	1	398
	-	32,998	81,618	110,310	185,395	247,975	338,747	373,365	382,936	-	213,345
60-64	0	23	30	42	34	34	20	35	60	47	325
	-	34,845	84,080	113,863	212,199	241,135	349,005	398,563	450,052	520,036	295,059
65-69	0	9	11	19	9	17	14	13	15	34	141
	-	-	-	-	-	-	-	-	-	571,574	351,747
70 & over	0	4	1	6	4	5	3	2	4	11	40
	-	-	-	-	-	-	-	-	-	-	306,427
Total	101	2,331	1,323	1,270	488	479	167	125	123	93	6,500
	5,237	24,074	63,045	91,293	136,123	185,521	310,267	385,267	433,430	533,828	94,495

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Southern California Gas Company Pension Plan
EIN / PN: 95-1240705/001
Plan Sponsor: Southern California Gas Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	105,941,368	48,321,449	55,940,357	210,203,174
2026	82,854,408	4,834,429	53,963,568	141,652,405
2027	78,064,647	4,507,058	51,919,874	134,491,579
2028	74,824,948	4,411,800	49,857,207	129,093,955
2029	69,087,894	4,337,257	47,795,745	121,220,896
2030	70,297,515	4,487,695	45,701,113	120,486,323
2031	68,235,630	4,720,517	43,588,069	116,544,216
2032	67,510,526	4,395,043	41,510,962	113,416,531
2033	67,671,492	4,068,527	39,448,704	111,188,723
2034	69,353,965	4,787,544	37,442,246	111,583,755
2035	69,587,686	5,214,569	35,497,230	110,299,485
2036	71,286,186	5,234,542	33,589,268	110,109,996
2037	72,992,286	5,275,236	31,697,600	109,965,122
2038	74,524,589	5,299,110	29,816,592	109,640,291
2039	74,641,016	4,875,240	27,958,173	107,474,429
2040	75,343,540	5,957,312	26,130,517	107,431,369
2041	76,447,929	5,009,246	24,333,564	105,790,739
2042	77,539,363	5,326,725	22,557,725	105,423,813
2043	76,977,369	5,625,330	20,805,957	103,408,656
2044	75,063,652	5,149,279	19,083,104	99,296,035
2045	75,657,800	5,416,514	17,395,874	98,470,188
2046	73,555,390	5,135,397	15,752,547	94,443,334
2047	71,340,778	4,780,737	14,162,402	90,283,917
2048	69,163,931	4,816,391	12,635,665	86,615,987
2049	66,742,360	4,705,875	11,182,270	82,630,505
2050	64,365,529	4,919,792	9,811,869	79,097,190
2051	61,766,794	4,237,675	8,533,052	74,537,521
2052	58,789,748	3,653,312	7,352,839	69,795,899
2053	56,989,735	3,517,478	6,276,408	66,783,621
2054	53,282,477	3,237,375	5,306,759	61,826,611
2055	50,171,981	2,974,763	4,444,516	57,591,260
2056	46,995,020	2,770,222	3,687,867	53,453,109
2057	44,571,288	2,652,757	3,032,654	50,256,699
2058	40,584,866	2,476,991	2,472,807	45,534,664
2059	36,682,884	2,425,665	2,000,741	41,109,290
2060	33,939,333	2,267,322	1,607,857	37,814,512
2061	30,626,206	2,166,334	1,285,029	34,077,569
2062	27,891,024	2,068,521	1,022,983	30,982,528
2063	24,908,326	1,973,376	812,701	27,694,403
2064	22,884,625	1,880,407	645,734	25,410,766
2065	20,551,323	1,789,154	514,371	22,854,848
2066	18,608,727	1,699,212	411,776	20,719,715
2067	17,100,457	1,610,223	332,056	19,042,736
2068	15,643,092	1,521,940	270,245	17,435,277
2069	14,534,279	1,434,226	222,278	16,190,783
2070	13,449,076	1,347,033	184,892	14,981,001
2071	12,324,312	1,260,415	155,537	13,740,264
2072	11,321,948	1,174,503	132,236	12,628,687
2073	10,409,629	1,089,529	113,494	11,612,652
2074	9,516,473	1,005,777	98,197	10,620,447

Plan Name: Southern California Gas Company Pension Plan
EIN / PN: 95-1240705/001
Plan Sponsor: Southern California Gas Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods Contributions

Economic Assumptions

Interest rate basis:

- Applicable month: September 2024
- Interest rate basis: 3-Segment rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.40%	5.33%

Return on Assets

- For funding (gross of trust expenses): 6.25%

30-year Treasury rate for purpose of projecting interest on cash balance

- For funding: 4.54%

Interest rate for paying lump sums and converting cash balance to annuity

- For funding: Same as funding interest rates

Annual rates of increase

- Compensation:
  - Non-Union

Age	Rate
Below 25	10.00%
25-29	8.50%
30-34	6.50%
35-39	5.50%
40-44	5.00%
45-49	4.50%
Above 49	3.50%

One-time increase of 0.5% across all age bands for progressing pay from 2024 to 2025, then revert back to the table above to project pay for 2026+.

  - Union

Service	Rate
Below 7	7.00%
7-10	5.00%

Plan Name: Southern California Gas Company Pension Plan
EIN / PN: 95-1240705/001
Plan Sponsor: Southern California Gas Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

11-15	4.00%
16-20	3.70%
21-30	3.20%
31-35	3.10%
36-40	2.90%
Above 40	2.70%

- Post-retirement cost-of-living adjustments for participants with a grandfathered SDG&E benefit — 2.50%
- Future Social Security wage bases — 3.50%
- Statutory limits on compensation — N/A

Plan-related expenses included in target normal cost

A percentage of PPA funding target plus estimated PBGC premiums for the current year, rounded to the nearest $100,000. For 2025 and 2024, the percentages of PPA funding target were 0.10% for both years. The assumed plan-related expenses included in the 2025 and 2024 target normal cost are $3,100,000 and $3,000,000 respectively.

The return on assets shown above is net of investment expenses assumed to be paid from the trust.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy/Disabled
  - For funding:

Separate rates for non-annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments. The rates are then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years on or after 2024).

Lump sum basis/cash balance to annuity conversion

2025 IRC Section 417(e) mortality table.

SCHEDULE SB ATTACHMENTS

Termination

The rates at which participants are assumed to terminate employment by service are shown below.

- Union

Rates Per 1000 Leaving During the Year:			
Years of Service	Rates	Years of Service	Rates
0 – 1	60	7 – 14	15
2 – 4	40	15 – 24	10
5	30	25 and over	0
6	20		

- Non-Union

Rates Per 1000 Leaving During the Year:			
Years of Service	Rates	Years of Service	Rates
0 - 1	75	8	40
2	70	9	35
3	65	10 - 13	30
4	60	14	25
5	55	15 - 18	20
6	50	19	10
7	45	20 and above	0

Disability

1987 Commissioner's Group Disability Table with 3-month elimination period. Rates are multiplied by a factor of 335% for SoCalGas union participants and 70% for others. A one-time recovery rate of 75% is assumed for SoCalGas union participants and 90% for other participants. A 25% probability of permanent disability is assumed for SoCalGas union participants and a 10% probability of permanent disability is assumed for other participants. Participants on disability are assumed to retire at the earlier of age 65 and 2 years from date of disability.

Sample rates per 1,000 before any adjustment:

	Age 25	Age 40	Age 55
Male	1.570	3.327	15.040
Female	2.041	5.024	11.354

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and points are shown below:

(1) SoCalGas Union participants who are expected to have 90 points prior to age 62. Rates shown are for decrement prior to age 62. On or after age 62, rates are the same as table (4) below.

Rates per 1,000:

Points [3]	Rates
Below 90	50
Above 90	175

(2) Participants with grandfathered SoCalGas benefits – with 20 years of service as of January 1, 2007 – who are expected to have 90 points prior to age 62. Rates shown are for decrement prior to age 62. On or after age 62, rates are the same as table (4) below.

Rates per 1,000:

Points [1]	Rates
Below 90	50
Above 90	175

(3) Other participants with grandfathered SoCalGas or SDG&E benefits with 20 years of service as of January 1, 2007. Rates per 1,000:

Age	Rates	Age	Rates
55 - 56	50	65 - 69	250
57 - 58	100	70+	1,000
59 - 64	200		

(4) All other participants. Rates per 1,000:

Age	Rates	Age	Rates
55 - 59	30	65 - 69	250
60 - 61	100	70+	1,000
62 - 64	150		

Weighted-average retirement age

Retirement rate tables (3) & (4) above produce a weighted-average retirement age of 64.

Assumed retirement age for former employees with vested deferred benefits

Age 58 or age as of valuation date, if later.

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or eligibility for early retirement.
- Deferred vested benefit — Age 58 or age as of valuation date, if later.
- Disability benefit — Earlier of age 65 and 2 years from date of disability.
- Retirement benefit — Upon termination of employment.

Percentage of participants expected to elect lump sum distributions:

- Future distributions — Active participants — 80%

[3] Points are equal to age plus service.

SCHEDULE SB ATTACHMENTS

	Deferred vested participants	50%
Form of annuity payments for those who do not elect lump sums		Single life annuity

Percent married	85% of males; 40% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband.
Plan compensation	Assumed plan compensation for the year beginning on the valuation date was determined as actual pensionable earnings for the prior year, increased by 3.0% for union participants and 5.0% for nonunion participants.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Annuity payments are payable monthly and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method could have a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Sempra and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third-party administrator furnished participant data as January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Sempra, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing date of birth: Depending on the status of the participant (i.e., Active Employee, Participants with Deferred benefits, Participants Receiving Benefits), average age of each valuation group is used for the assumed date of birth. For Alternate Payees, 3 years younger for male employees, and 3 years older for female employees.
- Missing benefit for Participants with Deferred Benefits and Participants Receiving Benefits: Average benefit of each group from the prior year's valuation is used as the assumed benefit amount. For Alternate Payees, a 50% factor is applied to the average benefit.
- Missing pensionable pay and pay rates: Averages of the actual pensionable pay and the pay rates are used as the assumed pay amounts.
- Retirees with Joint & Survivor (J&S) form of payment but missing Beneficiary's date of birth or sex code: Female beneficiaries are assumed 3 years younger, and male beneficiaries are assumed 3 years older. Beneficiary's sex code is assumed to be opposite to the participant's sex code.
- Retirees with the J&S form of payment but missing J&S percentage: 50% is assumed.
- Missing forms of benefit for retirees: 50% J&S benefit for former employees, single life annuity for alternate payees and beneficiaries.
- Missing cash balance accounts were estimated by rolling forward last know value with estimated pay from historical data files.
- Missing service values were estimated by rolling forward from last known value from historical data files.
- Missing prior plan benefits were assumed to be the last known value from historical data files.
- Union employees hired before January 1, 2012 and transferred back and forth between union and non-union positions were valued as if always union.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate equal to the rate in effect for the November prior to the plan year. Our long-term estimate of the 30-year Treasury rate is based on current conditions. We believe that the selected assumption does not significantly conflict with what would be reasonable based on current conditions at the measurement date.
Annuity conversion rate	As required by IRC §430, annuity benefits are valued by converting accounts to annuities using the current IRC §430 interest rates so that the interest rates assumed are effectively the same as described above for the interest rate basis.
Rates of increase in:	
• Compensation	Rates of increase in compensation were selected by the plan sponsor. Assumed compensation increases are based on a combination of: (1) annual experience study prepared by Willis Towers Watson which analyzes actual increases received by plan participants for the five-year period through the year prior to the valuation year, (2) the assumption used for the prior valuation, and (3) the plan sponsor's expectations of future increases. We believe that the assumption chosen does not significantly conflict with what would be reasonable based on based on historical salary increase experience.

SCHEDULE SB ATTACHMENTS

• National average wages (NAW) (e.g., Social Security wage bases)	The assumed NAW is based on assumed CPI, plus a 1% assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages are based on historical increases and long term expected levels. We believe that the assumption chosen does not significantly conflict with what would be reasonable.
• Increases in statutory limits (CPI)	The assumed CPI of 2.50% is based on historical increases and long term expected levels. We believe that the assumption chosen does not significantly conflict with what would be reasonable.
• Assumed return for asset smoothing	The assumed return used for asset smoothing for the year prior to the valuation is the same as that used for ASC 715 purposes, minus 25 basis points for differences between arithmetic and geometric returns and for admin related expenses paid from the trust, and not to exceed the third segment rate. We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns for the fiscal year, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. The analysis was informed by analysis of historical data and real returns on the various classes of assets held by the trust. Willis Towers Watson's determination that this assumption does not significantly conflict with what would be reasonable is informed by Willis Towers Watson's Expected Return Estimator model.
Plan-related expenses	As required by regulations, expected plan-related expenses are included in target normal cost. Plan-related expenses are estimated by determining the average expenses (excluding investment management fees and the PBGC premiums) paid from the trust over the preceding two years.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions for Contributions

Mortality

Assumptions used are as prescribed by IRC §430(h).

Termination

Termination rates were chosen by the plan sponsor. Assumed termination rates are based on a combination of: (1) annual experience study prepared by Willis Towers Watson which analyzes actual terminations by active plan participants for the four-year period through the year prior to the valuation year, (2) the assumed rates used for the prior valuation, and (3) the plan sponsor's expectations of future terminations. Assumed termination rates differ by service because of observed differences in termination rates by service.

We believe that the assumption chosen does assumptions selected do not significantly conflict with what would be reasonable.

Disability

Disability rates were chosen by the plan sponsor. Assumptions are based on a combination of (1) an experience study prepared by Willis Towers Watson analyzing the plan's experience from 2019-2023, and (2) annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

We believe that the assumption chosen does assumptions selected do not significantly conflict with what would be reasonable.

Retirement

Retirement rates were chosen by the plan sponsor. Assumed retirement rates are based on a combination of: (1) annual experience study prepared by Willis Towers Watson which analyzes actual retirements by active plan participants for the four-year period through the year prior to the valuation year, (2) the assumed rates used for the prior valuation, and (3) the plan sponsor's expectations of future retirements.

Assumed retirement rates differ by age because of expected differences in retirement rates by age.

We believe that the assumption chosen does not significantly conflict with what would be reasonable.

Benefit commencement date for deferred benefits:

- Preretirement death benefit

Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be

	of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available. We believe that the assumption chosen does not significantly conflict with what would be reasonable.
• Deferred vested benefit	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. The difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant. We believe that the assumption chosen does not significantly conflict with what would be reasonable.

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The assumed return used for asset smoothing for funding purposes was updated from 6.50% to 6.25%, not to exceed the third segment rate.

For non-union, assumed pay increases include a one-time increase of 0.5% across all age bands for progressing pay from 2024 to 2025, then revert back to same rates as shown in the salary scale table to project pay for 2026 and beyond.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

The assumed disability rates are updated based on experience during the four-year period ending in 2023.

For union, the assumed termination rates at which participants terminate by age and points are updated based on experience during the four-year period ending in 2023.

The assumed retirement rates at which participants retire by age for certain groups (schedules 3 and 4) are updated based on experience during the four-year period ending in 2023.

The assumed lump sum election rates were updated based on experience during the four-year period ending in 2023.

Although not a change in assumption or method since there is no change in the method of determining the actual rate, the 30-year Treasury rate for purposes of projecting interest on cash balance accounts was changed from 4.66% to 4.54%.

Although not a change in assumption or method since there is no change in the method of determining the actual rate, the interest rate assumption for paying lump sums and converting cash balance accounts to annuities changed from November 2023 segment rates of 5.50%, 5.76%, 5.83% to November 2024 segment rates of 4.66%, 5.25%, 5.57%.

Although not a change in assumption or method since there is no change in the method of determining plan-related expenses, the assumed plan-related expenses added to normal cost were changed from $3,000,000 to $3,100,000.

Change in methods since prior valuation

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates.

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

1. Retirement Rate Table 1

Age	Rate	Probability of Retirement	Weighted Retirement Age
55	0.05	0.050000	2.75000
56	0.05	0.047500	2.66000
57	0.10	0.090250	5.14425
58	0.10	0.081225	4.71105
59	0.20	0.146205	8.62610
60	0.20	0.116964	7.01784
61	0.20	0.093571	5.70783
62	0.20	0.074858	4.64120
63	0.20	0.059886	3.77282
64	0.20	0.047908	3.06611
65	0.25	0.047908	3.11402
66	0.25	0.035931	2.37145
67	0.25	0.026949	1.80558
68	0.25	0.020211	1.37435
69	0.25	0.015159	1.04597
70	1.00	0.045476	3.18332
		1.000001	60.99189

Plan Name: Southern California Gas Company Pension Plan
EIN / PN: 95-1240705/001
Plan Sponsor: Southern California Gas Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2. Retirement Rate Table 2

Age	Rate	Probability of Retirement	Weighted Retirement Age
55	0.03	0.030000	1.65000
56	0.03	0.029100	1.62960
57	0.03	0.028227	1.60894
58	0.03	0.027380	1.58804
59	0.03	0.026559	1.56698
60	0.10	0.085873	5.15238
61	0.10	0.077286	4.71445
62	0.15	0.104336	6.46883
63	0.15	0.088686	5.58722
64	0.15	0.075383	4.82451
65	0.25	0.106792	6.94148
66	0.25	0.080094	5.28620
67	0.25	0.060071	4.02476
68	0.25	0.045053	3.06360
69	0.25	0.033790	2.33151
70	1.00	0.101369	7.09583
		0.999999	63.53433

Weighted Average Retirement Age
based on Participant Counts in each Table: 64

* The plan also has a Retirement Rate Table based on the points equal to age plus service.
See Attachment for Part V for more details.

Plan Name	**SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN**
Plan Sponsor EIN	**95-1240705**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The following non-prescribed assumption changes were made:

- The assumed return used for asset smoothing for funding purposes was updated from 6.50% to 6.25%, not to exceed the third segment rate.
- For non-union, assumed pay increases include a one-time increase of 0.5% across all age bands for progressing pay from 2024 to 2025, then revert back to same rates as shown in the salary scale table to project pay for 2026 and beyond.
- The assumed disability rates are updated based on experience during the four-year period ending in 2023.
- For union, the assumed termination rates at which participants terminate by age and points are updated based on experience during the four-year period ending in 2023.
- The assumed retirement rates at which participants retire by age for certain groups (schedules 3 and 4) are updated based on experience during the four-year period ending in 2023.
- The assumed lump sum election rates were updated based on experience during the four-year period ending in 2023.
- On aggregate, these changes did not reduce the funding shortfall by more than 5% of the funding target. Therefore, the assumption changes do not exceed the threshold necessary to require approval of the Commissioner under regulations to Internal Revenue Code Section 430.

Plan Name	**SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN**
Plan Sponsor EIN	**95-1240705**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Docusign Envelope ID: 481946EA-D81A-820C-8239-53E7AA4075A8

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOUTHERN CALIFORNIA GAS COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1932

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)
SOUTHERN CALIFORNIA GAS COMPANY

C/O SEMPRA
488 8th Avenue, Mailstop HQ04N5

San Diego CA 92101

2b Employer Identification Number (EIN) 95-1240705

2c Plan Sponsor's telephone number (619)696-2000

2d Business code (see instructions) 221210

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	DocuSigned by: Karen Sedgwick 44AF0D1474CC4B9...	9/28/2026	Karen Sedgwick
	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 ☐ Same as Plan Sponsor

SEMPRA P&B COMMITTEE

C/O SEMPRA
488 8th Avenue, Mailstop HQ04N5

San Diego CA 92101

3b Administrator's EIN: 33-0732627

3c Administrator's telephone number: (619)696-2000

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	11,638
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)**	8,639
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8,009
b	Retired or separated participants receiving benefits	**6b**	1,848
c	Other retired or separated participants entitled to future benefits	**6c**	1,387
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	11,244
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	484
f	Total. Add lines **6d** and **6e**.	**6f**	11,728
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)**	0
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)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	56
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:

1A 1C 1E 3F 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☒ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____