# 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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**1b** Three-digit plan number (PN) ▶ 528

**1c** Effective date of plan 01/01/1992

**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** | 3496 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 0 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 3263 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 161 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 3424 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

4A 4B 4D 4E 4Q 4U

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 7
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 174 | 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** [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 | 427612 |
| **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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 122 | 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** [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 | 142833 |
| **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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 905 | 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** [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 | 7606965 |
| **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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 0140046/0220158 | 3263 | 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** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **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** | 2768016 |
| **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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 129 | 01/01/2025 | 12/31/2025 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 0 | 0 |

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

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

| (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 | 12355 |
| **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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 304 | 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 | 86618 |
| **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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 1577 | 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 | 11252177 |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | 10b | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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

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

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

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

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

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

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

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

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? |
|---|---|---|---|---|---|---|
| 15 50 | NONE | 632332 | 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 | 288024 | Yes ☐ No ☒ | 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 | 256918 | 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)

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 | 142615 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

DELTA DENTAL OF CALIFORNIA

94-1461312

| (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 | 131049 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(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 | 76024 | 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)

MELLON INVESTMENTS

25-1442864

| (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 | 46816 | Yes [ ] No [X] | 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 | 40665 | 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 | 16131 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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: CF SL BROAD MARKET STOCK INDEX FUND

**b** Name of sponsor of entity listed in (a): BNY MELLON

| **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) |
|---|---|---|
| 25-6774884-001 | C | 90581236 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF SL ACWI EX-U.S. IMI FUND

**b** Name of sponsor of entity listed in (a): BNY MELLON

| **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) |
|---|---|---|
| 45-6800208-001 | C | 65710439 |

**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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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 REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**B** Three-digit plan number (PN) ▶ 528

**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 | 184938 | 199324 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 3051333 | 3089762 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 284512 |
| **(2)** U.S. Government securities | 1c(2) | 66278812 | 52979432 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 80741968 | 92843383 |
| **(B)** All other | 1c(3)(B) | 69319627 | 63033684 |
| **(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) | 146222734 | 156291675 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 163234457 | 197979860 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 12878015 | 13586732 |

| | | (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 | 541911884 | 580288364 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 706117 | 649492 |
| **1h** Operating payables | 1h | 939427 | 1041459 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 955866 | 402291 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 2601410 | 2093242 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 539310474 | 578195122 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | 9498273 | |
| **(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) | | 9498273 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | -2072 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 2105067 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 8412731 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | 828999 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 11344725 |
| **(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) | 10307209 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 10307209 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 344375944 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 343038241 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 1337703 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 2894045 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 2894045 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 30083328 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 8597799 |
| c Other income | 2c | | 152212 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 74215294 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 22296577 | |
| (3) Other | 2e(3) | 11286458 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 33583035 |
| 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) | 907955 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 689590 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 31765 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 118301 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1747611 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 35330646 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 38884648 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: SIMPSON & SIMPSON **(2)** EIN: 95-3683803

**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) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

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

# Southern California Gas Company Represented Retiree Health and Welfare Program

Employer ID Number: 95-1240705
Plan Number: 528

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

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

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NOTE: All other 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.

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CERTIFIED PUBLIC ACCOUNTANTS

FOUNDING PARTNERS
BRAINARD C. SIMPSON, CPA
MELBA W. SIMPSON, CPA

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Southern California Gas Company
Represented Retiree Health and Welfare Program
San Diego, California

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

We have performed audits of the accompanying financial statements of the Southern California Gas Company Represented Retiree Health and Welfare Program (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103 (a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and Plan's benefit obligations as of December 31, 2025, and 2024, and the related statements of changes in net assets available for benefits and of changes in Plan's benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025, and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 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 financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information

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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. 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 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 generally accepted auditing standards 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 generally accepted auditing standards, 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.

***Supplemental Schedules Required by ERISA***

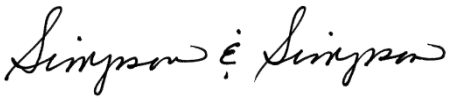
The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025; Form 5500, Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2025; and Form 5500, Schedule H, Line 4j – Schedule of Series of Transactions in Excess of 5% for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Los Angeles, California
September 17, 2026

## SOUTHERN CALIFORNIA GAS COMPANY
## REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

### GLOSSARY

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

| GLOSSARY | |
|---|---|
| Anthem | Anthem Blue Cross Life and Health Insurance Company and/or Blue Cross of California |
| Company | Southern California Gas Company |
| Delta | Delta Dental of California |
| DMO | dental maintenance organization |
| Employer | Southern California Gas Company |
| ERISA | Employee Retirement Income Security Act of 1974 |
| Express Scripts | Express Scripts, Inc. |
| HMO | health maintenance organization |
| HRA | health reimbursement account |
| IRC | U.S. Internal Revenue Code |
| Kaiser | Kaiser Foundation Health Plan Inc. |
| MetLife | Metropolitan Life Insurance Company |
| MPP | minimum premium plan |
| NAV | net asset value |
| Plan | Southern California Gas Company Represented Retiree Health and Welfare Program |
| Plan Sponsor | Southern California Gas Company |
| PPO | preferred provider organization |
| SafeGuard | SafeGuard Health Plans, Inc., A California Corporation |
| Sempra P&B Committee | Sempra Pension and Benefits Committee |
| Trust | Southern California Gas Company Voluntary Employee Beneficiary Association Retiree Medical Trust |
| Trustee | Bank of New York Mellon/BNY Mellon, N.A. |
| UnitedHealthcare | UnitedHealthcare of California |
| U.S. GAAP | generally accepted accounting principles in the United States of America |
| VEBA | voluntary employees' beneficiary association |
| VREP | Voluntary Retirement Enhancement Program |

## SOUTHERN CALIFORNIA GAS COMPANY
## REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
### AS OF DECEMBER 31, 2025 AND 2024
### (Dollars in thousands)

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| ASSETS: | | |
| Noninterest-bearing cash | $ 199 | $ 185 |
| Investments, at NAV: | | |
| Common/collective trusts | 156,292 | 146,223 |
| Investments, at fair value: | | |
| Interest-bearing cash | 285 | — |
| Fixed income investments: | | |
| U. S. government and government agency securities | 52,979 | 66,279 |
| Corporate bonds | 155,877 | 150,062 |
| Municipal bonds | 7,304 | 7,334 |
| Foreign government bonds | 6,643 | 5,468 |
| Registered investment companies | 197,980 | 163,234 |
| Futures contracts | (360) | 75 |
| Total investments, at fair value | 420,708 | 392,452 |
| Receivables: | | |
| Interest | 3,090 | 3,051 |
| Total assets | 580,289 | 541,911 |
| LIABILITIES: | | |
| Accrued administrative expenses | 341 | 250 |
| Due to broker—futures contracts | — | 90 |
| Due to broker—investments purchased | 402 | 866 |
| Payable to plan sponsor | 701 | 689 |
| Total liabilities | 1,444 | 1,895 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 578,845 | $ 540,016 |

See Notes to Financial Statements.

## SOUTHERN CALIFORNIA GAS COMPANY
## REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
### FOR THE YEAR ENDED DECEMBER 31, 2025
### (Dollars in thousands)

| | |
|---|---|
| ADDITIONS: | |
| Participant contributions | $ 9,498 |
| Net investment income: | |
| Net appreciation in fair value of investments | 43,065 |
| Interest and dividends | 21,652 |
| Net investment income | 64,717 |
| Total additions | 74,215 |
| DEDUCTIONS: | |
| Premiums paid | 22,296 |
| Claims and capitation paid | 11,343 |
| Administrative expenses | 1,747 |
| Total deductions | 35,386 |
| INCREASE IN NET ASSETS | 38,829 |
| NET ASSETS AVAILABLE FOR BENEFITS: | |
| Beginning of year | 540,016 |
| End of year | $ 578,845 |

See Notes to Financial Statements.

## SOUTHERN CALIFORNIA GAS COMPANY
## REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
### STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
### AS OF DECEMBER 31, 2025 AND 2024
### (Dollars in thousands)

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| AMOUNTS CURRENTLY PAYABLE: | | |
| Claims incurred but not reported | $ 649 | $ 706 |
| Total amounts currently payable | 649 | 706 |
| POSTRETIREMENT BENEFIT OBLIGATIONS: | | |
| Participants currently receiving benefits | 249,540 | 221,416 |
| Other fully eligible participants | 39,712 | 44,623 |
| Other participants | 97,842 | 91,340 |
| Total postretirement benefit obligations | 387,094 | 357,379 |
| PLAN'S TOTAL BENEFIT OBLIGATIONS | $ 387,743 | $ 358,085 |

See Notes to Financial Statements.

## SOUTHERN CALIFORNIA GAS COMPANY
## REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
### STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
### FOR THE YEAR ENDED DECEMBER 31, 2025
### (Dollars in thousands)

| | | |
|---|---|---|
| AMOUNTS CURRENTLY PAYABLE: | | |
| Balance—beginning of year | $ | 706 |
| Claims and premiums incurred, including claims and premiums reclassified from postretirement benefit obligations | | 24,084 |
| Net claims and insurance premiums paid | | (24,141) |
| Balance—end of year | | 649 |
| POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable: | | |
| Balance—beginning of year | | 357,379 |
| Benefits accumulated, increased (decreased) by actuarial experience losses (gains) | | (11,055) |
| Interest due to a decrease in the discount period | | 19,865 |
| Benefits paid, net of participant contributions | | (24,129) |
| Assumption changes | | 35,340 |
| Special termination benefits | | 9,694 |
| Balance—end of year | | 387,094 |
| PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR | $ | 387,743 |

See Notes to Financial Statements.

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

## NOTES TO FINANCIAL STATEMENTS
## AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025

### 1. DESCRIPTION OF PLAN

The following brief description of the Plan is provided for general information purposes only. Participants in the Plan should refer to the Plan document for a more complete description of the Plan's provisions.

**General**—The Plan is a single-employer health and welfare benefit plan that provides health (medical, prescription drugs, mental health, dental, and vision) and basic life insurance benefits to eligible collectively bargained (represented) retirees of the Company and their qualified covered dependents. The Plan is subject to the provisions of ERISA. Sempra is the indirect parent company of the Employer. The Sempra P&B Committee oversees and manages the operation and administration of the Plan. The Bank of New York Mellon/BNY Mellon, N.A. serves as trustee of the Plan.

**Eligibility**—The Plan provides health and basic life insurance benefits to represented retirees of the Company who are eligible to participate after age 65 with a minimum of 5 years of service, or after age 55 with a minimum of 15 years of service, and health benefits to their qualified dependents. The Plan also provides an HRA to employees that retire on or after December 1, 2009 with eligible unused vacation and sick hours (2009 HRA). An HRA also was provided to certain eligible employees aged 65 years or older with 5 years of service or ages 55 to 64 with 15 years of service, and who elected to retire under a number of VREPs offered by the Company (each a VREP HRA). VREP HRAs were offered to eligible employees in 2026, 2025 and 2017.

**Trust**s—The Plan is funded by the Trust, a VEBA trust established in May 1993. The Trust is funded through participant contributions in accordance with the provisions of the plan document and through actuarially determined portions of the total employer contributions described below, when necessary. At December 31, 2025 and 2024, the Trust includes all the investments of the Plan.

**Benefits**—The Plan provides health and basic life insurance benefits, as discussed in the following. Medical benefits for participants that are not Medicare eligible (meaning they are not age 65 or older, or otherwise meet Medicare eligibility criteria sooner due to disability) are offered through a fully insured HMO, an MPP HMO (see "Minimum Premium Plan" section below), or two self-insured PPOs. Medical benefits for Medicare eligible participants are offered through fully insured Medicare Advantage PPO and HMO options. All self-insured HMO and PPO benefits are administered by Anthem. All mental health components are administered as part of the major medical plans by the applicable insurer or administrator. Dental benefits are offered by the Plan through a fully insured DMO, and through a self-insured indemnity group insurance contract which is administrated by Delta. The claims for self-insured medical, prescription drug, dental and mental health benefits are paid by the respective administrator and the Plan provides reimbursement for these payments. The Plan also provides basic life insurance coverage to eligible participants through MetLife. The Plan pays the premiums for medical and pharmacy coverage to Kaiser and UnitedHealthcare, for dental coverage to SafeGuard (a subsidiary of MetLife), and for life insurance coverage to MetLife. Effective January 1, 2026, for participants enrolled in medical coverage through UnitedHealthcare, the Plan also pays premiums for prescription drug coverage to Express Scripts.

The HRA provided by the Plan to eligible participants is an account that can be used by the participant to pay for qualified medical expenses as defined by the IRC. No participant contributions are permitted. The initial amount credited to a participant's 2009 HRA is equal to the participant's eligible unused vacation hours plus a percentage of their unused sick hours multiplied by their straight-time hourly wage rate on their last date of work. In addition, the 2009 HRA also accrues a monthly interest credit on the unused balance. The initial amount credited to a participant's VREP HRA was $100,000 and there are no additional accruals or interest credits applied to a VREP HRA. All HRAs terminate when the account has been depleted by qualified health benefit reimbursements or upon the death of the participant and all eligible dependents. WageWorks, Inc. (a subsidiary of HealthEquity, Inc.) pays HRA claims that are initially funded from the general assets of the Company, which are reimbursed accordingly from the Trust.

**Minimum Premium Plan**—The MPP HMO is an arrangement with Anthem that is regulated as insurance, but in which the Company self-funds non-capitated and pharmacy claims on a pay-as-you-go basis with Anthem covering amounts that exceed a pre-determined maximum (pooled stop-loss). The Plan pays a fixed monthly premium that includes capitation fees, retention costs (administrative fees, a paid claims fund, and coverage for prefunded claims run-out) and pooled stop-loss coverage. Late in the subsequent year following the year of coverage, Anthem determines if there is a surplus or a deficit from capitation paid versus capitation premium received for the year of coverage. Any surplus is returned to the Plan and deficits are recuperated by Anthem from the surpluses or premiums in future years.

**Stop-Loss Coverage**—The Company has entered into a stop-loss insurance arrangement to limit its catastrophic risk exposure for the self-insured medical benefits (individual participant claims over a specific dollar amount). The stop-loss provider in 2025 and 2024 was Anthem.

**Contributions**—Employer contributions to the Plan are determined by the Company's independent actuary based on generally accepted actuarial principles and practices and the Company's current agreement with the California Public Utilities Commission.

Represented participants, pursuant to the current collective bargaining agreement between the Company and the union and the decisions of the Sempra P&B Committee, contribute a percentage of the estimated cost of providing their postretirement benefits depending on years of service, date of retirement, age, type of coverage, and the number of covered dependents.

## 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, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

**Risks and Uncertainties**—The Plan invests in various investment instruments. 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 benefit obligations are reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

**Payment of Benefits**—Premiums are recorded when paid and are included in premiums paid in the accompanying statement of changes in net assets available for benefits, net of any associated rebates which are recorded when received. Claims and capitation payments are recorded when paid to third-party claims processors and are included in claims and capitation paid in the accompanying statement of changes in net assets available for benefits, net of any associated rebates which are recorded when received. Amounts paid to third-party claims processors by the Plan Sponsor that have yet to be reimbursed by the Plan are recorded within payable to plan sponsor in the accompanying statements of net assets available for benefits.

**Stop-Loss**—Premiums for stop-loss insurance are included in premiums paid in the accompanying statement of changes in net assets available for benefits.

**Claims Incurred but Not Reported**—The Plan’s liability for active participant health claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. The estimated liabilities for retired participants’ health claims incurred but unreported as of December 31, 2025 and 2024 are included in the Plan's postretirement benefit obligations. These amounts are paid by the Plan only if claims are submitted and approved for payment.

**Investment Valuation and Income/Loss Recognition**—The Plan's investments are reported at fair value. See Note 3 for discussion of fair value measurements.

Net investment income consists of net appreciation (depreciation) in the fair value of investments, interest income and dividend income. Net appreciation (depreciation) 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. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date.

**Administrative Expenses**—The Plan pays for administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, investment managers, Plan administrators, and the Trustee. These expenses are reported on the statement of changes in net assets available for benefits within administrative expenses, net of any associated rebates which are recorded when received. All other costs of administering the Plan are paid by the Company on behalf of the Plan.

**Health Reimbursement Account**—The remaining balances in the HRAs (see Note 1) available to participants and eligible dependents for qualifying medical expenses included in the accompanying statements of Plan's benefit obligations as of December 31, 2025 and 2024 are $62,481,000 and $44,358,000, respectively.

**Postretirement Benefit Obligation**—The Plan's postretirement benefit obligation represents the actuarial present value of expected future benefit payments that are attributable to employee service rendered as of the valuation date, which coincides with the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected future benefit payments that is attributed to that employee's service rendered as of the valuation date.

The postretirement benefit obligation is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data and other data points to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following are the health care cost trend rate assumptions used in the actuarial valuation as of December 31, 2025:

*Coverage under age 65*

- Medical and mental health benefits—6.75% in 2026; 6.50% in 2027; 6.25% in 2028; 6.00% in 2029; 5.75% in 2030; 5.25% in 2031; and 4.75% per year thereafter

*Coverage age 65 and older*

- Medical and mental health benefits—8.50% in 2026; 8.00% in 2027; 7.50% in 2028; 7.00% in 2029; 6.50% in 2030; 5.50% in 2031; and 4.50% per year thereafter

The following are the health care cost trend rate assumptions used in the actuarial valuation as of December 31, 2024:

*Coverage under age 65*

- Medical and mental health benefits—6.50% in 2025; 6.25% in 2026; 6.00% in 2027; 5.50% in 2028; 5.00% in 2029; and 4.75% per year thereafter

*Coverage age 65 and older*

- Medical and mental health benefits—4.50% in 2025 and the years thereafter

The following are the other significant assumptions used in the actuarial valuations as of December 31, 2025 and 2024:

| | December 31, | |
|---|---|---|
| | **2025** | **2024** |
| Discount rate for post-retirement benefit cost | 5.75% | 5.75% |
| 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 | 63 | 63 |
| Weighted average long-term rate of return on assets | 6.10% | 5.87% |

The health care cost trend rate assumptions have a significant effect on the postretirement benefit obligation. If the assumed rates increased by one-percentage point in each year, it would increase the obligation by $20,029,000 and $18,802,000 as of December 31, 2025 and 2024, respectively.

The foregoing actuarial 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 the postretirement benefit obligations.

**Subsequent Events**—Subsequent events were evaluated through September 17, 2026, the date the financial statements were available to be issued.

## 3. FAIR VALUE MEASUREMENTS

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 Plan’s Level 1 investments consist of interest-bearing cash, fixed income investments such as U.S. government and government agency securities, investments in registered investment companies such as mutual funds, and exchange-traded derivatives such as futures contracts.

*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 of 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 Plan's Level 2 investments consist of fixed income investments such as U.S. government and government agency securities, corporate bonds, municipal bonds, and foreign government bonds; and investments in registered investment companies such as mutual funds.

*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 Plan as of December 31, 2025 or 2024.

The following is a description of the valuation methodologies and assumptions used to estimate the fair values of the Plan's investments:

*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.

*Fixed Income Investments*—Fixed income investments include U.S. government and government agency securities, corporate bonds, municipal bonds, and foreign government bonds. Certain fixed income investments 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 Financial Instruments*—Fixed income futures are marked to market daily and classified within Level 1 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 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 Plan's investments measured at fair value on recurring basis as of December 31, 2025 and 2024 (dollars in thousands):

| | December 31, 2025 | | |
|---|---|---|---|
| | Level 1 | Level 2 | Total |
| Investments measured at fair value: | | | |
| Interest-bearing cash | $ 285 | $ — | $ 285 |
| Fixed income investments: | | | |
| U. S. government and government agency securities | 51,434 | 1,545 | 52,979 |
| Corporate bonds | — | 155,877 | 155,877 |
| Municipal bonds | — | 7,304 | 7,304 |
| Foreign government bonds | — | 6,643 | 6,643 |
| Registered investment companies | 63,724 | 134,256 | 197,980 |
| Futures contracts | (360) | — | (360) |
| Total investments, at fair value | $ 115,083 | $ 305,625 | $ 420,708 |
| Investments measured at NAV: | | | |
| Common/collective trusts | | | 156,292 |
| Total investments | | | $ 577,000 |

| | December 31, 2024 | | |
|---|---|---|---|
| | Level 1 | Level 2 | Total |
| Investments measured at fair value: | | | |
| Interest-bearing cash | $ — | $ — | $ — |
| Fixed income investments: | | | |
| U. S. government and government agency securities | 64,852 | 1,427 | 66,279 |
| Corporate bonds | — | 150,062 | 150,062 |
| Municipal bonds | — | 7,334 | 7,334 |
| Foreign government bonds | — | 5,468 | 5,468 |
| Registered investment companies | 60,142 | 103,092 | 163,234 |
| Futures contracts | 75 | — | 75 |
| Total investments, at fair value | $ 125,069 | $ 267,383 | $ 392,452 |
| Investments measured at NAV: | | | |
| Common/collective trusts | | | 146,223 |
| Total investments | | | $ 538,675 |

*Fair Value of Investments that Calculate NAV:*

Below is a summary of the Plan'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 | | | |
|---|---|---|---|---|
| | December 31, | | Redemption Frequency | Redemption Notice Period |
| | 2025 | 2024 | | |
| Investments measured at NAV [(a)]: | | | | |
| Common/collective trusts [(b)]: | | | | |
| BNYM Mellon CF SL Broad Market Stock Index Fund | $ 90,581 | $ 96,482 | Daily | None |
| BNYM Mellon CF SL ACWI ex-U.S. IMI Fund | 65,711 | 49,741 | Daily | None |
| Total investments measured at NAV | $ 156,292 | $ 146,223 | | |

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

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

## 4. FEDERAL INCOME TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify as exempt from federal income taxes pursuant to IRC Section 501(c)(9) and the Company has applied for and received recognition of tax-exempt status from the Internal Revenue Service dated May 19, 1993 that confirms the Trust was designed in accordance with the applicable regulations of the IRC. Accordingly, the Trust's net investment income is generally exempt from income taxes; however, the Trust is subject to taxation on unrelated business taxable income, as defined in IRC Section 512(a)(3). The Trust and Plan have been amended since receiving the recognition of exemption; however, the Company and Plan management believe that the Trust and Plan, as amended, continue to maintain their tax-exempt statuses.

The Plan did not recognize any tax expense for the year ended December 31, 2025.

## 5. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the information regarding the Plan 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 that this information is complete and accurate (dollars in thousands):

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| Noninterest-bearing cash | $ 199 | $ 185 |
| Investments, at NAV | 156,292 | 146,223 |
| Investments, at fair value | 420,708 | 392,452 |
| Interest receivable | 3,090 | 3,051 |
| Due to broker—futures contracts | — | (90) |
| Due to broker—investments purchased | (402) | (866) |
| Total | $ 579,887 | $ 540,955 |

| | Year Ended December 31, 2025 |
|---|---|
| Net investment income | $ 64,717 |

The Trustee certified all investment balances and investment information in Note 3, excluding the classification of investments by level within the fair value hierarchy in Note 3.

## 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan, subject to the provisions of ERISA and contractual obligations, to change any or all parts of the Plan, or to terminate the Plan at any time. In the event the Plan is terminated, the remaining net assets available for benefits are to be set aside for participants and are to be used to pay for benefit claims outstanding and benefit claims which arise prior to termination.

## 7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of common/collective trusts managed by The Bank of New York Mellon Corporation, an affiliate of the Trustee. Therefore, these transactions qualify as exempt party-in-interest transactions. For certain of these investments, fees paid by the Plan for the investment management services are included as a reduction of the return on the common/collective trust. For the remainder of the common/collective trusts, fees paid by the Plan for the investment management services for the year ended December 31, 2025 were $49,000 and are included within administrative expenses in the accompanying statement of changes in net assets available for benefits.

## 8. 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 | December 31, 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 578,845 | $ 540,016 |
| Benefit obligations currently payable | (649) | (706) |
| Net assets available for benefits per the Form 5500 | $ 578,196 | $ 539,310 |

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):

| | |
|---|---|
| Increase in net assets per the financial statements | $ 38,829 |
| Add: Benefit obligations currently payable as of December 31, 2024 | 706 |
| Less: Benefit obligations currently payable as of December 31, 2025 | (649) |
| Net income per the Form 5500 | $ 38,886 |

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# SUPPLEMENTAL SCHEDULES

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | | **INTEREST-BEARING CASH** | | | 284,512 | $ 284,512 | $ 284,512 |
| | | **TOTAL INTEREST-BEARING CASH** | | | | **284,512** | **284,512** |
| | | **COMMON/COLLECTIVE TRUSTS** | | | | | |
| * | 999698921 | BNYM MELLON CF SL BROAD MARKET STOCK INDEX FUND | | | 151,659 | 22,774,887 | 90,581,236 |
| * | 99VVAM6P0 | BNYM MELLON CF SL ACWI EX-U.S. IMI FUND | | | 366,763 | 42,956,470 | 65,710,439 |
| | | **TOTAL COMMON/COLLECTIVE TRUSTS** | | | | **65,731,357** | **156,291,675** |
| | | **U. S. GOVERNMENT AND GOVERNMENT AGENCY SECURITIES** | | | | | |
| | 9128334X5 | U S TREASURY BD CPN STRIP | 2/15/2034 | 0.000% | 4,000,000 | 3,037,042 | 2,854,599 |
| | 9128334Z0 | U S TREASURY BD CPN STRIP | 2/15/2035 | 0.000% | 5,000,000 | 3,702,100 | 3,394,200 |
| | 912810TR9 | U S TREASURY BOND | 5/15/2053 | 3.625% | 485,000 | 432,587 | 394,101 |
| | 912810UE6 | U S TREASURY BOND | 11/15/2054 | 4.500% | 2,765,000 | 2,660,755 | 2,619,395 |
| | 912810UM8 | U S TREASURY BOND | 8/15/2055 | 4.750% | 8,743,000 | 8,740,185 | 8,633,713 |
| | 912810UM8 | U S TREASURY BOND | 8/15/2055 | 4.750% | 30,925,000 | 30,981,534 | 30,538,438 |
| | 912810UQ9 | U S TREASURY BOND | 11/15/2045 | 4.625% | 618,000 | 608,153 | 606,122 |
| | 912828ZQ6 | U S TREASURY NOTE | 5/15/2030 | 0.625% | 60,000 | 59,741 | 52,697 |
| | 91282CPJ4 | U S TREASURY NOTE | 11/15/2035 | 4.000% | 2,370,000 | 2,351,411 | 2,341,110 |
| | 76116FAC1 | RESOLUTION FDG CORP PRIN STRIP | 4/15/2030 | 0.000% | 1,520,000 | 1,291,785 | 1,287,942 |
| | 76116FAB3 | RESOLUTION FDG CORP PRIN STRIP | 1/15/2030 | 0.000% | 300,000 | 257,757 | 257,115 |
| | | **TOTAL U. S. GOVERNMENT AND GOVERNMENT AGENCY SECURITIES** | | | | **54,123,050** | **52,979,432** |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | | **REGISTERED INVESTMENT COMPANIES** | | | | | |
| | 72201W337 | PIMCO INFLATION RES M/A-INS | | | 3,583,775 | 32,077,375 | 33,185,757 |
| | 72201F490 | PIMCO INCOME FUND-INS | | | 2,526,945 | 30,061,336 | 27,771,131 |
| | 996232120 | JP MORGAN US TRES INC IJPM199 | 12/31/2049 | | 580 | 580 | 580 |
| | 996232120 | JP MORGAN US TRES INC IJPM199 | 12/31/2049 | | 1,517,006 | 1,517,006 | 1,517,006 |
| | 996232120 | JP MORGAN US TRES INC IJPM199 | 12/31/2049 | | 460,402 | 460,402 | 460,402 |
| | 996232120 | JP MORGAN US TRES INC IJPM199 | 12/31/2049 | | 327,685 | 327,685 | 327,685 |
| | 996232120 | JP MORGAN US TRES INC IJPM199 | 12/31/2049 | | 1 | 1 | 1 |
| | 996232120 | JP MORGAN US TRES INC IJPM199 | 12/31/2049 | | 458,679 | 458,679 | 458,679 |
| | 996232120 | JP MORGAN US TRES INC IJPM199 | 12/31/2049 | | 2,645 | 2,645 | 2,645 |
| | 72201P878 | PAPS LONG DURATION CREDIT BOND | | | 14,117,347 | 144,733,219 | 134,255,974 |
| | | **TOTAL REGISTERED INVESTMENT COMPANIES** | | | | **209,638,928** | **197,979,860** |
| | | **CORPORATE BONDS** | | | | | |
| | 13645RAX2 | CANADIAN PACIFIC RAILWAY CO | 9/15/2115 | 6.125% | 45,000 | 61,884 | 45,049 |
| | 92857WCB4 | VODAFONE GROUP PLC | 6/28/2064 | 5.875% | 170,000 | 170,336 | 165,137 |
| | 92857WCA6 | VODAFONE GROUP PLC | 6/28/2054 | 5.750% | 170,000 | 165,791 | 165,642 |
| | 92857WBY5 | VODAFONE GROUP PLC | 2/10/2053 | 5.625% | 95,000 | 94,604 | 91,265 |
| | 92343VHJ6 | VERIZON COMMUNICATIONS INC | 11/30/2055 | 5.875% | 415,000 | 414,673 | 411,210 |
| | 92343VGK4 | VERIZON COMMUNICATIONS INC | 3/22/2041 | 3.400% | 630,000 | 617,099 | 495,003 |
| | 92343VGB4 | VERIZON COMMUNICATIONS INC | 3/22/2051 | 3.550% | 180,000 | 183,887 | 128,188 |
| | 92343VFW9 | VERIZON COMMUNICATIONS INC | 10/30/2056 | 2.987% | 536,000 | 514,318 | 320,409 |
| | 92343VFU3 | VERIZON COMMUNICATIONS INC | 11/20/2050 | 2.875% | 75,000 | 46,784 | 46,690 |
| | 92343VBG8 | VERIZON COMMUNICATIONS INC | 11/1/2042 | 3.850% | 145,000 | 113,006 | 116,605 |
| | 87264ADY8 | T-MOBILE USA INC | 1/15/2056 | 5.700% | 35,000 | 34,442 | 34,289 |
| | 87264ADU6 | T-MOBILE USA INC | 11/15/2055 | 5.875% | 680,000 | 674,767 | 681,468 |
| | 87264ADN2 | T-MOBILE USA INC | 6/15/2055 | 5.250% | 60,000 | 54,449 | 54,888 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 87264ADD4 | T-MOBILE USA INC | 6/15/2054 | 6.000% | 180,000 | 180,857 | 183,828 |
| | 87264ADB8 | T-MOBILE USA INC | 1/15/2054 | 5.750% | 110,000 | 109,275 | 108,339 |
| | 87264ACX1 | T-MOBILE USA INC | 9/15/2062 | 5.800% | 140,000 | 139,488 | 138,346 |
| | 87264ABL8 | T-MOBILE USA INC | 2/15/2041 | 3.000% | 415,000 | 384,502 | 310,095 |
| | 17275RBU5 | CISCO SYSTEMS INC | 2/26/2054 | 5.300% | 240,000 | 239,291 | 231,035 |
| | 02364WAW5 | AMERICA MOVIL SAB DE CV | 3/30/2040 | 6.125% | 400,000 | 520,930 | 426,519 |
| | 00206RND0 | AT&T INC | 11/1/2045 | 5.550% | 950,000 | 946,124 | 917,604 |
| | 00206RMN9 | AT&T INC | 12/1/2057 | 3.800% | 766,000 | 704,108 | 528,953 |
| | 00206RLV2 | AT&T INC | 9/15/2059 | 3.650% | 245,000 | 177,622 | 162,432 |
| | 00206RLJ9 | AT&T INC | 9/15/2055 | 3.550% | 2,037,000 | 1,734,631 | 1,361,896 |
| | 00206RKJ0 | AT&T INC | 9/15/2053 | 3.500% | 465,000 | 308,058 | 312,521 |
| | 00206RKA9 | AT&T INC | 6/1/2051 | 3.650% | 425,000 | 284,427 | 299,858 |
| | 00206RJZ6 | AT&T INC | 6/1/2041 | 3.500% | 20,000 | 13,965 | 15,777 |
| | 03040WBG9 | AMERICAN WATER CAPITAL CORP | 9/1/2055 | 5.700% | 210,000 | 209,119 | 211,237 |
| | 03040WAX3 | AMERICAN WATER CAPITAL CORP | 5/1/2050 | 3.450% | 70,000 | 69,856 | 50,053 |
| | 03040WAV7 | AMERICAN WATER CAPITAL CORP | 6/1/2049 | 4.150% | 145,000 | 163,420 | 117,475 |
| | 03040WAR6 | AMERICAN WATER CAPITAL CORP | 9/1/2047 | 3.750% | 35,000 | 37,355 | 26,993 |
| | 65473QBF9 | NISOURCE INC | 5/15/2047 | 4.375% | 675,000 | 730,023 | 561,195 |
| | 927804GW8 | VIRGINIA ELECTRIC AND POWER CO | 9/15/2055 | 5.600% | 645,000 | 643,847 | 628,520 |
| | 927804GS7 | VIRGINIA ELECTRIC AND POWER CO | 8/15/2054 | 5.550% | 85,000 | 84,630 | 82,780 |
| | 927804GL2 | VIRGINIA ELECTRIC AND POWER CO | 4/1/2053 | 5.450% | 329,000 | 327,399 | 314,511 |
| | 927804GD0 | VIRGINIA ELECTRIC AND POWER CO | 12/15/2050 | 2.450% | 156,000 | 153,516 | 89,961 |
| | 927804FY5 | VIRGINIA ELECTRIC AND POWER CO | 9/15/2047 | 3.800% | 680,000 | 520,010 | 522,328 |
| | 906548CZ3 | UNION ELECTRIC CO | 3/15/2055 | 5.125% | 105,000 | 104,875 | 96,513 |
| | 906548CJ9 | UNION ELECTRIC CO | 9/15/2042 | 3.900% | 530,000 | 566,254 | 436,572 |
| | 898813AR1 | TUCSON ELECTRIC POWER CO | 6/15/2050 | 4.000% | 45,000 | 44,612 | 34,468 |
| | 842400JK0 | SOUTHERN CALIFORNIA EDISON CO | 9/15/2055 | 6.200% | 305,000 | 295,130 | 307,541 |
| | 842400JH7 | SOUTHERN CALIFORNIA EDISON CO | 3/1/2055 | 5.900% | 320,000 | 305,064 | 309,379 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 842400HR7 | SOUTHERN CALIFORNIA EDISON CO | 6/1/2052 | 5.450% | 55,000 | 46,753 | 49,595 |
| | 842400GK3 | SOUTHERN CALIFORNIA EDISON CO | 3/1/2048 | 4.125% | 155,000 | 113,154 | 118,002 |
| | 842400GG2 | SOUTHERN CALIFORNIA EDISON CO | 4/1/2047 | 4.000% | 535,000 | 565,088 | 402,684 |
| | 837004CJ7 | DOMINION ENERGY SOUTH CAROLINA | 6/1/2065 | 5.100% | 45,000 | 56,337 | 40,021 |
| | 744448CJ8 | PUBLIC SERVICE CO OF COLORADO | 3/15/2043 | 3.950% | 675,000 | 737,613 | 544,259 |
| | 744448BZ3 | PUBLIC SERVICE CO OF COLORADO | 9/1/2037 | 6.250% | 160,000 | 223,656 | 174,904 |
| | 737679DB3 | POTOMAC ELECTRIC POWER CO | 11/15/2037 | 6.500% | 100,000 | 140,816 | 112,414 |
| | 695114DE5 | PACIFICORP | 1/15/2055 | 5.800% | 227,000 | 225,051 | 212,463 |
| | 695114DA3 | PACIFICORP | 5/15/2054 | 5.500% | 201,000 | 190,838 | 180,271 |
| | 695114CX4 | PACIFICORP | 3/15/2051 | 3.300% | 150,000 | 148,764 | 95,985 |
| | 694308KV8 | PACIFIC GAS AND ELECTRIC CO | 3/1/2055 | 6.150% | 65,000 | 62,701 | 64,562 |
| | 694308KT3 | PACIFIC GAS AND ELECTRIC CO | 10/1/2054 | 5.900% | 235,000 | 233,375 | 226,096 |
| | 694308KK2 | PACIFIC GAS AND ELECTRIC CO | 4/1/2053 | 6.700% | 165,000 | 164,408 | 174,692 |
| | 694308KH9 | PACIFIC GAS AND ELECTRIC CO | 1/15/2053 | 6.750% | 1,598,000 | 1,664,186 | 1,704,539 |
| | 694308JU2 | PACIFIC GAS AND ELECTRIC CO | 6/1/2041 | 4.200% | 190,000 | 189,445 | 158,703 |
| | 694308JQ1 | PACIFIC GAS AND ELECTRIC CO | 7/1/2040 | 4.500% | 372,000 | 302,908 | 325,150 |
| | 694308JN8 | PACIFIC GAS AND ELECTRIC CO | 7/1/2050 | 4.950% | 777,000 | 658,261 | 658,640 |
| | 694308JJ7 | PACIFIC GAS AND ELECTRIC CO | 8/1/2050 | 3.500% | 290,000 | 277,127 | 196,301 |
| | 694308JH1 | PACIFIC GAS AND ELECTRIC CO | 8/1/2040 | 3.300% | 260,000 | 242,326 | 197,345 |
| | 69351UBD4 | PPL ELECTRIC UTILITIES CORP | 8/15/2055 | 5.550% | 145,000 | 143,743 | 144,584 |
| | 69351UAV5 | PPL ELECTRIC UTILITIES CORP | 6/15/2048 | 4.150% | 295,000 | 327,360 | 243,702 |
| | 693304BJ5 | PECO ENERGY CO | 9/15/2055 | 5.650% | 330,000 | 329,997 | 329,571 |
| | 693304BE6 | PECO ENERGY CO | 8/15/2052 | 4.375% | 160,000 | 159,339 | 132,198 |
| | 677052AA0 | OGLETHORPE POWER CORP | 11/1/2040 | 5.375% | 1,000,000 | 1,207,549 | 989,440 |
| | 677050AU0 | OGLETHORPE POWER CORP | 12/1/2053 | 6.200% | 120,000 | 118,234 | 123,535 |
| | 677050AS5 | OGLETHORPE POWER CORP | 4/1/2047 | 4.500% | 255,000 | 252,205 | 213,848 |
| | 677050AQ9 | OGLETHORPE POWER CORP | 8/1/2050 | 3.750% | 200,000 | 197,064 | 143,796 |
| | 677050AN6 | OGLETHORPE POWER CORP | 10/1/2048 | 5.050% | 430,000 | 477,205 | 387,146 |
| | 67021CAT4 | NSTAR ELECTRIC CO | 9/15/2052 | 4.950% | 190,000 | 189,265 | 171,979 |
| | 665772CX5 | NORTHERN STATES POWER CO/ MN | 5/15/2053 | 5.100% | 210,000 | 208,433 | 195,359 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 665772CV9 | NORTHERN STATES POWER CO/ MN | 6/1/2052 | 4.500% | 160,000 | 157,912 | 136,342 |
| | 665772CJ6 | NORTHERN STATES POWER CO/ MN | 8/15/2042 | 3.400% | 310,000 | 312,124 | 243,211 |
| | 641423CF3 | NEVADA POWER CO | 5/1/2053 | 5.900% | 150,000 | 149,133 | 151,199 |
| | 097023AX3 | BOEING CO/THE | 3/15/2039 | 6.875% | 210,000 | 309,143 | 236,712 |
| | 097023CJ2 | BOEING CO/THE | 5/1/2034 | 3.600% | 165,000 | 174,340 | 150,214 |
| | 097023CQ6 | BOEING CO/THE | 2/1/2050 | 3.750% | 415,000 | 271,793 | 303,369 |
| | 097023CV5 | BOEING CO/THE | 5/1/2040 | 5.705% | 1,840,000 | 1,832,374 | 1,883,111 |
| | 097023CW3 | BOEING CO/THE | 5/1/2050 | 5.805% | 1,540,000 | 1,586,438 | 1,521,397 |
| | 097023CX1 | BOEING CO/THE | 5/1/2060 | 5.930% | 170,000 | 227,800 | 167,345 |
| | 097023DT9 | BOEING CO/THE | 5/1/2054 | 6.858% | 195,000 | 197,444 | 219,964 |
| | 097023DU6 | BOEING CO/THE | 5/1/2064 | 7.008% | 265,000 | 280,856 | 302,089 |
| | 369550BH0 | GENERAL DYNAMICS CORP | 4/1/2040 | 4.250% | 60,000 | 61,627 | 55,155 |
| | 369550BJ6 | GENERAL DYNAMICS CORP | 4/1/2050 | 4.250% | 45,000 | 38,745 | 38,130 |
| | 369550BQ0 | GENERAL DYNAMICS CORP | 6/1/2041 | 2.850% | 130,000 | 133,115 | 98,290 |
| | 539830BN8 | LOCKHEED MARTIN CORP | 9/15/2052 | 4.090% | 70,000 | 62,164 | 55,738 |
| | 539830CB3 | LOCKHEED MARTIN CORP | 2/15/2055 | 5.200% | 85,000 | 84,354 | 80,273 |
| | 666807BH4 | NORTHROP GRUMMAN CORP | 6/1/2043 | 4.750% | 470,000 | 552,340 | 434,285 |
| | 666807BP6 | NORTHROP GRUMMAN CORP | 10/15/2047 | 4.030% | 500,000 | 524,878 | 403,170 |
| | 666807BT8 | NORTHROP GRUMMAN CORP | 5/1/2040 | 5.150% | 195,000 | 191,092 | 194,403 |
| | 75513EAC5 | RTX CORP | 7/1/2050 | 3.125% | 75,000 | 54,499 | 50,652 |
| | 75513ECS8 | RTX CORP | 2/27/2053 | 5.375% | 60,000 | 56,071 | 57,884 |
| | 75513ECX7 | RTX CORP | 3/15/2054 | 6.400% | 132,000 | 134,808 | 145,679 |
| | 913017BT5 | RTX CORP | 6/1/2042 | 4.500% | 1,430,000 | 1,615,948 | 1,295,923 |
| | 913017CW7 | RTX CORP | 11/16/2038 | 4.450% | 160,000 | 180,491 | 150,597 |
| | 37045VAF7 | GENERAL MOTORS CO | 10/2/2043 | 6.250% | 110,000 | 128,139 | 111,814 |
| | 37045VAP5 | GENERAL MOTORS CO | 4/1/2038 | 5.150% | 130,000 | 143,983 | 125,384 |
| | 00774MAZ8 | AERCAP IRELAND CAPITAL DAC / A | 10/29/2041 | 3.850% | 1,360,000 | 1,141,132 | 1,114,289 |
| | 00774MBM6 | AERCAP IRELAND CAPITAL DAC / A | 9/10/2034 | 4.950% | 240,000 | 236,249 | 239,959 |
| | 03769MAC0 | APOLLO GLOBAL MANAGEMENT INC | 5/21/2054 | 5.800% | 465,000 | 466,736 | 458,504 |
| | 03769MAE6 | APOLLO GLOBAL MANAGEMENT INC | 8/12/2035 | 5.150% | 180,000 | 178,529 | 180,376 |
| | 06051GGG8 | BANK OF AMERICA CORP | 1/20/2048 | 4.443% | 450,000 | 386,802 | 392,112 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
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| | 06051GHS1 | BANK OF AMERICA CORP | 3/15/2050 | 4.330% | 45,000 | 36,356 | 37,961 |
| | 06051GHU6 | BANK OF AMERICA CORP | 4/23/2040 | 4.078% | 880,000 | 949,859 | 787,758 |
| | 06051GJA8 | BANK OF AMERICA CORP | 3/20/2051 | 4.083% | 375,000 | 287,072 | 301,995 |
| | 06051GJE0 | BANK OF AMERICA CORP | 6/19/2041 | 2.676% | 1,050,000 | 978,264 | 777,105 |
| | 06051GJW0 | BANK OF AMERICA CORP | 4/22/2042 | 3.311% | 285,000 | 269,737 | 225,717 |
| | 06738EDE2 | BARCLAYS PLC | 8/11/2046 | 5.860% | 100,000 | 100,000 | 102,809 |
| | 09290DAC5 | BLACKROCK FUNDING INC | 3/14/2054 | 5.250% | 300,000 | 296,432 | 288,567 |
| | 09290DAK7 | BLACKROCK FUNDING INC | 1/8/2055 | 5.350% | 280,000 | 279,532 | 273,815 |
| | 092914AC4 | BLACKSTONE REG FINANCE CO LLC | 2/15/2036 | 4.950% | 195,000 | 194,813 | 193,963 |
| | 112586AB8 | BROOKFIELD ASSET MANAGEMENT LT | 9/15/2055 | 6.077% | 315,000 | 317,982 | 323,366 |
| | 11271LAL6 | BROOKFIELD FINANCE INC | 3/4/2054 | 5.968% | 85,000 | 86,434 | 86,006 |
| | 11271LAP7 | BROOKFIELD FINANCE INC | 3/3/2055 | 5.813% | 165,000 | 165,000 | 163,263 |
| | 11271LAQ5 | BROOKFIELD FINANCE INC | 1/15/2036 | 5.330% | 175,000 | 174,871 | 175,565 |
| | 14040HDJ1 | CAPITAL ONE FINANCIAL CORP | 1/30/2036 | 6.183% | 135,000 | 135,000 | 141,273 |
| | 172967HS3 | CITIGROUP INC | 5/6/2044 | 5.300% | 31,000 | 37,771 | 30,176 |
| | 172967LU3 | CITIGROUP INC | 1/24/2039 | 3.878% | 340,000 | 359,882 | 301,413 |
| | 172967NF4 | CITIGROUP INC | 11/3/2042 | 2.904% | 1,290,000 | 996,848 | 956,096 |
| | 172967PU9 | CITIGROUP INC | 1/24/2036 | 6.020% | 35,000 | 36,598 | 36,726 |
| | 17327CAU7 | CITIGROUP INC | 9/19/2039 | 5.411% | 265,000 | 265,000 | 267,086 |
| | 17327CAY9 | CITIGROUP INC | 3/4/2056 | 5.612% | 515,000 | 512,431 | 514,506 |
| | 38141EC31 | GOLDMAN SACHS GROUP INC/ THE | 7/8/2044 | 4.800% | 455,000 | 523,669 | 423,064 |
| | 38141GB86 | GOLDMAN SACHS GROUP INC/ THE | 11/19/2045 | 5.561% | 1,275,000 | 1,279,917 | 1,279,947 |
| | 38141GC51 | GOLDMAN SACHS GROUP INC/ THE | 1/28/2056 | 5.734% | 435,000 | 435,491 | 441,786 |
| | 38141GXA7 | GOLDMAN SACHS GROUP INC/ THE | 4/23/2039 | 4.411% | 110,000 | 118,221 | 101,827 |
| | 38141GYC2 | GOLDMAN SACHS GROUP INC/ THE | 4/22/2042 | 3.210% | 230,000 | 230,000 | 178,609 |
| | 38141GZN7 | GOLDMAN SACHS GROUP INC/ THE | 2/24/2043 | 3.436% | 350,000 | 332,493 | 274,953 |
| | 38148LAF3 | GOLDMAN SACHS GROUP INC/ THE | 5/22/2045 | 5.150% | 325,000 | 353,178 | 306,114 |
| | 38148YAA6 | GOLDMAN SACHS GROUP INC/ THE | 10/31/2038 | 4.017% | 385,000 | 401,986 | 346,893 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
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| | 4042Q1AD9 | HSBC BANK USA NA | 1/15/2039 | 7.000% | 115,000 | 156,126 | 134,467 |
| | 446150BF0 | HUNTINGTON BANCSHARES INC/ OH | 11/18/2039 | 6.141% | 170,000 | 170,000 | 177,523 |
| | 46647PAA4 | JPMORGAN CHASE & CO | 2/22/2048 | 4.260% | 30,000 | 33,692 | 25,550 |
| | 46647PAK2 | JPMORGAN CHASE & CO | 7/24/2048 | 4.032% | 290,000 | 315,265 | 237,603 |
| | 46647PBM7 | JPMORGAN CHASE & CO | 4/22/2041 | 3.109% | 450,000 | 447,253 | 354,605 |
| | 46647PBN5 | JPMORGAN CHASE & CO | 4/22/2051 | 3.109% | 40,000 | 46,120 | 27,249 |
| | 46647PBV7 | JPMORGAN CHASE & CO | 11/19/2041 | 2.525% | 40,000 | 28,202 | 28,883 |
| | 46647PCD6 | JPMORGAN CHASE & CO | 4/22/2042 | 3.157% | 165,000 | 123,135 | 128,505 |
| | 46647PCE4 | JPMORGAN CHASE & CO | 4/22/2052 | 3.328% | 235,000 | 224,805 | 167,177 |
| | 46647PES1 | JPMORGAN CHASE & CO | 11/29/2045 | 5.534% | 320,000 | 310,423 | 326,122 |
| | 46647PFC5 | JPMORGAN CHASE & CO | 7/23/2036 | 5.576% | 205,000 | 205,000 | 212,487 |
| | 46647PFE1 | JPMORGAN CHASE & CO | 10/22/2036 | 4.810% | 250,000 | 250,000 | 248,733 |
| | 48126BAA1 | JPMORGAN CHASE & CO | 1/6/2042 | 5.400% | 81,000 | 102,373 | 82,556 |
| | 55261FAV6 | M&T BANK CORP | 1/16/2036 | 5.385% | 390,000 | 390,502 | 397,063 |
| | 61744YAL2 | MORGAN STANLEY | 7/22/2038 | 3.971% | 340,000 | 361,332 | 306,479 |
| | 61746BEG7 | MORGAN STANLEY | 1/22/2047 | 4.375% | 30,000 | 22,861 | 26,000 |
| | 61747YDY8 | MORGAN STANLEY | 1/27/2045 | 4.300% | 205,000 | 224,829 | 178,127 |
| | 61747YFV2 | MORGAN STANLEY | 11/19/2055 | 5.516% | 880,000 | 872,307 | 872,705 |
| | 61748UAN2 | MORGAN STANLEY | 10/22/2036 | 4.892% | 335,000 | 335,000 | 332,779 |
| | 63111XAK7 | NASDAQ INC | 8/15/2053 | 5.950% | 25,000 | 25,524 | 26,063 |
| | 63111XAL5 | NASDAQ INC | 6/28/2063 | 6.100% | 145,000 | 142,690 | 152,752 |
| | 693475BZ7 | PNC FINANCIAL SERVICES GROUP I | 7/23/2035 | 5.401% | 340,000 | 339,992 | 352,274 |
| | 693475CC7 | PNC FINANCIAL SERVICES GROUP I | 1/29/2036 | 5.575% | 125,000 | 125,000 | 130,655 |
| | 754730AK5 | RAYMOND JAMES FINANCIAL INC | 9/11/2055 | 5.650% | 330,000 | 329,078 | 324,238 |
| | 80281LAY1 | SANTANDER UK GROUP HOLDINGS PL | 9/22/2036 | 5.136% | 105,000 | 105,000 | 104,641 |
| | 86562MEB2 | SUMITOMO MITSUI FINANCIAL GROU | 7/8/2046 | 5.796% | 370,000 | 370,000 | 375,939 |
| | 89788MAS1 | TRUIST FINANCIAL CORP | 1/24/2035 | 5.711% | 635,000 | 641,685 | 669,328 |
| | 902674A26 | UBS AG/LONDON | 6/26/2048 | 4.500% | 250,000 | 289,042 | 218,775 |
| | 91159HJR2 | US BANCORP | 1/23/2035 | 5.678% | 65,000 | 65,107 | 68,764 |
| | 92826CAF9 | VISA INC | 12/14/2045 | 4.300% | 520,000 | 606,700 | 455,224 |
| | 94974BGE4 | WELLS FARGO & CO | 11/4/2044 | 4.650% | 230,000 | 253,202 | 202,122 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
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| | 94974BGK0 | WELLS FARGO & CO | 5/1/2045 | 3.900% | 270,000 | 218,549 | 219,780 |
| | 94974BGQ7 | WELLS FARGO & CO | 11/17/2045 | 4.900% | 280,000 | 327,140 | 252,770 |
| | 94974BGT1 | WELLS FARGO & CO | 6/14/2046 | 4.400% | 300,000 | 324,073 | 251,361 |
| | 94974BGU8 | WELLS FARGO & CO | 12/7/2046 | 4.750% | 430,000 | 486,781 | 379,191 |
| | 95000U2M4 | WELLS FARGO & CO | 4/4/2051 | 5.013% | 185,000 | 170,097 | 169,710 |
| | 95000U2Q5 | WELLS FARGO & CO | 4/30/2041 | 3.068% | 60,000 | 44,518 | 46,663 |
| | 95000U2Z5 | WELLS FARGO & CO | 4/25/2053 | 4.611% | 1,620,000 | 1,493,730 | 1,401,689 |
| | 95000U3K7 | WELLS FARGO & CO | 1/23/2035 | 5.499% | 20,000 | 20,387 | 20,904 |
| | 961214EY5 | WESTPAC BANKING CORP | 11/18/2041 | 3.133% | 220,000 | 220,000 | 166,879 |
| | 961214FW8 | WESTPAC BANKING CORP | 11/20/2035 | 5.618% | 280,000 | 280,000 | 289,713 |
| | 260543CR2 | DOW CHEMICAL CO/THE | 11/30/2048 | 5.550% | 75,000 | 69,414 | 66,096 |
| | 260543DM2 | DOW CHEMICAL CO/THE | 3/15/2055 | 5.950% | 220,000 | 210,820 | 200,792 |
| | 302491AY1 | FMC CORP | 5/18/2053 | 6.375% | 325,000 | 319,779 | 242,216 |
| | 459506AE1 | INTERNATIONAL FLAVORS & FRAGRA | 6/1/2047 | 4.375% | 40,000 | 32,772 | 32,328 |
| | 459506AL5 | INTERNATIONAL FLAVORS & FRAGRA | 9/26/2048 | 5.000% | 276,000 | 253,079 | 244,713 |
| | 50249AAA1 | LYB INTERNATIONAL FINANCE III | 10/15/2049 | 4.200% | 100,000 | 75,569 | 72,001 |
| | 50249AAJ2 | LYB INTERNATIONAL FINANCE III | 4/1/2051 | 3.625% | 55,000 | 37,491 | 35,613 |
| | 50249AAR4 | LYB INTERNATIONAL FINANCE III | 1/15/2036 | 5.875% | 175,000 | 173,738 | 174,407 |
| | 960413BC5 | WESTLAKE CORP | 11/15/2055 | 6.375% | 340,000 | 337,662 | 335,318 |
| | 575718AK7 | MASSACHUSETTS INSTITUTE OF TEC | 6/1/2055 | 5.618% | 190,000 | 190,000 | 195,787 |
| | 914886AA4 | UNIVERSITY OF SOUTHERN CALIFOR | 10/1/2111 | 5.250% | 460,000 | 647,264 | 428,274 |
| | 02079KAN7 | ALPHABET INC | 5/15/2065 | 5.300% | 85,000 | 83,692 | 80,204 |
| | 02079KAZ0 | ALPHABET INC | 11/15/2045 | 5.350% | 1,630,000 | 1,626,398 | 1,624,523 |
| | 02079KBA4 | ALPHABET INC | 11/15/2055 | 5.450% | 70,000 | 69,678 | 68,889 |
| | 02079KBB2 | ALPHABET INC | 11/15/2075 | 5.700% | 236,000 | 234,256 | 233,227 |
| | 023135BT2 | AMAZON.COM INC | 6/3/2050 | 2.500% | 565,000 | 516,992 | 339,859 |
| | 023135CA2 | AMAZON.COM INC | 5/12/2041 | 2.875% | 195,000 | 194,265 | 148,543 |
| | 023135CB0 | AMAZON.COM INC | 5/12/2051 | 3.100% | 410,000 | 390,170 | 276,328 |
| | 023135CJ3 | AMAZON.COM INC | 4/13/2052 | 3.950% | 183,000 | 182,235 | 143,467 |
| | 161175BA1 | CHARTER COMMUNICATIONS OPERATI | 10/23/2045 | 6.484% | 275,000 | 261,235 | 259,058 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

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**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

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| | 161175BL7 | CHARTER COMMUNICATIONS OPERATI | 5/1/2047 | 5.375% | 130,000 | 104,654 | 107,397 |
| | 161175BN3 | CHARTER COMMUNICATIONS OPERATI | 4/1/2048 | 5.750% | 785,000 | 694,734 | 671,630 |
| | 161175BS2 | CHARTER COMMUNICATIONS OPERATI | 7/1/2049 | 5.125% | 500,000 | 390,604 | 392,625 |
| | 161175BZ6 | CHARTER COMMUNICATIONS OPERATI | 6/1/2041 | 3.500% | 185,000 | 175,816 | 131,907 |
| | 161175CK8 | CHARTER COMMUNICATIONS OPERATI | 4/1/2053 | 5.250% | 140,000 | 112,510 | 111,139 |
| | 20030NCC3 | COMCAST CORP | 11/1/2047 | 3.969% | 771,000 | 823,819 | 579,391 |
| | 20030NCZ2 | COMCAST CORP | 2/1/2050 | 3.450% | 55,000 | 40,645 | 36,879 |
| | 20030NDS7 | COMCAST CORP | 11/1/2051 | 2.887% | 387,000 | 361,399 | 227,734 |
| | 20030NDU2 | COMCAST CORP | 11/1/2056 | 2.937% | 1,379,000 | 1,213,150 | 778,004 |
| | 20030NDW8 | COMCAST CORP | 11/1/2063 | 2.987% | 101,000 | 91,404 | 54,970 |
| | 254687FM3 | WALT DISNEY CO/THE | 9/1/2049 | 2.750% | 500,000 | 482,488 | 318,775 |
| | 254687FY7 | WALT DISNEY CO/THE | 5/13/2040 | 3.500% | 525,000 | 479,108 | 441,116 |
| | 254687FZ4 | WALT DISNEY CO/THE | 1/13/2051 | 3.600% | 230,000 | 210,412 | 171,575 |
| | 25468PDB9 | TWDC ENTERPRISES 18 CORP | 6/1/2044 | 4.125% | 140,000 | 118,294 | 118,049 |
| | 30303M8Q8 | META PLATFORMS INC | 5/15/2053 | 5.600% | 860,000 | 852,023 | 826,090 |
| | 30303M8V7 | META PLATFORMS INC | 8/15/2054 | 5.400% | 100,000 | 99,512 | 93,328 |
| | 30303M8W5 | META PLATFORMS INC | 8/15/2064 | 5.550% | 515,000 | 512,775 | 479,372 |
| | 30303M8X3 | META PLATFORMS INC | 11/15/2045 | 5.500% | 225,000 | 224,588 | 219,301 |
| | 30303M8Y1 | META PLATFORMS INC | 11/15/2065 | 5.750% | 145,000 | 144,203 | 138,848 |
| | 88732JAJ7 | TIME WARNER CABLE LLC | 5/1/2037 | 6.550% | 50,000 | 60,780 | 51,078 |
| | 88732JAN8 | TIME WARNER CABLE LLC | 7/1/2038 | 7.300% | 215,000 | 261,121 | 230,717 |
| | 88732JAU2 | TIME WARNER CABLE LLC | 6/15/2039 | 6.750% | 265,000 | 309,362 | 268,617 |
| | 88732JAY4 | TIME WARNER CABLE LLC | 11/15/2040 | 5.875% | 265,000 | 283,994 | 246,005 |
| | 88732JBD9 | TIME WARNER CABLE LLC | 9/15/2042 | 4.500% | 195,000 | 182,562 | 150,443 |
| | 90353TAQ3 | UBER TECHNOLOGIES INC | 9/15/2054 | 5.350% | 385,000 | 369,427 | 367,232 |
| | 90353TAU4 | UBER TECHNOLOGIES INC | 9/15/2035 | 4.800% | 240,000 | 239,112 | 238,745 |
| | 925524AX8 | PARAMOUNT GLOBAL | 4/30/2036 | 6.875% | 195,000 | 209,205 | 192,178 |
| | 92553PAP7 | PARAMOUNT GLOBAL | 3/15/2043 | 4.375% | 345,000 | 263,679 | 240,707 |
| | 92553PAU6 | PARAMOUNT GLOBAL | 9/1/2043 | 5.850% | 490,000 | 449,314 | 404,549 |
| | 92556HAC1 | PARAMOUNT GLOBAL | 5/19/2050 | 4.950% | 70,000 | 55,810 | 49,054 |
| | 03522AAJ9 | ANHEUSER-BUSCH COS LLC / ANHEU | 2/1/2046 | 4.900% | 2,198,000 | 2,385,457 | 2,042,250 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 03523TBT4 | ANHEUSER-BUSCH INBEV WORLDWIDE | 10/6/2048 | 4.439% | 75,000 | 65,478 | 64,679 |
| | 03523TBV9 | ANHEUSER-BUSCH INBEV WORLDWIDE | 1/23/2049 | 5.550% | 694,000 | 698,370 | 694,444 |
| | 035240AG5 | ANHEUSER-BUSCH INBEV WORLDWIDE | 1/15/2042 | 4.950% | 60,000 | 69,928 | 57,483 |
| | 054989AC2 | BAT CAPITAL CORP | 8/2/2043 | 7.079% | 240,000 | 239,716 | 270,454 |
| | 05526DBD6 | BAT CAPITAL CORP | 8/15/2037 | 4.390% | 240,000 | 236,373 | 221,554 |
| | 05526DBF1 | BAT CAPITAL CORP | 8/15/2047 | 4.540% | 171,000 | 166,569 | 142,371 |
| | 05526DBQ7 | BAT CAPITAL CORP | 4/2/2050 | 5.282% | 335,000 | 335,000 | 303,222 |
| | 05526DBV6 | BAT CAPITAL CORP | 3/16/2052 | 5.650% | 50,000 | 45,887 | 47,437 |
| | 191216DS6 | COCA-COLA CO/THE | 5/13/2054 | 5.300% | 25,000 | 25,485 | 24,627 |
| | 713448EM6 | PEPSICO INC | 7/29/2049 | 3.375% | 120,000 | 87,113 | 86,998 |
| | 713448FF0 | PEPSICO INC | 10/21/2041 | 2.625% | 39,000 | 38,123 | 28,396 |
| | 718172AU3 | PHILIP MORRIS INTERNATIONAL IN | 8/21/2042 | 3.875% | 140,000 | 140,311 | 115,703 |
| | 718172AW9 | PHILIP MORRIS INTERNATIONAL IN | 3/4/2043 | 4.125% | 77,000 | 79,572 | 65,438 |
| | 718172BD0 | PHILIP MORRIS INTERNATIONAL IN | 11/15/2043 | 4.875% | 71,000 | 81,136 | 65,652 |
| | 761713BB1 | REYNOLDS AMERICAN INC | 8/15/2045 | 5.850% | 320,000 | 332,856 | 315,782 |
| | 46590XAQ9 | JBS NV/JBS USA FOODS GROUP HOL | 2/2/2052 | 4.375% | 430,000 | 430,477 | 334,252 |
| | 46590XAX4 | JBS NV/JBS USA FOODS GROUP HOL | 12/1/2052 | 6.500% | 730,000 | 718,313 | 752,579 |
| | 47214BAD0 | JBS NV/JBS USA FOODS GROUP HOL | 11/15/2053 | 7.250% | 375,000 | 385,872 | 420,030 |
| | 50077LAM8 | KRAFT HEINZ FOODS CO | 7/15/2045 | 5.200% | 205,000 | 196,885 | 188,541 |
| | 501044DW8 | KROGER CO/THE | 9/15/2054 | 5.500% | 65,000 | 61,803 | 62,145 |
| | 002824BH2 | ABBOTT LABORATORIES | 11/30/2046 | 4.900% | 316,000 | 385,183 | 298,449 |
| | 00287YAS8 | ABBVIE INC | 5/14/2045 | 4.700% | 460,000 | 401,014 | 417,501 |
| | 00287YAW9 | ABBVIE INC | 5/14/2046 | 4.450% | 335,000 | 308,245 | 291,936 |
| | 00287YCA5 | ABBVIE INC | 11/21/2039 | 4.050% | 466,000 | 475,922 | 417,061 |
| | 00287YCB3 | ABBVIE INC | 11/21/2049 | 4.250% | 399,000 | 422,216 | 329,805 |
| | 00287YDA4 | ABBVIE INC | 6/15/2044 | 4.850% | 180,000 | 214,540 | 167,281 |
| | 00287YDV8 | ABBVIE INC | 3/15/2044 | 5.350% | 150,000 | 149,793 | 148,772 |
| | 00287YDX4 | ABBVIE INC | 3/15/2064 | 5.500% | 310,000 | 308,841 | 302,377 |
| | 00287YEB1 | ABBVIE INC | 3/15/2055 | 5.600% | 375,000 | 372,205 | 377,501 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 031162CR9 | AMGEN INC | 2/21/2040 | 3.150% | 415,000 | 416,850 | 328,066 |
| | 031162DS6 | AMGEN INC | 3/2/2043 | 5.600% | 365,000 | 362,827 | 368,332 |
| | 031162DU1 | AMGEN INC | 3/2/2063 | 5.750% | 40,000 | 40,102 | 39,192 |
| | 036752AK9 | ELEVANCE HEALTH INC | 9/15/2049 | 3.700% | 85,000 | 66,932 | 62,783 |
| | 036752AS2 | ELEVANCE HEALTH INC | 3/15/2051 | 3.600% | 272,000 | 278,617 | 194,360 |
| | 036752BA0 | ELEVANCE HEALTH INC | 6/15/2054 | 5.650% | 180,000 | 168,454 | 175,511 |
| | 036752BE2 | ELEVANCE HEALTH INC | 2/15/2055 | 5.700% | 55,000 | 51,783 | 53,841 |
| | 036752BF9 | ELEVANCE HEALTH INC | 11/1/2064 | 5.850% | 45,000 | 42,334 | 44,333 |
| | 072722AE1 | BAYCARE HEALTH SYSTEM INC | 11/15/2050 | 3.831% | 75,000 | 75,000 | 57,821 |
| | 072863AJ2 | BAYLOR SCOTT & WHITE HOLDINGS | 11/15/2050 | 2.839% | 235,000 | 204,557 | 149,493 |
| | 125523AK6 | CIGNA GROUP/THE | 12/15/2048 | 4.900% | 185,000 | 165,919 | 165,544 |
| | 125523CW8 | CIGNA GROUP/THE | 2/15/2054 | 5.600% | 190,000 | 186,379 | 184,857 |
| | 125523DA5 | CIGNA GROUP/THE | 1/15/2056 | 6.000% | 320,000 | 328,941 | 330,483 |
| | 126650CN8 | CVS HEALTH CORP | 7/20/2045 | 5.125% | 1,214,000 | 1,140,235 | 1,099,277 |
| | 126650CZ1 | CVS HEALTH CORP | 3/25/2048 | 5.050% | 1,905,000 | 1,627,104 | 1,685,982 |
| | 126650EE6 | CVS HEALTH CORP | 6/1/2044 | 6.000% | 225,000 | 223,672 | 226,836 |
| | 126650EL0 | CVS HEALTH CORP | 9/15/2055 | 6.200% | 65,000 | 66,493 | 66,249 |
| | 23291KAJ4 | DH EUROPE FINANCE II SARL | 11/15/2039 | 3.250% | 285,000 | 284,472 | 234,108 |
| | 23291KAK1 | DH EUROPE FINANCE II SARL | 11/15/2049 | 3.400% | 55,000 | 54,866 | 39,813 |
| | 235851AV4 | DANAHER CORP | 10/1/2050 | 2.600% | 60,000 | 53,234 | 36,755 |
| | 235851AW2 | DANAHER CORP | 12/10/2051 | 2.800% | 335,000 | 333,926 | 211,931 |
| | 375558BA0 | GILEAD SCIENCES INC | 2/1/2045 | 4.500% | 115,000 | 129,019 | 102,013 |
| | 375558BD4 | GILEAD SCIENCES INC | 3/1/2046 | 4.750% | 60,000 | 63,411 | 54,573 |
| | 375558BK8 | GILEAD SCIENCES INC | 3/1/2047 | 4.150% | 50,000 | 45,061 | 41,663 |
| | 375558CD3 | GILEAD SCIENCES INC | 11/15/2054 | 5.500% | 750,000 | 763,898 | 743,010 |
| | 375558CE1 | GILEAD SCIENCES INC | 11/15/2064 | 5.600% | 185,000 | 183,914 | 184,702 |
| | 404119BV0 | HCA INC | 6/15/2047 | 5.500% | 55,000 | 51,308 | 52,158 |
| | 404119CL1 | HCA INC | 3/15/2052 | 4.625% | 90,000 | 75,106 | 73,714 |
| | 404119CS6 | HCA INC | 3/15/2042 | 4.375% | 75,000 | 73,820 | 64,196 |
| | 404119CW7 | HCA INC | 4/1/2064 | 6.100% | 55,000 | 57,754 | 54,710 |
| | 404119DC0 | HCA INC | 3/1/2055 | 6.200% | 810,000 | 813,451 | 828,087 |
| | 48305QAD5 | KAISER FOUNDATION HOSPITALS | 5/1/2047 | 4.150% | 115,000 | 133,256 | 95,987 |
| | 48305QAE3 | KAISER FOUNDATION HOSPITALS | 11/1/2049 | 3.266% | 215,000 | 215,000 | 150,423 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 48305QAF0 | KAISER FOUNDATION HOSPITALS | 6/1/2041 | 2.810% | 405,000 | 406,799 | 301,944 |
| | 48305QAG8 | KAISER FOUNDATION HOSPITALS | 6/1/2051 | 3.002% | 525,000 | 527,515 | 344,757 |
| | 532457BT4 | ELI LILLY & CO | 3/15/2049 | 3.950% | 130,000 | 101,329 | 104,897 |
| | 532457BU1 | ELI LILLY & CO | 3/15/2059 | 4.150% | 55,000 | 48,443 | 43,825 |
| | 532457CG1 | ELI LILLY & CO | 2/27/2053 | 4.875% | 413,000 | 410,747 | 378,601 |
| | 532457CH9 | ELI LILLY & CO | 2/27/2063 | 4.950% | 400,000 | 395,738 | 362,328 |
| | 532457CM8 | ELI LILLY & CO | 2/9/2054 | 5.000% | 255,000 | 253,549 | 238,647 |
| | 532457CN6 | ELI LILLY & CO | 2/9/2064 | 5.100% | 460,000 | 458,919 | 425,252 |
| | 532457CS5 | ELI LILLY & CO | 8/14/2054 | 5.050% | 210,000 | 208,005 | 197,366 |
| | 532457CT3 | ELI LILLY & CO | 8/14/2064 | 5.200% | 215,000 | 216,264 | 203,063 |
| | 532457CY2 | ELI LILLY & CO | 2/12/2055 | 5.500% | 165,000 | 164,768 | 165,970 |
| | 532457DF2 | ELI LILLY & CO | 10/15/2055 | 5.550% | 230,000 | 229,592 | 232,463 |
| | 532457DG0 | ELI LILLY & CO | 10/15/2065 | 5.650% | 190,000 | 189,568 | 192,198 |
| | 58933YBA2 | MERCK & CO INC | 6/24/2040 | 2.350% | 70,000 | 62,394 | 50,646 |
| | 58933YBF1 | MERCK & CO INC | 12/10/2051 | 2.750% | 165,000 | 110,994 | 102,567 |
| | 58933YBL8 | MERCK & CO INC | 5/17/2044 | 4.900% | 520,000 | 516,896 | 491,052 |
| | 58933YBT1 | MERCK & CO INC | 9/15/2055 | 5.700% | 730,000 | 734,275 | 740,395 |
| | 58933YCA1 | MERCK & CO INC | 3/15/2046 | 5.500% | 485,000 | 484,219 | 485,005 |
| | 58933YCB9 | MERCK & CO INC | 12/4/2055 | 5.550% | 365,000 | 363,715 | 361,481 |
| | 58933YCC7 | MERCK & CO INC | 12/4/2065 | 5.700% | 220,000 | 218,824 | 218,341 |
| | 649322AH7 | NEW YORK AND PRESBYTERIAN HOSP | 8/1/2040 | 2.256% | 100,000 | 100,000 | 70,174 |
| | 649322AJ3 | NEW YORK AND PRESBYTERIAN HOSP | 8/1/2060 | 2.606% | 65,000 | 65,000 | 35,556 |
| | 667274AC8 | NORTHWELL HEALTHCARE INC | 11/1/2047 | 4.260% | 85,000 | 91,664 | 70,025 |
| | 66989HAH1 | NOVARTIS CAPITAL CORP | 5/6/2044 | 4.400% | 230,000 | 265,783 | 205,836 |
| | 716973AF9 | PFIZER INVESTMENT ENTERPRISES | 5/19/2043 | 5.110% | 1,225,000 | 1,199,878 | 1,182,297 |
| | 717081EZ2 | PFIZER INC | 5/28/2040 | 2.550% | 140,000 | 129,780 | 103,113 |
| | 83444MAS0 | SOLVENTUM CORP | 4/30/2054 | 5.900% | 945,000 | 977,900 | 952,399 |
| | 86944BAJ2 | SUTTER HEALTH | 8/15/2050 | 3.361% | 155,000 | 155,000 | 108,827 |
| | 883556CM2 | THERMO FISHER SCIENTIFIC INC | 10/15/2041 | 2.800% | 280,000 | 278,784 | 207,813 |
| | 91324PBN1 | UNITEDHEALTH GROUP INC | 10/15/2040 | 5.700% | 70,000 | 89,639 | 72,732 |
| | 91324PBQ4 | UNITEDHEALTH GROUP INC | 2/15/2041 | 5.950% | 30,000 | 32,459 | 31,637 |
| | 91324PCA8 | UNITEDHEALTH GROUP INC | 10/15/2042 | 3.950% | 115,000 | 119,986 | 95,491 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 91324PCR1 | UNITEDHEALTH GROUP INC | 7/15/2045 | 4.750% | 75,000 | 69,024 | 67,672 |
| | 91324PCZ3 | UNITEDHEALTH GROUP INC | 4/15/2047 | 4.250% | 30,000 | 35,477 | 24,834 |
| | 91324PDF6 | UNITEDHEALTH GROUP INC | 10/15/2047 | 3.750% | 180,000 | 187,636 | 137,936 |
| | 91324PDL3 | UNITEDHEALTH GROUP INC | 6/15/2048 | 4.250% | 400,000 | 438,025 | 328,588 |
| | 91324PDY5 | UNITEDHEALTH GROUP INC | 5/15/2040 | 2.750% | 135,000 | 131,063 | 101,270 |
| | 91324PDZ2 | UNITEDHEALTH GROUP INC | 5/15/2050 | 2.900% | 110,000 | 106,573 | 70,538 |
| | 91324PEE8 | UNITEDHEALTH GROUP INC | 5/15/2041 | 3.050% | 355,000 | 336,658 | 269,931 |
| | 91324PEF5 | UNITEDHEALTH GROUP INC | 5/15/2051 | 3.250% | 140,000 | 145,260 | 94,892 |
| | 91324PEK4 | UNITEDHEALTH GROUP INC | 5/15/2052 | 4.750% | 260,000 | 249,357 | 225,116 |
| | 91324PEL2 | UNITEDHEALTH GROUP INC | 5/15/2062 | 4.950% | 65,000 | 64,363 | 56,486 |
| | 91324PES7 | UNITEDHEALTH GROUP INC | 2/15/2053 | 5.875% | 520,000 | 518,409 | 525,985 |
| | 91324PEW8 | UNITEDHEALTH GROUP INC | 4/15/2053 | 5.050% | 175,000 | 172,455 | 158,475 |
| | 91324PEX6 | UNITEDHEALTH GROUP INC | 4/15/2063 | 5.200% | 185,000 | 181,834 | 166,408 |
| | 91324PFD9 | UNITEDHEALTH GROUP INC | 4/15/2064 | 5.500% | 285,000 | 283,365 | 268,735 |
| | 91324PFK3 | UNITEDHEALTH GROUP INC | 7/15/2044 | 5.500% | 615,000 | 609,348 | 612,128 |
| | 91324PFL1 | UNITEDHEALTH GROUP INC | 7/15/2054 | 5.625% | 170,000 | 164,924 | 167,341 |
| | 91324PFM9 | UNITEDHEALTH GROUP INC | 7/15/2064 | 5.750% | 190,000 | 184,177 | 186,308 |
| | 92556VAE6 | VIATRIS INC | 6/22/2040 | 3.850% | 390,000 | 278,267 | 299,852 |
| | 94973VBB2 | ELEVANCE HEALTH INC | 1/15/2043 | 4.650% | 20,000 | 25,188 | 17,966 |
| | 49177JAM4 | KENVUE INC | 3/22/2043 | 5.100% | 80,000 | 79,103 | 77,007 |
| | 149123CE9 | CATERPILLAR INC | 5/15/2064 | 4.750% | 255,000 | 303,767 | 225,267 |
| | 04316JAE9 | ARTHUR J GALLAGHER & CO | 3/2/2053 | 5.750% | 135,000 | 135,318 | 132,995 |
| | 04316JAG4 | ARTHUR J GALLAGHER & CO | 2/15/2054 | 6.750% | 235,000 | 241,609 | 260,519 |
| | 04316JAJ8 | ARTHUR J GALLAGHER & CO | 7/15/2054 | 5.750% | 80,000 | 79,091 | 78,865 |
| | 04686JAH4 | ATHENE HOLDING LTD | 4/1/2054 | 6.250% | 95,000 | 93,846 | 92,723 |
| | 04686JAJ0 | ATHENE HOLDING LTD | 10/15/2054 | 6.625% | 350,000 | 350,000 | 349,335 |
| | 04686JAL5 | ATHENE HOLDING LTD | 5/19/2055 | 6.625% | 320,000 | 330,172 | 327,005 |
| | 04686JAM3 | ATHENE HOLDING LTD | 6/28/2055 | 6.875% | 145,000 | 145,000 | 144,896 |
| | 084664BV2 | BERKSHIRE HATHAWAY FINANCE COR | 5/15/2043 | 4.300% | 100,000 | 112,507 | 89,262 |
| | 084664CQ2 | BERKSHIRE HATHAWAY FINANCE COR | 8/15/2048 | 4.200% | 315,000 | 350,763 | 263,916 |
| | 084664CV1 | BERKSHIRE HATHAWAY FINANCE COR | 10/15/2050 | 2.850% | 130,000 | 76,631 | 83,988 |
| | 084664DB4 | BERKSHIRE HATHAWAY FINANCE COR | 3/15/2052 | 3.850% | 50,000 | 39,764 | 38,659 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 571748BC5 | MARSH & MCLENNAN COS INC | 1/30/2047 | 4.350% | 115,000 | 89,370 | 97,791 |
| | 571748BJ0 | MARSH & MCLENNAN COS INC | 3/15/2049 | 4.900% | 125,000 | 109,164 | 113,403 |
| | 59156RAY4 | METLIFE INC | 2/6/2041 | 5.875% | 210,000 | 211,589 | 221,025 |
| | 59156RBD9 | METLIFE INC | 8/13/2042 | 4.125% | 180,000 | 195,015 | 153,871 |
| | 59156RBL1 | METLIFE INC | 12/15/2044 | 4.721% | 205,000 | 228,663 | 185,300 |
| | 59156RBN7 | METLIFE INC | 3/1/2045 | 4.050% | 225,000 | 226,829 | 186,761 |
| | 59156RCC0 | METLIFE INC | 7/15/2052 | 5.000% | 65,000 | 60,848 | 59,597 |
| | 59156RCD8 | METLIFE INC | 1/15/2054 | 5.250% | 550,000 | 537,248 | 524,843 |
| | 744320AY8 | PRUDENTIAL FINANCIAL INC | 12/7/2047 | 3.905% | 85,000 | 97,713 | 67,069 |
| | 744320BA9 | PRUDENTIAL FINANCIAL INC | 12/7/2049 | 3.935% | 120,000 | 132,349 | 93,286 |
| | 89417EAS8 | TRAVELERS COS INC/THE | 5/25/2053 | 5.450% | 320,000 | 328,515 | 316,253 |
| | 89417EAU3 | TRAVELERS COS INC/THE | 7/24/2055 | 5.700% | 20,000 | 20,530 | 20,507 |
| | 78017TAB9 | ROYAL CARIBBEAN CRUISES LTD | 1/15/2036 | 5.375% | 255,000 | 254,784 | 256,721 |
| | 12636YAK8 | CRH AMERICA FINANCE INC | 2/9/2056 | 5.600% | 185,000 | 184,774 | 182,947 |
| | 14448CAR5 | CARRIER GLOBAL CORP | 4/5/2040 | 3.377% | 465,000 | 440,327 | 376,645 |
| | 055451BM9 | BHP BILLITON FINANCE USA LTD | 9/5/2055 | 5.750% | 365,000 | 362,846 | 373,588 |
| | 76720AAV8 | RIO TINTO FINANCE USA PLC | 3/14/2055 | 5.750% | 50,000 | 49,588 | 51,148 |
| | 76720AAW6 | RIO TINTO FINANCE USA PLC | 3/14/2065 | 5.875% | 60,000 | 59,875 | 62,193 |
| | 10373QBG4 | BP CAPITAL MARKETS AMERICA INC | 2/24/2050 | 3.000% | 160,000 | 125,045 | 104,765 |
| | 10373QBN9 | BP CAPITAL MARKETS AMERICA INC | 11/10/2050 | 2.772% | 245,000 | 240,096 | 151,574 |
| | 10373QBP4 | BP CAPITAL MARKETS AMERICA INC | 6/4/2051 | 2.939% | 35,000 | 24,033 | 22,365 |
| | 10373QBS8 | BP CAPITAL MARKETS AMERICA INC | 3/17/2052 | 3.001% | 225,000 | 207,499 | 144,392 |
| | 198280AH2 | COLUMBIA PIPELINE GROUP INC | 6/1/2045 | 5.800% | 160,000 | 193,164 | 158,586 |
| | 20826FAV8 | CONOCOPHILLIPS CO | 3/15/2052 | 3.800% | 260,000 | 259,581 | 191,680 |
| | 20826FBC9 | CONOCOPHILLIPS CO | 3/15/2042 | 3.758% | 325,000 | 321,750 | 265,795 |
| | 20826FBE5 | CONOCOPHILLIPS CO | 5/15/2053 | 5.300% | 75,000 | 73,165 | 70,092 |
| | 20826FBG0 | CONOCOPHILLIPS CO | 3/15/2054 | 5.550% | 150,000 | 149,618 | 144,951 |
| | 20826FBH8 | CONOCOPHILLIPS CO | 9/15/2063 | 5.700% | 165,000 | 164,550 | 159,687 |
| | 20826FBM7 | CONOCOPHILLIPS CO | 1/15/2055 | 5.500% | 820,000 | 822,768 | 786,823 |
| | 20826FBN5 | CONOCOPHILLIPS CO | 1/15/2065 | 5.650% | 255,000 | 248,315 | 245,769 |
| | 25278XBB4 | DIAMONDBACK ENERGY INC | 4/18/2064 | 5.900% | 110,000 | 103,121 | 104,264 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 26875PAW1 | EOG RESOURCES INC | 12/1/2054 | 5.650% | 65,000 | 65,345 | 63,770 |
| | 26875PBA8 | EOG RESOURCES INC | 7/15/2055 | 5.950% | 95,000 | 95,159 | 97,127 |
| | 27636AAA0 | EASTERN ENERGY GAS HOLDINGS LL | 10/15/2054 | 5.650% | 190,000 | 180,584 | 184,444 |
| | 28370TAF6 | KINDER MORGAN ENERGY PARTNERS | 11/1/2042 | 4.700% | 60,000 | 61,326 | 53,069 |
| | 29273RAT6 | ENERGY TRANSFER LP | 2/1/2043 | 5.150% | 50,000 | 48,828 | 45,136 |
| | 29273RAZ2 | ENERGY TRANSFER LP | 10/1/2043 | 5.950% | 365,000 | 388,602 | 358,383 |
| | 29273RBJ7 | ENERGY TRANSFER LP | 12/15/2045 | 6.125% | 250,000 | 259,955 | 246,078 |
| | 29273RBL2 | ENERGY TRANSFER LP | 4/15/2047 | 5.300% | 140,000 | 144,007 | 124,551 |
| | 29273VAW0 | ENERGY TRANSFER LP | 5/15/2054 | 5.950% | 310,000 | 279,945 | 295,108 |
| | 29379VAQ6 | ENTERPRISE PRODUCTS OPERATING | 9/1/2040 | 6.450% | 60,000 | 64,930 | 66,957 |
| | 29379VAV5 | ENTERPRISE PRODUCTS OPERATING | 2/15/2042 | 5.700% | 200,000 | 205,466 | 204,438 |
| | 29379VBA0 | ENTERPRISE PRODUCTS OPERATING | 3/15/2044 | 4.850% | 45,000 | 49,933 | 41,208 |
| | 29379VBC6 | ENTERPRISE PRODUCTS OPERATING | 2/15/2045 | 5.100% | 110,000 | 119,712 | 103,399 |
| | 29379VBF9 | ENTERPRISE PRODUCTS OPERATING | 10/15/2054 | 4.950% | 30,000 | 31,920 | 26,707 |
| | 29379VBJ1 | ENTERPRISE PRODUCTS OPERATING | 5/15/2046 | 4.900% | 120,000 | 117,946 | 108,821 |
| | 29379VBQ5 | ENTERPRISE PRODUCTS OPERATING | 2/15/2048 | 4.250% | 275,000 | 290,090 | 226,669 |
| | 29379VBU6 | ENTERPRISE PRODUCTS OPERATING | 2/1/2049 | 4.800% | 65,000 | 58,499 | 57,457 |
| | 29379VBY8 | ENTERPRISE PRODUCTS OPERATING | 1/31/2051 | 3.700% | 70,000 | 74,024 | 51,540 |
| | 29379VCA9 | ENTERPRISE PRODUCTS OPERATING | 2/15/2052 | 3.200% | 440,000 | 312,744 | 292,732 |
| | 30231GAZ5 | EXXON MOBIL CORP | 8/16/2049 | 3.095% | 140,000 | 137,322 | 95,948 |
| | 30231GBF8 | EXXON MOBIL CORP | 3/19/2040 | 4.227% | 455,000 | 483,820 | 418,418 |
| | 30231GBM3 | EXXON MOBIL CORP | 4/15/2051 | 3.452% | 505,000 | 452,596 | 363,519 |
| | 42809HAH0 | HESS CORP | 4/1/2047 | 5.800% | 210,000 | 245,432 | 215,863 |
| | 494550BH8 | KINDER MORGAN ENERGY PARTNERS | 3/1/2041 | 6.375% | 190,000 | 188,920 | 203,420 |
| | 494550BU9 | KINDER MORGAN ENERGY PARTNERS | 3/1/2044 | 5.500% | 140,000 | 131,324 | 134,494 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 494550BW5 | KINDER MORGAN ENERGY PARTNERS | 9/1/2044 | 5.400% | 85,000 | 72,914 | 80,540 |
| | 49456BAH4 | KINDER MORGAN INC | 6/1/2045 | 5.550% | 110,000 | 107,727 | 106,709 |
| | 49456BAJ0 | KINDER MORGAN INC | 2/15/2046 | 5.050% | 200,000 | 198,679 | 180,520 |
| | 49456BAQ4 | KINDER MORGAN INC | 3/1/2048 | 5.200% | 105,000 | 107,410 | 96,179 |
| | 55336VAM2 | MPLX LP | 4/15/2038 | 4.500% | 550,000 | 558,628 | 502,805 |
| | 55336VAN0 | MPLX LP | 4/15/2048 | 4.700% | 50,000 | 39,342 | 41,707 |
| | 55336VBT6 | MPLX LP | 3/14/2052 | 4.950% | 10,000 | 8,030 | 8,441 |
| | 56585AAF9 | MARATHON PETROLEUM CORP | 3/1/2041 | 6.500% | 75,000 | 98,026 | 80,048 |
| | 56585AAH5 | MARATHON PETROLEUM CORP | 9/15/2044 | 4.750% | 105,000 | 120,789 | 90,074 |
| | 674599DH5 | OCCIDENTAL PETROLEUM CORP | 6/15/2039 | 7.950% | 20,000 | 21,396 | 23,520 |
| | 674599DJ1 | OCCIDENTAL PETROLEUM CORP | 3/15/2040 | 6.200% | 145,000 | 141,796 | 147,340 |
| | 674599DL6 | OCCIDENTAL PETROLEUM CORP | 3/15/2046 | 6.600% | 240,000 | 248,787 | 248,587 |
| | 674599EM3 | OCCIDENTAL PETROLEUM CORP | 10/1/2054 | 6.050% | 70,000 | 66,823 | 66,977 |
| | 682680BN2 | ONEOK INC | 9/1/2053 | 6.625% | 435,000 | 439,398 | 457,368 |
| | 682680CF8 | ONEOK INC | 11/1/2054 | 5.700% | 110,000 | 97,740 | 102,963 |
| | 682680CG6 | ONEOK INC | 11/1/2064 | 5.850% | 20,000 | 18,835 | 18,829 |
| | 682680DD2 | ONEOK INC | 10/15/2055 | 6.250% | 140,000 | 139,320 | 140,885 |
| | 822582AT9 | SHELL INTERNATIONAL FINANCE BV | 8/21/2042 | 3.625% | 45,000 | 46,038 | 36,295 |
| | 822905AE5 | SHELL FINANCE US INC | 5/10/2046 | 4.000% | 244,000 | 198,207 | 197,904 |
| | 822905AG0 | SHELL FINANCE US INC | 4/6/2050 | 3.250% | 105,000 | 77,912 | 72,656 |
| | 822905AH8 | SHELL FINANCE US INC | 9/12/2046 | 3.750% | 415,000 | 328,336 | 324,401 |
| | 85771PAL6 | EQUINOR ASA | 5/15/2043 | 3.950% | 250,000 | 273,916 | 210,850 |
| | 86765BAQ2 | ENERGY TRANSFER LP | 5/15/2045 | 5.350% | 270,000 | 272,202 | 245,009 |
| | 86765BAV1 | ENERGY TRANSFER LP | 10/1/2047 | 5.400% | 150,000 | 164,380 | 135,227 |
| | 89153VAV1 | TOTALENERGIES CAPITAL INTERNAT | 5/29/2050 | 3.127% | 730,000 | 736,003 | 488,421 |
| | 89153VAX7 | TOTALENERGIES CAPITAL INTERNAT | 6/29/2041 | 2.986% | 285,000 | 284,410 | 216,078 |
| | 89157XAB7 | TOTALENERGIES CAPITAL SA | 4/5/2054 | 5.488% | 225,000 | 220,552 | 218,592 |
| | 89157XAC5 | TOTALENERGIES CAPITAL SA | 4/5/2064 | 5.638% | 460,000 | 459,198 | 445,910 |
| | 89157XAF8 | TOTALENERGIES CAPITAL SA | 9/10/2064 | 5.425% | 315,000 | 315,745 | 295,854 |
| | 96950FAF1 | WILLIAMS COS INC/THE | 4/15/2040 | 6.300% | 445,000 | 533,751 | 480,280 |
| | 96950FAK0 | WILLIAMS COS INC/THE | 11/15/2043 | 5.800% | 100,000 | 98,884 | 99,632 |
| | 052528AV8 | AUSTRALIA & NEW ZEALAND B 144A | 6/18/2036 | 5.816% | 465,000 | 466,439 | 482,744 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 05571ABB0 | BPCE SA 144A | 1/14/2046 | 6.915% | 20,000 | 20,883 | 21,395 |
| | 056121AB2 | BPCE SA 144A | 5/28/2036 | 6.027% | 570,000 | 571,941 | 599,013 |
| | 034863AY6 | ANGLO AMERICAN CAPITAL PL 144A | 9/10/2050 | 3.950% | 505,000 | 385,520 | 380,093 |
| | 034863BC3 | ANGLO AMERICAN CAPITAL PL 144A | 3/16/2052 | 4.750% | 255,000 | 218,681 | 215,151 |
| | 034863BF6 | ANGLO AMERICAN CAPITAL PL 144A | 4/5/2054 | 6.000% | 90,000 | 90,955 | 90,362 |
| | 07274EAL7 | BAYER US FINANCE LLC 144A | 11/21/2033 | 6.500% | 40,000 | 43,289 | 43,366 |
| | 07274EAM5 | BAYER US FINANCE LLC 144A | 11/21/2053 | 6.875% | 535,000 | 552,535 | 579,785 |
| | 07274NAQ6 | BAYER US FINANCE II LLC 144A | 6/25/2048 | 4.875% | 675,000 | 559,289 | 575,201 |
| | 07274NBF9 | BAYER US FINANCE II LLC 144A | 7/15/2044 | 4.400% | 115,000 | 93,465 | 93,102 |
| | 07274NBG7 | BAYER US FINANCE II LLC 144A | 4/15/2045 | 3.950% | 112,000 | 83,545 | 83,808 |
| | 07274NBH5 | BAYER US FINANCE II LLC 144A | 7/15/2064 | 4.700% | 285,000 | 214,802 | 215,001 |
| | 11135FBV2 | BROADCOM INC 144A | 5/15/2037 | 4.926% | 130,000 | 129,728 | 128,604 |
| | 141781CG7 | CARGILL INC 144A | 10/23/2055 | 5.375% | 495,000 | 486,654 | 477,957 |
| | 17289RAB2 | CITADEL SECURITIES GLOBAL 144A | 6/18/2035 | 6.200% | 240,000 | 239,753 | 253,010 |
| | 19828TAC0 | COLUMBIA PIPELINES OPERAT 144A | 11/15/2053 | 6.544% | 25,000 | 25,209 | 26,733 |
| | 19828TAF3 | COLUMBIA PIPELINES OPERAT 144A | 10/1/2054 | 5.695% | 40,000 | 35,852 | 37,982 |
| | 33767BAA7 | FIRSTENERGY TRANSMISSION 144A | 7/15/2044 | 5.450% | 170,000 | 173,503 | 164,502 |
| | 350930AA1 | FOUNDRY JV HOLDCO LLC 144A | 1/25/2034 | 5.875% | 435,000 | 449,004 | 447,489 |
| | 350930AJ2 | FOUNDRY JV HOLDCO LLC 144A | 1/25/2037 | 6.200% | 640,000 | 649,844 | 674,285 |
| | 350930AK9 | FOUNDRY JV HOLDCO LLC 144A | 1/25/2039 | 6.300% | 250,000 | 271,530 | 264,515 |
| | 378272BC1 | GLENCORE FUNDING LLC 144A | 4/27/2051 | 3.875% | 10,000 | 7,246 | 7,432 |
| | 378272BU1 | GLENCORE FUNDING LLC 144A | 4/4/2034 | 5.634% | 145,000 | 146,287 | 151,700 |
| | 378272BV9 | GLENCORE FUNDING LLC 144A | 4/4/2054 | 5.893% | 75,000 | 74,251 | 74,870 |
| | 378272CA4 | GLENCORE FUNDING LLC 144A | 4/1/2035 | 5.673% | 660,000 | 660,018 | 690,466 |
| | 378272CB2 | GLENCORE FUNDING LLC 144A | 4/1/2055 | 6.141% | 830,000 | 831,152 | 859,233 |
| | 37959GAF4 | GLOBAL ATLANTIC FIN CO 144A | 3/15/2054 | 6.750% | 725,000 | 740,544 | 743,415 |
| | 45262BAL7 | IMPERIAL BRANDS FINANCE P 144A | 7/1/2055 | 6.375% | 325,000 | 323,700 | 332,823 |
| | 459506AS0 | INTERNATIONAL FLAVORS & F 144A | 12/1/2050 | 3.468% | 5,000 | 3,278 | 3,420 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 472140AC6 | JBS NV/JBS USA FOODS GROU 144A | 2/25/2055 | 6.375% | 225,000 | 222,680 | 229,471 |
| | 472140AG7 | JBS NV/JBS USA FOODS GROU 144A | 3/1/2056 | 6.250% | 110,000 | 109,627 | 109,617 |
| | 571676BB0 | MARS INC 144A | 5/1/2045 | 5.650% | 1,170,000 | 1,167,482 | 1,182,753 |
| | 571676BC8 | MARS INC 144A | 5/1/2055 | 5.700% | 405,000 | 400,922 | 405,113 |
| | 610202BP7 | MONONGAHELA POWER CO 144A | 12/15/2043 | 5.400% | 465,000 | 594,774 | 454,840 |
| | 668138AF7 | NORTHWESTERN MUTUAL LIFE 144A | 5/29/2055 | 6.170% | 75,000 | 74,994 | 79,865 |
| | 78516FAB5 | SABAL TRAIL TRANSMISSION 144A | 5/1/2038 | 4.682% | 340,000 | 370,010 | 323,343 |
| | 822905AV7 | SHELL FINANCE US INC 144A | 3/25/2040 | 5.500% | 150,000 | 104,829 | 153,879 |
| | 822905BB0 | SHELL FINANCE US INC 144A | 11/26/2051 | 3.000% | 35,000 | 22,828 | 22,555 |
| | 82620KAF0 | SIEMENS FINANCIERINGSMAAT 144A | 5/27/2045 | 4.400% | 45,000 | 40,112 | 39,771 |
| | 82622RAF3 | SIEMENS FUNDING BV 144A | 5/28/2055 | 5.800% | 200,000 | 200,085 | 208,970 |
| | 82622RAG1 | SIEMENS FUNDING BV 144A | 5/28/2065 | 5.900% | 125,000 | 125,839 | 130,933 |
| | 85855CAL4 | STELLANTIS FINANCE US INC 144A | 3/18/2035 | 6.450% | 1,005,000 | 1,016,078 | 1,047,351 |
| | 882384AE0 | TEXAS EASTERN TRANSMISSIO 144A | 1/15/2048 | 4.150% | 265,000 | 273,403 | 210,768 |
| | 02401LAB0 | AMERICAN ASSETS TRUST LP | 10/1/2034 | 6.150% | 345,000 | 344,326 | 350,510 |
| | 30225VAS6 | EXTRA SPACE STORAGE LP | 2/1/2034 | 5.400% | 230,000 | 229,554 | 236,447 |
| | 49427RAR3 | KILROY REALTY LP | 11/15/2033 | 2.650% | 30,000 | 23,202 | 24,644 |
| | 49427RAS1 | KILROY REALTY LP | 1/15/2036 | 6.250% | 90,000 | 90,566 | 93,198 |
| | 756109CQ5 | REALTY INCOME CORP | 9/1/2054 | 5.375% | 185,000 | 181,992 | 178,973 |
| | 75884RAW3 | REGENCY CENTERS LP | 2/1/2047 | 4.400% | 35,000 | 38,137 | 30,055 |
| | 75884RAY9 | REGENCY CENTERS LP | 3/15/2049 | 4.650% | 405,000 | 461,717 | 353,338 |
| | 828807CZ8 | SIMON PROPERTY GROUP LP | 11/30/2046 | 4.250% | 40,000 | 43,454 | 33,492 |
| | 828807DH7 | SIMON PROPERTY GROUP LP | 9/13/2049 | 3.250% | 200,000 | 127,463 | 138,468 |
| | 828807DJ3 | SIMON PROPERTY GROUP LP | 7/15/2050 | 3.800% | 65,000 | 41,819 | 49,043 |
| | 828807DV6 | SIMON PROPERTY GROUP LP | 3/8/2053 | 5.850% | 125,000 | 121,707 | 127,355 |
| | 437076BD3 | HOME DEPOT INC/THE | 2/15/2044 | 4.875% | 445,000 | 547,335 | 416,845 |
| | 437076BH4 | HOME DEPOT INC/THE | 4/1/2046 | 4.250% | 50,000 | 42,820 | 42,452 |
| | 437076BS0 | HOME DEPOT INC/THE | 6/15/2047 | 3.900% | 300,000 | 319,083 | 239,418 |
| | 437076BX9 | HOME DEPOT INC/THE | 12/6/2048 | 4.500% | 35,000 | 43,635 | 30,343 |
| | 437076BZ4 | HOME DEPOT INC/THE | 12/15/2049 | 3.125% | 371,000 | 290,029 | 253,775 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
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| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 437076CC4 | HOME DEPOT INC/THE | 4/15/2040 | 3.300% | 180,000 | 179,681 | 147,604 |
| | 437076CD2 | HOME DEPOT INC/THE | 4/15/2050 | 3.350% | 230,000 | 193,481 | 162,796 |
| | 437076CG5 | HOME DEPOT INC/THE | 3/15/2051 | 2.375% | 80,000 | 49,223 | 46,051 |
| | 437076CQ3 | HOME DEPOT INC/THE | 4/15/2052 | 3.625% | 637,000 | 559,672 | 466,577 |
| | 437076DF6 | HOME DEPOT INC/THE | 6/25/2054 | 5.300% | 245,000 | 244,133 | 235,266 |
| | 437076DG4 | HOME DEPOT INC/THE | 6/25/2064 | 5.400% | 45,000 | 44,543 | 43,205 |
| | 548661EF0 | LOWE'S COS INC | 4/1/2062 | 4.450% | 55,000 | 54,959 | 43,192 |
| | 548661EJ2 | LOWE'S COS INC | 4/1/2052 | 4.250% | 380,000 | 332,556 | 300,382 |
| | 548661EN3 | LOWE'S COS INC | 9/15/2062 | 5.800% | 50,000 | 49,903 | 49,026 |
| | 87612EBN5 | TARGET CORP | 1/15/2052 | 2.950% | 140,000 | 127,889 | 89,622 |
| | 931142EU3 | WALMART INC | 9/22/2041 | 2.500% | 550,000 | 529,195 | 399,641 |
| | 032095BB6 | AMPHENOL CORP | 11/15/2055 | 5.300% | 465,000 | 464,233 | 446,056 |
| | 032654AW5 | ANALOG DEVICES INC | 10/1/2041 | 2.800% | 260,000 | 252,663 | 192,332 |
| | 032654AX3 | ANALOG DEVICES INC | 10/1/2051 | 2.950% | 255,000 | 252,891 | 165,732 |
| | 037833AL4 | APPLE INC | 5/4/2043 | 3.850% | 725,000 | 771,405 | 614,264 |
| | 037833BA7 | APPLE INC | 2/9/2045 | 3.450% | 465,000 | 469,653 | 361,919 |
| | 037833BX7 | APPLE INC | 2/23/2046 | 4.650% | 435,000 | 522,115 | 400,687 |
| | 037833CD0 | APPLE INC | 8/4/2046 | 3.850% | 105,000 | 115,069 | 85,398 |
| | 037833DD9 | APPLE INC | 9/12/2047 | 3.750% | 120,000 | 136,035 | 95,077 |
| | 037833EE6 | APPLE INC | 2/8/2041 | 2.375% | 380,000 | 371,833 | 275,097 |
| | 037833EF3 | APPLE INC | 2/8/2051 | 2.650% | 140,000 | 139,080 | 86,934 |
| | 037833EQ9 | APPLE INC | 8/8/2052 | 3.950% | 100,000 | 79,293 | 79,668 |
| | 11135FCM1 | BROADCOM INC | 7/15/2035 | 5.200% | 565,000 | 569,405 | 580,379 |
| | 11135FCV1 | BROADCOM INC | 2/15/2041 | 3.500% | 630,000 | 561,695 | 513,847 |
| | 11135FCX7 | BROADCOM INC | 2/15/2038 | 4.900% | 565,000 | 563,627 | 555,587 |
| | 438516CT1 | HONEYWELL INTERNATIONAL INC | 3/1/2054 | 5.250% | 240,000 | 239,349 | 227,844 |
| | 438516CU8 | HONEYWELL INTERNATIONAL INC | 3/1/2064 | 5.350% | 200,000 | 199,508 | 190,864 |
| | 458140BG4 | INTEL CORP | 12/8/2047 | 3.734% | 271,000 | 197,387 | 193,567 |
| | 458140BJ8 | INTEL CORP | 11/15/2049 | 3.250% | 140,000 | 89,513 | 89,586 |
| | 458140BL3 | INTEL CORP | 3/25/2040 | 4.600% | 200,000 | 177,266 | 178,706 |
| | 458140BM1 | INTEL CORP | 3/25/2050 | 4.750% | 460,000 | 384,455 | 377,890 |
| | 458140CB4 | INTEL CORP | 8/5/2052 | 4.900% | 645,000 | 578,963 | 535,292 |
| | 458140CC2 | INTEL CORP | 8/5/2062 | 5.050% | 170,000 | 169,623 | 138,559 |
| | 458140CH1 | INTEL CORP | 2/10/2043 | 5.625% | 170,000 | 169,033 | 163,503 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| | Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Cost | Current value |
| | 458140CJ7 | INTEL CORP | 2/10/2053 | 5.700% | 90,000 | 84,580 | 84,240 |
| | 482480AJ9 | KLA CORP | 3/1/2050 | 3.300% | 115,000 | 79,362 | 80,154 |
| | 594918CC6 | MICROSOFT CORP | 6/1/2050 | 2.525% | 630,000 | 542,744 | 386,663 |
| | 594918CE2 | MICROSOFT CORP | 3/17/2052 | 2.921% | 201,000 | 192,738 | 132,260 |
| | 68389XBF1 | ORACLE CORP | 5/15/2045 | 4.125% | 325,000 | 349,468 | 234,520 |
| | 68389XBJ3 | ORACLE CORP | 7/15/2046 | 4.000% | 245,000 | 231,727 | 170,611 |
| | 68389XBQ7 | ORACLE CORP | 11/15/2047 | 4.000% | 145,000 | 110,715 | 99,870 |
| | 68389XBZ7 | ORACLE CORP | 3/25/2041 | 3.650% | 265,000 | 226,205 | 193,908 |
| | 68389XCA1 | ORACLE CORP | 3/25/2051 | 3.950% | 580,000 | 436,984 | 383,305 |
| | 68389XCK9 | ORACLE CORP | 11/9/2052 | 6.900% | 230,000 | 237,927 | 227,999 |
| | 68389XCV5 | ORACLE CORP | 9/27/2064 | 5.500% | 85,000 | 83,701 | 68,070 |
| | 68389XDB8 | ORACLE CORP | 8/3/2055 | 6.000% | 85,000 | 78,861 | 75,215 |
| | 68389XDC6 | ORACLE CORP | 8/3/2065 | 6.125% | 395,000 | 390,495 | 351,056 |
| | 68389XDP7 | ORACLE CORP | 9/26/2045 | 5.875% | 1,440,000 | 1,433,138 | 1,303,934 |
| | 68389XDR3 | ORACLE CORP | 9/26/2055 | 5.950% | 210,000 | 187,123 | 186,850 |
| | 79466LAK0 | SALESFORCE INC | 7/15/2041 | 2.700% | 550,000 | 519,174 | 400,010 |
| | 12189LAC5 | BURLINGTON NORTHERN SANTA FE L | 3/1/2041 | 5.050% | 100,000 | 119,106 | 98,329 |
| | 12189LAK7 | BURLINGTON NORTHERN SANTA FE L | 9/1/2042 | 4.375% | 145,000 | 168,780 | 128,998 |
| | 12189LAU5 | BURLINGTON NORTHERN SANTA FE L | 9/1/2044 | 4.550% | 130,000 | 154,787 | 115,850 |
| | 12189LAW1 | BURLINGTON NORTHERN SANTA FE L | 4/1/2045 | 4.150% | 365,000 | 403,715 | 307,326 |
| | 12189LBH3 | BURLINGTON NORTHERN SANTA FE L | 6/15/2052 | 2.875% | 260,000 | 260,756 | 163,904 |
| | 12189LBK6 | BURLINGTON NORTHERN SANTA FE L | 4/15/2054 | 5.200% | 40,000 | 39,079 | 37,764 |
| | 12189LBL4 | BURLINGTON NORTHERN SANTA FE L | 3/15/2055 | 5.500% | 230,000 | 228,781 | 227,206 |
| | 12189LBN0 | BURLINGTON NORTHERN SANTA FE L | 3/15/2056 | 5.550% | 70,000 | 69,519 | 69,299 |
| | 12189TAZ7 | BURLINGTON NORTHERN SANTA FE L | 5/1/2037 | 6.150% | 380,000 | 511,905 | 422,674 |
| | 13645RBG8 | CANADIAN PACIFIC RAILWAY CO | 12/2/2041 | 3.000% | 335,000 | 264,931 | 251,113 |
| | 655844CU0 | NORFOLK SOUTHERN CORP | 3/15/2064 | 5.950% | 100,000 | 99,721 | 102,692 |
| | 907818EM6 | UNION PACIFIC CORP | 10/1/2051 | 3.799% | 693,000 | 734,757 | 524,795 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2025**

**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
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| | 907818FD5 | UNION PACIFIC CORP | 8/15/2039 | 3.550% | 85,000 | 85,703 | 72,783 |
| | 907818FG8 | UNION PACIFIC CORP | 3/20/2060 | 3.839% | 85,000 | 88,911 | 61,552 |
| | 907818FN3 | UNION PACIFIC CORP | 9/16/2062 | 2.973% | 305,000 | 305,708 | 179,343 |
| | 907818FY9 | UNION PACIFIC CORP | 2/14/2042 | 3.375% | 75,000 | 74,903 | 59,149 |
| | 907818FZ6 | UNION PACIFIC CORP | 2/14/2053 | 3.500% | 225,000 | 206,911 | 159,894 |
| | 907818GF9 | UNION PACIFIC CORP | 5/15/2053 | 4.950% | 40,000 | 38,047 | 36,453 |
| | 911312CA2 | UNITED PARCEL SERVICE INC | 3/3/2053 | 5.050% | 68,000 | 67,645 | 62,567 |
| | 911312CL8 | UNITED PARCEL SERVICE INC | 5/14/2065 | 6.050% | 240,000 | 238,853 | 249,038 |
| | 00108WAF7 | AEP TEXAS INC | 10/1/2047 | 3.800% | 720,000 | 763,904 | 534,096 |
| | 00108WAU4 | AEP TEXAS INC | 10/15/2055 | 5.850% | 180,000 | 179,107 | 177,401 |
| | 010392FB9 | ALABAMA POWER CO | 3/1/2039 | 6.000% | 100,000 | 135,113 | 107,522 |
| | 02361DAR1 | AMEREN ILLINOIS CO | 12/1/2047 | 3.700% | 20,000 | 21,807 | 15,312 |
| | 02361DAT7 | AMEREN ILLINOIS CO | 3/15/2049 | 4.500% | 390,000 | 449,536 | 333,610 |
| | 02361DAZ3 | AMEREN ILLINOIS CO | 12/1/2052 | 5.900% | 135,000 | 134,583 | 140,274 |
| | 02361DBC3 | AMEREN ILLINOIS CO | 3/1/2055 | 5.625% | 180,000 | 185,753 | 179,750 |
| | 059165EL0 | BALTIMORE GAS AND ELECTRIC CO | 9/15/2049 | 3.200% | 485,000 | 480,979 | 328,864 |
| | 084659AR2 | BERKSHIRE HATHAWAY ENERGY CO | 1/15/2049 | 4.450% | 100,000 | 112,691 | 83,647 |
| | 084659AX9 | BERKSHIRE HATHAWAY ENERGY CO | 10/15/2050 | 4.250% | 55,000 | 44,069 | 44,134 |
| | 144141DB1 | DUKE ENERGY PROGRESS LLC | 5/15/2042 | 4.100% | 205,000 | 225,230 | 174,678 |
| | 144141DD7 | DUKE ENERGY PROGRESS LLC | 3/15/2043 | 4.100% | 70,000 | 78,240 | 59,200 |
| | 15189XAY4 | CENTERPOINT ENERGY HOUSTON ELE | 3/1/2052 | 3.600% | 125,000 | 123,371 | 91,408 |
| | 202795JA9 | COMMONWEALTH EDISON CO | 10/1/2042 | 3.800% | 150,000 | 164,127 | 121,490 |
| | 202795JG6 | COMMONWEALTH EDISON CO | 11/15/2045 | 4.350% | 130,000 | 147,962 | 110,921 |
| | 202795JJ0 | COMMONWEALTH EDISON CO | 6/15/2046 | 3.650% | 20,000 | 21,388 | 15,334 |
| | 202795JS0 | COMMONWEALTH EDISON CO | 3/1/2050 | 3.000% | 430,000 | 429,813 | 282,041 |
| | 202795KB5 | COMMONWEALTH EDISON CO | 6/1/2055 | 5.950% | 185,000 | 185,000 | 192,833 |
| | 209111GD9 | CONSOLIDATED EDISON CO OF NEW | 11/15/2052 | 6.150% | 255,000 | 260,227 | 269,147 |
| | 209111GG2 | CONSOLIDATED EDISON CO OF NEW | 11/15/2053 | 5.900% | 25,000 | 27,839 | 25,564 |
| | 209111GN7 | CONSOLIDATED EDISON CO OF NEW | 3/15/2055 | 5.500% | 365,000 | 372,814 | 355,087 |
| | 209111GP2 | CONSOLIDATED EDISON CO OF NEW | 11/15/2055 | 5.750% | 505,000 | 504,964 | 505,722 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2025**

**(UNAUDITED)**

| (a) | (b) | (c) | | | | (d) | (e) |
|---|---|---|---|---|---|---|---|
| | | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
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| | 210518DQ6 | CONSUMERS ENERGY CO | 9/1/2052 | 4.200% | 70,000 | 69,950 | 56,454 |
| | 25746UDK2 | DOMINION ENERGY INC | 4/15/2041 | 3.300% | 415,000 | 416,003 | 315,906 |
| | 263901AA8 | DUKE ENERGY INDIANA LLC | 8/15/2038 | 6.350% | 450,000 | 637,479 | 497,795 |
| | 263901AB6 | DUKE ENERGY INDIANA LLC | 4/1/2039 | 6.450% | 85,000 | 120,144 | 94,285 |
| | 263901AF7 | DUKE ENERGY INDIANA LLC | 7/15/2043 | 4.900% | 115,000 | 139,457 | 107,448 |
| | 26441CAT2 | DUKE ENERGY CORP | 9/1/2046 | 3.750% | 15,000 | 11,957 | 11,412 |
| | 26441CBN4 | DUKE ENERGY CORP | 6/15/2051 | 3.500% | 50,000 | 50,311 | 34,777 |
| | 26442CAM6 | DUKE ENERGY CAROLINAS LLC | 12/15/2041 | 4.250% | 60,000 | 66,947 | 52,891 |
| | 26442CBL7 | DUKE ENERGY CAROLINAS LLC | 1/15/2054 | 5.400% | 189,000 | 192,566 | 183,717 |
| | 26442EAG5 | DUKE ENERGY OHIO INC | 2/1/2049 | 4.300% | 140,000 | 174,171 | 114,807 |
| | 26442EAK6 | DUKE ENERGY OHIO INC | 4/1/2053 | 5.650% | 170,000 | 175,479 | 168,548 |
| | 29364GAK9 | ENTERGY CORP | 6/15/2050 | 3.750% | 205,000 | 234,875 | 149,361 |
| | 29364WBD9 | ENTERGY LOUISIANA LLC | 3/15/2051 | 2.900% | 105,000 | 101,093 | 66,061 |
| | 29364WBJ6 | ENTERGY LOUISIANA LLC | 6/15/2041 | 3.100% | 460,000 | 457,074 | 350,391 |
| | 29364WBN7 | ENTERGY LOUISIANA LLC | 3/15/2054 | 5.700% | 145,000 | 144,791 | 144,545 |
| | 29364WBQ0 | ENTERGY LOUISIANA LLC | 3/15/2055 | 5.800% | 20,000 | 19,883 | 20,177 |
| | 29365TAJ3 | ENTERGY TEXAS INC | 9/30/2049 | 3.550% | 215,000 | 241,178 | 153,919 |
| | 29366MAC2 | ENTERGY ARKANSAS LLC | 6/15/2052 | 3.350% | 205,000 | 220,098 | 139,464 |
| | 30161NAQ4 | EXELON CORP | 6/15/2035 | 4.950% | 370,000 | 420,990 | 369,371 |
| | 341081FG7 | FLORIDA POWER & LIGHT CO | 6/1/2042 | 4.050% | 430,000 | 475,930 | 368,226 |
| | 341081GY7 | FLORIDA POWER & LIGHT CO | 3/15/2055 | 5.700% | 430,000 | 432,765 | 437,349 |
| | 341081GZ4 | FLORIDA POWER & LIGHT CO | 3/15/2065 | 5.800% | 325,000 | 327,275 | 331,708 |
| | 341081HB6 | FLORIDA POWER & LIGHT CO | 2/15/2066 | 5.600% | 495,000 | 492,549 | 488,926 |
| | 341099CL1 | DUKE ENERGY FLORIDA LLC | 6/15/2038 | 6.400% | 100,000 | 142,486 | 111,683 |
| | 373334JW2 | GEORGIA POWER CO | 3/15/2042 | 4.300% | 615,000 | 654,122 | 539,650 |
| | 373334KN0 | GEORGIA POWER CO | 1/30/2050 | 3.700% | 35,000 | 36,497 | 26,250 |
| | 45138LBF9 | IDAHO POWER CO | 3/1/2048 | 4.200% | 165,000 | 140,365 | 135,407 |
| | 45138LBL6 | IDAHO POWER CO | 3/15/2055 | 5.700% | 245,000 | 243,118 | 244,544 |
| | 454889AV8 | INDIANA MICHIGAN POWER CO | 4/1/2053 | 5.625% | 290,000 | 296,177 | 288,132 |
| | 491674BP1 | KENTUCKY UTILITIES CO | 8/15/2055 | 5.850% | 110,000 | 110,317 | 111,366 |
| | 546676BA4 | LOUISVILLE GAS AND ELECTRIC CO | 8/15/2055 | 5.850% | 110,000 | 110,310 | 111,197 |
| | 595620BA2 | MIDAMERICAN ENERGY CO | 11/15/2056 | 5.500% | 145,000 | 143,821 | 142,355 |
| | 59562EAH8 | MIDAMERICAN ENERGY CO | 10/15/2036 | 5.800% | 45,000 | 59,054 | 48,543 |
| | 605417CD4 | MISSISSIPPI POWER CO | 7/30/2051 | 3.100% | 105,000 | 109,268 | 68,834 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**
**(UNAUDITED)**

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| | 641423BU1 | NEVADA POWER CO | 7/1/2037 | 6.750% | 15,000 | 21,337 | 16,796 |
| | 641423CA4 | NEVADA POWER CO | 5/15/2041 | 5.450% | 590,000 | 777,705 | 586,053 |
| | | **TOTAL CORPORATE BONDS** | | | | **173,436,418** | **155,877,067** |
| | | **OTHER INVESTMENTS:** | | | | | |
| | | **MUNICIPAL BONDS** | | | | | |
| | 91514AGU3 | UNIV OF TEXAS TX UNIV REVENUES | 8/15/2047 | 3.354% | 715,000 | 749,967 | 542,535 |
| | 9151375R0 | UNIV OF TEXAS TX | 8/15/2046 | 4.794% | 50,000 | 56,957 | 47,375 |
| | 913366EP1 | UNIV OF CALIFORNIA CA RGTS MED | 5/15/2048 | 6.548% | 255,000 | 307,902 | 272,386 |
| | 882722VN8 | TEXAS ST | 4/1/2040 | 4.681% | 200,000 | 229,880 | 190,394 |
| | 882667AZ1 | TEXAS ST PRIV ACTIVITY BOND SU | 12/31/2049 | 3.922% | 190,000 | 190,000 | 151,992 |
| | 796253Z21 | SAN ANTONIO TX ELEC & GAS REVE | 2/1/2042 | 4.427% | 250,000 | 273,545 | 233,730 |
| | 796253T93 | SAN ANTONIO TX ELEC & GAS REVE | 2/1/2039 | 5.985% | 385,000 | 542,477 | 413,209 |
| | 73358WJA3 | PORT AUTH OF NEW YORK & NEW JE | 10/1/2062 | 4.458% | 604,000 | 741,008 | 506,110 |
| | 66285WFB7 | N TX TOLLWAY AUTH REVENUE | 1/1/2049 | 6.718% | 460,000 | 667,103 | 505,747 |
| | 646139X83 | NEW JERSEY ST TURNPIKE AUTH TU | 1/1/2041 | 7.102% | 750,000 | 1,098,530 | 876,300 |
| | 54438CPA4 | LOS ANGELES CA CMNTY CLG DIST | 8/1/2049 | 6.750% | 850,000 | 1,298,550 | 942,599 |
| | 38611TAV9 | GRAND PARKWAY TRANSPRTN CORP T | 10/1/2042 | 5.184% | 230,000 | 224,998 | 232,868 |
| | 271014TU6 | EAST BAY CA MUNI UTILITY DIST | 6/1/2040 | 5.874% | 500,000 | 708,820 | 529,925 |
| | 234667JL8 | DALLAS CNTY TX HOSP DIST | 8/15/2044 | 5.621% | 120,000 | 118,487 | 118,834 |
| | 13063BJC7 | CALIFORNIA ST | 11/1/2040 | 7.600% | 255,000 | 425,035 | 312,125 |
| | 13063A5G5 | CALIFORNIA ST | 4/1/2039 | 7.550% | 885,000 | 1,409,440 | 1,074,018 |
| | 072024ND0 | BAY AREA CA TOLL AUTH TOLL BRI | 4/1/2049 | 6.263% | 335,000 | 511,827 | 353,398 |
| | | **TOTAL MUNICIPAL BONDS** | | | | **9,554,526** | **7,303,545** |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

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| | | **FOREIGN GOVERNMENT BONDS** | | | | | |
| | 71567PAT7 | PERUSAHAAN PENERBIT SBSN 144A | 6/9/2051 | 3.550% | 115,000 | 115,000 | 83,518 |
| | 91087BBF6 | MEXICO GOVERNMENT INTERNATIONA | 1/29/2038 | 6.625% | 220,000 | 219,666 | 229,569 |
| | 91087BBD1 | MEXICO GOVERNMENT INTERNATIONA | 5/13/2055 | 7.375% | 720,000 | 724,103 | 775,439 |
| | 91087BBA7 | MEXICO GOVERNMENT INTERNATIONA | 5/7/2054 | 6.400% | 545,000 | 541,310 | 523,472 |
| | 91087BAX8 | MEXICO GOVERNMENT INTERNATIONA | 5/4/2053 | 6.338% | 750,000 | 749,985 | 714,375 |
| | 91087BAQ3 | MEXICO GOVERNMENT INTERNATIONA | 8/14/2041 | 4.280% | 268,000 | 257,399 | 215,204 |
| | 91087BAL4 | MEXICO GOVERNMENT INTERNATIONA | 4/27/2051 | 5.000% | 90,000 | 100,342 | 72,315 |
| | 91086QAZ1 | MEXICO GOVERNMENT INTERNATIONA | 10/12/2110 | 5.750% | 740,000 | 816,837 | 620,490 |
| | 760942BA9 | URUGUAY GOVERNMENT INTERNATION | 6/18/2050 | 5.100% | 435,000 | 484,962 | 410,075 |
| | 168863CE6 | CHILE GOVERNMENT INTERNATIONAL | 6/21/2047 | 3.860% | 65,000 | 51,095 | 51,925 |
| | 168863DQ8 | CHILE GOVERNMENT INTERNATIONAL | 1/22/2061 | 3.100% | 55,000 | 35,393 | 34,040 |
| | 168863EA2 | CHILE GOVERNMENT INTERNATIONAL | 1/5/2054 | 5.330% | 325,000 | 307,316 | 313,414 |
| | 455780CE4 | INDONESIA GOVERNMENT INTERNATI | 1/11/2048 | 4.350% | 67,000 | 76,162 | 58,001 |
| | 455780CN4 | INDONESIA GOVERNMENT INTERNATI | 10/30/2049 | 3.700% | 61,000 | 64,287 | 46,483 |
| | 455780DP8 | INDONESIA GOVERNMENT INTERNATI | 9/20/2052 | 5.450% | 205,000 | 196,842 | 203,561 |
| | 455780DV5 | INDONESIA GOVERNMENT INTERNATI | 2/10/2054 | 5.100% | 540,000 | 531,797 | 520,749 |
| | 46513JB42 | ISRAEL GOVERNMENT INTERNATIONA | 7/3/2050 | 3.875% | 304,000 | 263,090 | 222,647 |
| | 46513JXN6 | STATE OF ISRAEL | 1/15/2050 | 3.375% | 59,000 | 63,069 | 39,539 |
| | 715638EC2 | PERUVIAN GOVERNMENT INTERNATIO | 8/8/2054 | 5.875% | 350,000 | 346,882 | 346,343 |
| | 718286CB1 | PHILIPPINE GOVERNMENT INTERNAT | 2/2/2042 | 3.700% | 120,000 | 147,300 | 99,025 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

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| | 718286CH8 | PHILIPPINE GOVERNMENT INTERNAT | 5/5/2045 | 2.950% | 90,000 | 90,000 | 63,013 |
| | 718286CP0 | PHILIPPINE GOVERNMENT INTERNAT | 7/6/2046 | 3.200% | 510,000 | 505,660 | 367,200 |
| | 718286DH7 | PHILIPPINE GOVERNMENT INTERNAT | 2/4/2050 | 5.900% | 475,000 | 475,000 | 498,052 |
| | 731011AW2 | REPUBLIC OF POLAND GOVERNMENT | 4/4/2053 | 5.500% | 140,000 | 138.278 | 134,242 |
| | | **TOTAL FOREIGN GOVERNMENTS BONDS** | | | | **7,301,775** | **6,642,691** |
| | | **FUTURES CONTRACTS** | | | | | |
| | 99F217C6A | US 2YR TREAS NTS FUT (CBT) | 3/31/2026 | | 42 | — | 513 |
| | 99F183C6A | US 5YR TREAS NTS FUTURE (CBT) | 3/31/2026 | | 115 | — | (24,546) |
| | 99F139C6A | US 10YR TREAS NTS FUTURE (CBT) | 3/20/2026 | | 102 | — | (49,344) |
| | 99F106C6A | ULTRA 10YR US TREAS NT FUT CBT | 3/20/2026 | | (59) | — | 24,430 |
| | 99F700C6A | US ULTRA BOND (CBT) | 3/20/2026 | | 369 | — | (698,175) |
| | 99F133C6A | US TREAS BD FUTURE (CBT) | 3/20/2026 | | (409) | — | 387,618 |
| | | **TOTAL FUTURES CONTRACTS** | | | | **—** | **(359,504)** |
| | | **TOTAL OTHER INVESTMENTS** | | | | **16,856,301** | **13,586,732** |
| | | **TOTAL INVESTMENTS** | | | | **$ 520,070,566** | **$ 576,999,278** |

* Party-in-interest to the Plan.

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)**

**FOR THE YEAR ENDED DECEMBER 31, 2025**

**(UNAUDITED)**

| (a) | (b) | | | | (c) | (d) |
|---|---|---|---|---|---|---|
| | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Purchase Price | Selling Price |
| 92556VAF3 | VIATRIS INC | 6/22/2050 | 4.000% | 340,000 | $ (224,924) | $ 223,805 |
| 212015AQ4 | CONTINENTAL RESOURCES INC/OK | 6/1/2044 | 4.900% | 60,000 | (45,850) | 47,346 |
| 55903VBU6 | WARNERMEDIA HOLDINGS INC | 3/15/2052 | 5.141% | 170,000 | (130,049) | 104,919 |
| 571676BA2 | MARS INC 144A | 3/1/2035 | 5.200% | 345,000 | (344,396) | 345,048 |
| 628530BJ5 | MYLAN INC | 4/15/2048 | 5.200% | 20,000 | (16,173) | 16,196 |
| 02079KAM9 | ALPHABET INC | 5/15/2055 | 5.250% | 155,000 | (153,515) | 151,496 |
| 62854AAP9 | UTAH ACQUISITION SUB INC | 6/15/2046 | 5.250% | 515,000 | (412,301) | 425,082 |
| 628530BC0 | MYLAN INC | 11/29/2043 | 5.400% | 285,000 | (241,849) | 245,540 |
| 65535HCB3 | NOMURA HOLDINGS INC | 6/29/2035 | 5.491% | 165,000 | (165,000) | 165,018 |
| 62954WAV7 | NTT FINANCE CORP 144A | 7/16/2035 | 5.502% | 220,000 | (220,000) | 220,782 |
| 704326AC1 | PAYCHEX INC | 4/15/2035 | 5.600% | 95,000 | (94,288) | 94,203 |
| 30303MAE2 | META PLATFORMS INC | 11/15/2055 | 5.625% | 555,000 | (553,660) | 550,614 |
| 927804GU2 | VIRGINIA ELECTRIC AND POWER CO | 3/15/2055 | 5.650% | 265,000 | (263,704) | 267,932 |
| 871607AG2 | SYNOPSYS INC | 4/1/2055 | 5.700% | 310,000 | (309,104) | 308,599 |
| 893574AT0 | TRANSCONTINENTAL GAS PIPE 144A | 3/15/2056 | 5.750% | 115,000 | (114,325) | 115,618 |
| 25278XBA6 | DIAMONDBACK ENERGY INC | 4/18/2054 | 5.750% | 120,000 | (109,406) | 111,628 |
| 26874RAQ1 | ENI SPA 144A | 5/19/2035 | 5.750% | 270,000 | (267,797) | 268,157 |
| 571676BD6 | MARS INC 144A | 5/1/2065 | 5.800% | 205,000 | (203,025) | 206,215 |
| 070101AJ9 | BASIN ELECTRIC POWER COOP 144A | 10/15/2055 | 5.850% | 155,000 | (154,760) | 155,421 |
| 161175CS1 | CHARTER COMMUNICATIONS OPERATI | 12/1/2035 | 5.850% | 165,000 | (164,888) | 165,667 |
| 749983AE2 | RWE FINANCE US LLC 144A | 9/18/2055 | 5.875% | 320,000 | (317,946) | 320,401 |
| 69448FAB7 | PACIFIC LIFE INSURANCE CO 144A | 9/15/2055 | 5.950% | 280,000 | (279,958) | 291,682 |
| 19828TAH9 | COLUMBIA PIPELINES OPERAT 144A | 2/15/2055 | 5.962% | 340,000 | (340,000) | 330,878 |
| 653522DV1 | NIAGARA MOHAWK POWER CORP 144A | 7/3/2055 | 5.996% | 330,000 | (330,000) | 343,749 |
| 83444MAT8 | SOLVENTUM CORP | 5/15/2064 | 6.000% | 445,000 | (444,575) | 450,647 |
| 595112CH4 | MICRON TECHNOLOGY INC | 11/1/2035 | 6.050% | 455,000 | (454,545) | 469,157 |
| 350930AH6 | FOUNDRY JV HOLDCO LLC 144A | 1/25/2036 | 6.100% | 350,000 | (350,396) | 366,141 |
| 29273VBF6 | ENERGY TRANSFER LP | 4/1/2055 | 6.200% | 405,000 | (400.236) | 406,338 |
| 350930AD5 | FOUNDRY JV HOLDCO LLC 144A | 1/25/2035 | 6.250% | 85,000 | (92.263) | 91,515 |
| 09062XAM5 | BIOGEN INC | 5/15/2055 | 6.450% | 270,000 | (269.074) | 269,335 |
| 92212WAG5 | VAR ENERGI ASA 144A | 5/22/2035 | 6.500% | 125,000 | (124.258) | 128,744 |
| 076912AA2 | BEIGNET INVESTOR LLC 144A | 5/30/2049 | 6.581% | 775,000 | (817.517) | 851,035 |
| 161175CT9 | CHARTER COMMUNICATIONS OPERATI | 12/1/2055 | 6.700% | 200,000 | (199.664) | 198,774 |
| 161175BC7 | CHARTER COMMUNICATIONS OPERATI | 10/23/2055 | 6.834% | 20,000 | (19.077) | 20,486 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM

**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)**

**FOR THE YEAR ENDED DECEMBER 31, 2025**

**(UNAUDITED)**

| (a) | (b) | | | | (c) | (d) |
|---|---|---|---|---|---|---|
| | Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | | | | | |
| Identity of issue, borrower, lessor, or similar party | Description of investment | Maturity date | Interest rate | No. of shares, or par/ maturity value | Purchase Price | Selling Price |
| 55903VBW2 | WARNERMEDIA HOLDINGS INC | 3/15/2042 | 5.050% | 480,000 | (430.479) | 326,750 |
| 99F106L5A | US 10YR ULTRA FUTURE (CBT) | EXP DEC 25 | | 149 | — | (222,728) |
| 99F133L5A | US TREAS BD FUTURE (CBT) | EXP DEC 25 | | 460 | — | (1,132,158) |
| 99F139L5A | US 10YR NOTE FUTURE (CBT) | EXP DEC 25 | | 121 | — | 66,193 |
| 99F183L5A | US 5YR NOTE FUTURE (CBT) | EXP DEC 25 | | 116 | — | 20,477 |
| 99F217L5A | US 2YR NOTE FUTURE (CBT) | EXP DEC 25 | | 47 | — | (4,448) |
| 99F700L5A | US ULTRA BOND (CBT) | EXP DEC 25 | | 511 | — | 1,655,739 |
| 99F106F5A | US 10YR ULTRA FUTURE (CBT) | EXP JUN 25 | | 164 | — | 115,646 |
| 99F133F5A | US TREAS BD FUTURE (CBT) | EXP JUN 25 | | 285 | — | 1,298,590 |
| 99F139F5A | US 10YR NOTE FUTURE (CBT) | EXP JUN 25 | | 153 | — | 38,405 |
| 99F183F5A | US 5YR TREAS NTS FUTURE (CBT) | EXP JUN 25 | | 108 | — | 73,011 |
| 99F217F5A | US 2YR NOTE FUTURE (CBT) | EXP JUN 25 | | 61 | — | 20,868 |
| 99F700F5A | US ULTRA BOND (CBT) | EXP JUN 25 | | 349 | — | (1,426,283) |
| 99F106I5A | US 10YR ULTRA FUTURE (CBT) | EXP SEP 25 | | 157 | — | (294,602) |
| 99F133I5A | US TREAS BD FUTURE (CBT) | EXP SEP 25 | | 459 | — | (803,360) |
| 99F139I5A | US 10YR TREAS NTS FUTURE (CBT) | EXP SEP 25 | | 134 | — | 215,595 |
| 99F183I5A | US 5YR TREAS NTS FUTURE (CBT) | EXP SEP 25 | | 114 | — | 126,943 |
| 99F217I5A | US 2YR NOTE FUTURE (CBT) | EXP SEP 25 | | 50 | — | 30,248 |
| 99F700I5A | US ULTRA BOND (CBT) | EXP SEP 25 | | 480 | — | 252,228 |
| 61748UAF9 | MORGAN STANLEY | 1/18/2036 | VAR RT | 445,000 | (445,000) | 449,601 |
| 06051GMM8 | BANK OF AMERICA CORP | 1/24/2036 | VAR RT | 965,000 | (966,590) | 978,291 |
| 46647PEW2 | JPMORGAN CHASE & CO | 1/24/2036 | VAR RT | 245,000 | (245,000) | 245,655 |
| 38141GC44 | GOLDMAN SACHS GROUP INC/THE | 1/28/2036 | VAR RT | 250,000 | (250,000) | 249,868 |
| 91159HJU5 | US BANCORP | 2/12/2036 | VAR RT | 195,000 | (195,000) | 199,803 |
| 61747YGA7 | MORGAN STANLEY | 4/17/2036 | VAR RT | 470,000 | (470,000) | 488,837 |
| 46647PEX0 | JPMORGAN CHASE & CO | 4/22/2036 | VAR RT | 510,000 | (510,000) | 537,841 |
| 95000U3V3 | WELLS FARGO & CO | 4/23/2036 | VAR RT | 595,000 | (595,000) | 614,639 |
| 025816EH8 | AMERICAN EXPRESS CO | 4/25/2036 | VAR RT | 200,000 | (200,000) | 205,162 |
| 693475CE3 | PNC FINANCIAL SERVICES GROUP I | 7/21/2036 | VAR RT | 115,000 | (115,000) | 115,279 |
| 87165BAY9 | SYNCHRONY FINANCIAL | 7/29/2036 | VAR RT | 55,000 | (55,000) | 55,098 |
| 85325C2J0 | STANDARD CHARTERED PLC 144A | 8/12/2036 | VAR RT | 140,000 | (140,000) | 140,179 |
| 172967QH7 | CITIGROUP INC | 9/11/2036 | VAR RT | 305,000 | (305,000) | 306,133 |
| 38141GD43 | GOLDMAN SACHS GROUP INC/THE | 10/21/2036 | VAR RT | 550,000 | (550,000) | 550,484 |

# SOUTHERN CALIFORNIA GAS COMPANY
# REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM
**Employer ID No: 95-1240705; Plan Number: 528**

**FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF SERIES OF TRANSACTIONS IN EXCESS OF 5%**
**FOR THE YEAR ENDED DECEMBER 31, 2025**
**(UNAUDITED)**

| (a) | (b) | (c) | (d) | (g) | (i) |
|---|---|---|---|---|---|
| **Identity of Party Involved** | **Description of Investment** | **Purchase Price** | **Selling Price** | **Cost of Asset** | **Net Gain or (Loss)** |
| 72201P878 | PAPS LONG DURATION CREDIT BOND | $ 27,605,700 | $ — | $ — | $ — |
| 912810UC0 | U S TREASURY BOND | — | 43,835,168 | 45,195,355 | (1,360,187) |
| 912810UE6 | U S TREASURY BOND | — | 46,581,210 | 47,406,422 | (825,212) |
| 912810UE6 | U S TREASURY BOND | 50,067,177 | — | — | — |
| 912810UG1 | U S TREASURY BOND | 42,798,413 | — | — | — |
| 912810UG1 | U S TREASURY BOND | — | 43,053,041 | 42,798,413 | 254,628 |
| 912810UK2 | U S TREASURY BOND | 56,751,215 | — | — | — |
| 912810UK2 | U S TREASURY BOND | — | 56,880,705 | 56,751,215 | 129,490 |
| 912810UM8 | U S TREASURY BOND | 42,805,064 | — | — | — |
| 996232120 | JP MORGAN US TRES INC IJPM199 | 102,461,101 | — | — | — |
| 996232120 | JP MORGAN US TRES INC IJPM199 | — | 106,401,755 | 106,401,755 | — |

| | |
|---|---|
| **Plan Name** | **SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM** |
| **Plan Sponsor EIN** | **95-1240705** |
| **ERISA Plan #** | **528** |
| **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) | X |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |

| | |
|---|---|
| **Plan Name** | **SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM** |
| **Plan Sponsor EIN** | **95-1240705** |
| **ERISA Plan #** | **528** |
| **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) | X |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |

| | |
|---|---|
| **Plan Name** | **SOUTHERN CALIFORNIA GAS COMPANY REPRESENTED RETIREE HEALTH AND WELFARE PROGRAM** |
| **Plan Sponsor EIN** | **95-1240705** |
| **ERISA Plan #** | **528** |
| **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) | X |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |
| 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 REPRESENTED
RETIREE HEALTH AND WELFARE PROGRAM

**1b** Three-digit plan number (PN) ▶ 528

**1c** Effective date of plan 01/01/1992

**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 44AE0D1474CC4B9... | 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** | 3,496 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 0 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 3,263 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 161 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 3,424 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

4A 4B 4D 4E 4Q 4U

**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 7
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

Critical illness ins,Pld stp-loss, Hlth cre srvc pn

## 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_____