Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MERCEDES-BENZ USA, LLC PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1965

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)
MERCEDES-BENZ USA, LLC

1 MERCEDES BENZ DR
SANDY SPRINGS, GA 30328-4312

2b Employer Identification Number (EIN) 22-2375138

2c Plan Sponsor's telephone number 770-705-2134

2d Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	JAMES C. WHITLOW
	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

MERCEDES-BENZ USA, LLC FIDUCIARY BENEFIT COMMITTEE

1 MERCEDES BENZ DR
SANDY SPRINGS, GA 30328-4312

3b Administrator's EIN: 84-3293910

3c Administrator's telephone number: 770-705-3200

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**	2687
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)**	640
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	582
b	Retired or separated participants receiving benefits	**6b**	930
c	Other retired or separated participants entitled to future benefits	**6c**	970
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2482
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	132
f	Total. Add lines **6d** and **6e**.	**6f**	2614
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:

1A

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
MERCEDES-BENZ USA, LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MERCEDES-BENZ USA, LLC

D Employer Identification Number (EIN)
22-2375138

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	399027372
b Actuarial value	**2b**	401720310

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1063	323256696	323256696
b For terminated vested participants	997	66419796	66419796
c For active participants	640	98844088	108851190
d Total	2700	488520580	498527682

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

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

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2689000
c Target normal cost	**6c**	2689000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/25/2026
Date

ALICE BAKLEY
Type or print name of actuary

26-08633
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-309-3634
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2956405
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2956405
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.28 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		22739641
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18 %		1024772
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		67406
c	Total available at beginning of current plan year to add to prefunding balance		23831819
d	Portion of (c) to be added to prefunding balance		2619787
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2619787

Part III Funding Percentages

14	Funding target attainment percentage	14	80.05 %
15	Adjusted funding target attainment percentage	15	80.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/14/2025	2580000	0			
10/10/2025	2620000	0			
12/19/2025	2620000	0			
09/14/2026	2900000	0			
			Totals ► 18(b)	10720000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10167284

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2689000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	99427159	10092586
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	12781586

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2619787	2619787

36 Additional cash requirement (line 34 minus line 35)	**36**	10161799
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10167284

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	5485
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	5485
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
MERCEDES-BENZ USA, LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCEDES-BENZ USA, LLC

D Employer Identification Number (EIN)
22-2375138

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MERCER INVESTMENTS LLC

30-0282430

(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 50 51 52	NONE	329220	Yes [X] No [ ]	Yes [X] No [ ]	257952	Yes [ ] No [X]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 50	NONE	203969	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KILPATRICK TOWNSEND & STOCKTON LLP

58-0511774

(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?
29 50	NONE	110542	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)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 99	TRUSTEE	91536	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BENEFIT PRACTICE

13-4144565

(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?
17 49 50	NONE	69850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WARREN, AVERETT, CPA'S & ADVISORS

45-4084439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15500	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
MERCEDES-BENZ USA, LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MERCEDES-BENZ USA, LLC

D Employer Identification Number (EIN)
22-2375138

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: MERCER ACT LONG CORPORATE FIXED INC

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
45-6178743-004	C	138349232

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EMERGING MARKETS EQUITY

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
32-6219484-017	C	18981686

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER GLOBAL LOW VOLATILITY EQUITY

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
35-7004395-018	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG STRIPS FIXED INCOME

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
80-6243236-019	C	46467091

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
03-0566617-009	C	44980975

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ULTRA LONG DURATION

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
83-2461327-047	C	20133712

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER CORE REAL ESTATE PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
87-1321612-022	C	33097997

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LG CAP CORE PASSIVE EQUIT

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN 03-0566613-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95105759

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US SMALL/MID CAP EQUITY

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN 03-0566611-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12610468

a Name of MTIA, CCT, PSA, or 103-12 IE: RITC ESTATE EQUITY FUND

b Name of sponsor of entity listed in (a): RUSSEL TRUST COMPANY

c EIN-PN 91-1117282-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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
MERCEDES-BENZ USA, LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCEDES-BENZ USA, LLC

D Employer Identification Number (EIN)
22-2375138

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25620000	2900000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16357	13301
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5899204	5963166
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	367777734	409726919
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	399313295	418603386
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	399313295	418603386

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)	10720000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10720000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	182148	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		182148
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		50017893
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		60920041
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38591568	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		38591568
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15500	
(5) Investment advisory and investment management fees	2i(5)	399070	
(6) Bank or trust company trustee/custodial fees	2i(6)	91536	
(7) Actuarial fees	2i(7)	203969	
(8) Legal fees	2i(8)	110542	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	6364	
(11) Other expenses	2i(11)	2211401	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3038382
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		41629950
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19290091
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: WARREN AVERETT CPAS & ADVISORS **(2)** EIN: 45-4084439

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 574063.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
MERCEDES-BENZ USA, LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCEDES-BENZ USA, LLC

D Employer Identification Number (EIN)
22-2375138

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 38

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 41.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.0 %
High-Yield Debt: 0.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

MERCEDES-BENZ USA, LLC
PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2025 AND 2024

Warren Averett
CPAs AND ADVISORS
www.warrenaverett.com

The report accompanying this deliverable was issued by Warren Averett, LLC.

MERCEDES-BENZ USA, LLC PENSION PLAN
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DECEMBER 31, 2025 AND 2024

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Warren Averett
CPAs AND ADVISORS

3500 Lenox Road, Suite 1600
Atlanta, GA 30326
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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the Mercedes-Benz USA, LLC Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of Mercedes-Benz USA, LLC Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, 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 (DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

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

- the amounts and disclosures in the 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 (GAAP).
- 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 prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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 GAAP.

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

Other Matters- Supplemental Schedules Required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025, and schedule of reportable transactions 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL'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 DOL’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).

Warren Averett, LLC

Atlanta, Georgia
September 15, 2026

MERCEDES-BENZ USA, LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 415,690,085	$ 373,676,938
Receivables for securities sold	13,301	16,357
Employer contributions receivable	2,900,000	25,620,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 418,603,386	$ 399,313,295

See notes to the financial statements.

MERCEDES-BENZ USA, LLC PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS		
Employer contributions	$ 10,720,000	$ 32,044,000
Interest earned	182,148	214,134
Net appreciation in fair value of investments	50,017,893	8,870,704
TOTAL ADDITIONS	60,920,041	41,128,838
DEDUCTIONS		
Benefits paid to participants	(38,591,568)	(32,847,009)
Administrative expenses	(3,038,382)	(3,161,872)
TOTAL DEDUCTIONS	(41,629,950)	(36,008,881)
NET INCREASE FOR THE YEAR	19,290,091	5,119,957
NET ASSETS AVAILABLE FOR BENEFITS AT:		
BEGINNING OF YEAR	399,313,295	394,193,338
END OF YEAR	$ 418,603,386	$ 399,313,295

See notes to the financial statements.

1. GENERAL DESCRIPTION OF THE PLAN

The following brief description of the Mercedes-Benz USA, LLC Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

General

The Plan is a noncontributory defined benefit pension plan covering all regular employees of Mercedes-Benz USA, LLC and its subsidiary and affiliated companies (the Company), who elect to participate in the Plan. Employees are eligible to participate in the Plan after one year of employment, 1,000 hours of service and attaining 21 years of age. They are automatically enrolled following one year of service. The Plan is administered by the Pension, Savings and VEBA Plan Committee appointed by the Board of Directors of the Company. The determination of contributions, if any, by an actuary is based upon anticipated earnings of the Plan, mortality and turnover experience and anticipated future compensation levels. State Street Bank and Trust Company (Trustee) serves as the trustee of the Plan.

Effective February 1, 2019, the Plan was amended in which employees of Car2go ceased to be employees of the Company and were granted additional 2019 service under the Plan.

Effective December 31, 2020, the Plan was frozen for future accruals.

The Plan was amended in 2021 to provide transition benefits for certain employees impacted by the December 31, 2020, freeze of the Plan. To be eligible for the transition benefits, a participant must meet the conditions in either subsection below:

1. The participant must have been employed on January 1, 2021, by the Company or an affiliate that participated in the Plan immediately before its December 31, 2020, freeze (i.e., participants who retired effective January 1, 2021, are not eligible) and actively accruing benefits in the Plan at the time of its December 31, 2020, freeze.
2. The participant must have been an employee of Daimler International Assignment Services USA LLC (DIAS), a non-participating affiliate in the Plan, and classified by DIAS on both December 31, 2020 and January 1, 2021, as an outgoing expatriate in connection with the participant's selection for an international assignment to a country other than the United States, and actively accruing benefits in the Plan immediately before the start of such outbound expatriate assignment.

Pension Benefits

Plan participants, with five or more years of service who become vested, as defined, are entitled to annual pension benefits at normal retirement age of 65. The monthly pension benefit is calculated based on 1.1% of average earnings, as defined, during the previous ten years (highest five consecutive years during the last ten years of service) up to Social Security coverage compensation, and 1.5% of any excess average earnings, as defined, both multiplied by years of service, but is in no event less than $20 a month.

Upon reaching normal retirement, an employee becomes automatically 100% vested notwithstanding the fact that they may not have accumulated five years of service with the Company prior to such date. This is designed to provide a pension benefit to employees who begin employment after age 60 but prior to age 65.

The Plan also permits early retirement at age 55 after completion of ten years of service. Employees who elect to retire early are entitled to full benefits provided that the sum of their years of service and age at retirement equals or exceeds 80. Plan participants terminated before completing five years of service forfeit the right to receive their accumulated benefits. In the event that a participating employee dies subsequent to completion of required years of service or becoming eligible for normal retirement payments, benefits will be paid to the employee's beneficiary or estate. Active employees who become totally disabled receive annual disability benefits that are equal to the actuarially reduced retirement benefits they have accumulated at the time they become disabled.

Effective January 1, 2015, the Plan was amended whereby employees hired or rehired on or after January 1, 2015, are not credited with annual credited future service, as defined.

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

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).

c. All other vested benefits (that is, vested benefits not insured by the PBGC).

d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and then the level of benefits guaranteed by PBGC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates
The preparation of financial statements in conformity with GAAP requires the Company to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets, liabilities and the actuarial present value of accumulated benefits at the dates of the financial statements (see Note 5 for disclosure of significant actuarial assumptions). Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair market value.

The investment valuation methodologies as of December 31, 2025 and 2024, are as follows:

Money market fund – Net asset value (NAV) is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is classified within Level 1 of the valuation hierarchy based on the underlying assets of the account, which are traded on an active market.

Common collective trust (CCT) funds: Valued by NAV based upon the underlying investments of the fund as determined by the custodian. There are no unfunded commitments or redemption restrictions relative to the CCT funds. With respect to such funds, the Plan shares in the gains or losses according to the percentage of the Plan's assets to the total assets of the fund.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Investment income is generally reinvested by the respective trustee on a daily basis.

Contributions
Contributions from the Company to the Plan are based on the actuarially computed normal costs and a portion of the unfunded prior service costs using the projected unit credit method. It is the policy of the Company to fund normal costs on a current basis and to fund over a ten-year period prior service costs and initial past service liabilities which may arise from Plan amendments. The minimum funding requirements have been met for the years ended December 31, 2025 and 2024. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue future contributions at any time and terminate the Plan subject to the provisions set forth in ERISA.

Expenses of the Plan
Administrative expenses incurred in connection with the operation of the Plan, the related trust and reasonable compensation for the Trustee are paid by the Plan unless the Company, at its discretion, elects to pay these costs. In addition, certain investment related expenses have been offset with net investment income and are not readily determinable.

Concentrations of Risks and Uncertainties
The assets of the Plan are primarily financial instruments, which are monetary in nature and concentrated in investment securities. As a result, interest rates have a more significant impact on the Plan's performance than the effects of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the Consumer Price Index. Investments in funds are subject to risk conditions of the individual investment or fund objectives, stock market fluctuations, interest rates, economic conditions and world affairs.

Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to amounts reported in the accompanying financial statements.

Plan contributions, if any are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee and retiree 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.

Financial Instruments
The fair value of the receivables for securities sold approximated the carrying value at December 31, 2025 and 2024, due to the short-term maturities of these instruments.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

3. FAIR VALUE MEASUREMENTS

The Plan has adopted the authoritative accounting and reporting guidance that establishes a framework for measuring fair value under GAAP and enhances disclosures about fair value measurements. Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a fair value hierarchy that prioritizes observable and unobservable inputs to valuation techniques used to measure fair value. These levels, in order of highest to lowest priority are described below:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities at the measurement date.
- Level 2 – Observable prices that are based on inputs not quoted on active markets but corroborated by market data.
- Level 3 – Prices that are unobservable for the asset or liability and are developed on the best information available under the circumstances, which might include the Company's own data.

Fair value pricing could also cause discrepancies between the daily movement of the value of fund units and the daily movement of the benchmark index if the index is valued using another pricing method.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In accordance with authoritative guidance, the table below represents the Plan's fair value hierarchy for its financial assets measured at fair value, by class of asset, on a recurring basis as of December 31, 2025 and 2024:

	Fair Value Measurements at:	
	2025	2024
Money market fund (Level 1)	$ 5,963,166	$ 5,899,204
Investments measured at NAV (CCT) funds*	409,726,919	367,777,734
Total investments	$ 415,690,085	$ 373,676,938

*In accordance with FASB ASC 820-10, certain investments that were measured at NAV per unit (or its equivalent) have not been classified in their fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. TAX STATUS OF THE PLAN

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) on October 14, 2014, which stated the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and are tax exempt. The Plan has been amended since receiving the determination letter. However, the Company believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions.

5. ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the date of the valuation. Accumulated Plan benefits include benefits expected to be paid to present, retired or terminated employees (or their respective beneficiaries) and beneficiaries of employees who have died.

The accumulated Plan benefits for active employees are based on their average compensation, as defined, during the five years ending on the date for which the benefit information, as defined, is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service rendered at the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following are significant actuarial assumptions used in the valuations as of January 1, 2025 and 2024, respectively.

	2025	2024
Weighted average discount rate	5.57%	5.06%
Average retirement age	63	63
Mortality	Pri-2012 Employee, Healthy Annuitant, and Contingent Survivor mortality tables for males and females trended forward from 2012 with Scale MP-2021 (using contingent survivor rates only after the primary participant's death.)	Pri-2012 Employee, Healthy Annuitant, and Contingent Survivor mortality tables for males and females trended forward from 2012 with Scale MP-2021 (using contingent survivor rates only after the primary participant's death.)

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

Accumulated Plan benefits and changes in accumulated Plan benefits as of January 1, 2025, are as follows:

Actuarial Present Value of Accumulated Plan Benefits:	
Participants currently receiving benefits	$ 319,434,829
Other participants	162,120,918
Total vested benefits	481,555,747
Non-vested accumulated benefits	9,769,303
Total Accumulated Benefits	$ 491,325,050
Actuarial Present Value of Changes in Accumulated Plan Benefits:	
Actuarial present value of accumulated plan benefits as of January 1, 2024	$ 526,973,650
Increase (decrease) during the year attributable to:	
Actuarial loss	690,458
Decrease in discount period	25,844,092
Benefits paid	(32,847,009)
Assumption changes	(29,336,141)
Actuarial Present Value of Accumulated Plan Benefits as of January 1, 2025	$ 491,325,050

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

6. INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and the ERISA-required supplemental schedules, including investments held as of December 31, 2025 and 2024, and net appreciation in fair value of investments, and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

7. PARTY-IN-INTEREST TRANSACTIONS

As of December 31, 2025 and 2024, the Plan invested in shares of a money market fund and of commingled employee benefit funds managed by the Plan's Trustee. Therefore, these investments and related transactions qualify as party-in-interest transactions. In addition, the Plan incurred fees for actuarial and consultant services as well as legal and trustee fees. These fees are included in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.

8. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events occurring after the financial statement date through September 15, 2026 which is the date the financial statements were available to be issued. Based on this evaluation, the Plan has determined there were no items for disclosure under FASB ASC Topic 855, *Subsequent Events*.

SUPPLEMENTARY INFORMATION

MERCEDES-BENZ USA, LLC PENSION PLAN
EIN # 22-2375138
PLAN # 001
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

	Number of Units/Shares	Cost	Current Value
Mercer US Small/Mid Cap Fund	242,090	$ 9,765,785	$ 12,610,468
MGI Collective Trust Non Core Equity Portfolio	1,206,571	29,259,419	44,980,975
MGI Collective Trust US Large Cap Core Passive Equity	1,154,756	64,423,560	95,105,759
MGI Collective Trust Act Long Corp Fund	7,347,277	129,892,452	138,349,232
Mercer Collective Trust Emerging Markets Equity Fund	1,199,096	14,018,833	18,981,686
Mercer Collective Trust Long Strips Fixed Income	4,731,883	55,058,690	46,467,091
State Street Invt Treasury Money Market Fund*	5,963,166	5,963,166	5,963,166
Mercer Collective US Core Real Estate	33,546	32,000,000	33,097,997
Mercer Collective Ultra Long Duration	5,123,082	19,866,922	20,133,711
Total		$ 360,248,827	$ 415,690,085

*Party-in-interest as defined by ERISA.

This schedule is presented in compliance with the DOL filing requirements.

MERCEDES-BENZ USA, LLC PENSION PLAN
EIN # 22-2375138
PLAN # 001
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

a. Identity of Party Involved	b. Description of Assets	c. Purchase Price	d. Selling Price	g. Cost of Asset	h. Current Value of Asset on Transaction Date	i. Net Gain
Series Transactions						
State Street Invt Treasury Money Market Fund*	MM	$ 64,364,057	$ -	$ 64,364,057	$ 64,364,057	$ -
State Street Invt Treasury Money Market Fund*	MM	-	64,300,095	64,300,095	64,300,095	-
MGI Collective Trust US Large Cap Core Passive Equity	CCT	-	27,826,499	19,830,978	27,826,499	7,995,521
MGI Collective Trust Act Long Corp Fund	CCT		1,030,726	1,006,177	1,030,726	24,549
MGI Collective Trust Act Long Corp Fund	CCT	39,111,570	-	39,111,570	39,111,570	-
Single Transactions						
MGI Collective Trust Act Long Corp Fund	CCT	38,289,162	-	38,289,162	38,289,162	-
State Street Invt Treasury Money Market Fund*	MM	25,620,000	-	25,620,000	25,620,000	-

This schedule is presented in compliance with the DOL filing requirements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

Attained Age	Attained Years of Credited Service[1]										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	1	0	11	0	0	0	0	0	0	0	12
35-39	0	1	33	20	1	0	0	0	0	0	55
40-44	0	0	39	37	25	2	0	0	0	0	103
45-49	0	1	31	37	27	16	1	0	0	0	113
50-54	2	2	35	35	35	15	4	0	0	0	128
55-59	1	0	19	35	31	27	6	2	0	0	121
60-64	1	1	10	17	18	14	5	10	6	0	82
65-69	0	0	6	1	7	4	0	2	0	0	20
70 & over	0	0	1	1	2	0	0	1	0	1	6
Total	5	5	185	183	146	78	16	15	6	1	640

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

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases: N/A
- Statutory limits on compensation: N/A

Administrative expenses $2,689,000

Demographic Assumptions

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

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

SCHEDULE SB ATTACHMENTS

Mortality

- Healthy

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021 and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
For ASC 960, Pri-2012 Employee, Healthy Annuitant, and Contingent Survivor mortality tables for males and females trended forward from 2012 with Scale MP-2021 (using contingent survivor rates only after the primary participant’s death).

Termination

Rates varying by age

Representative rates	
Age	Rate
25	17.8%
40	8.3%
55	4.0%
65	0.0%

Disability

None.

Retirement

Rates varying by age and points (points determined by age plus service)

Representative rates:			
Below 80 points		**Above 80 points**	
Age	Rate	Age	Rate
55	5%	55	12%
62	25%	62	25%
65	30%	65	30%
70	100%	70	100%

Form of payment

For actives: 45% of participants are assumed to elect a life annuity if single and a 50% J&S annuity if married. The remaining 55% are assumed to elect a lump sum payment.

For deferred vested participants: 45% of participants are assumed to elect a life annuity and the remaining 55% are assumed to elect a lump sum payment.

SCHEDULE SB ATTACHMENTS

Percent married	70% of both males and females.
Spouse age	Spouse two years younger.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of the market value of assets. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the

method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued except the disability benefit which is an actuarial equivalent of the accrued benefit. WTW has reviewed the plan provisions with Mercedes-Benz USA, LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Mercedes-Benz USA, LLC furnished participant data as of 1/1/2025. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with Mercedes-Benz USA, LLC, assumptions or estimates were made when data was available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

For participants who are no longer in the plan sponsor data but it was confirmed they should be valued, or for participants provided on the plan sponsor data with missing information:

- For active and terminated vested participants who have prior year benefit information available, we have carried forward the prior year information or relied on benefit information previously provided by the Benefit Practice.
- For terminated vested participants for whom we were not provided with a First Payment Date, we have assumed the individual will begin receiving benefits at age 65.

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

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2023 to September 2024 as required by IRC §430.

SCHEDULE SB ATTACHMENTS

- The assumed plan-related expenses added to the normal cost were changed from $2,272,000 for 2024 to $2,689,000 for 2025.
- The mortality table used to calculate lump sums was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §43.

Plan Name	**Mercedes-Benz USA, LLC Pension Plan**
Plan Sponsor EIN	**22-2375138**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
MERCEDES-BENZ USA, LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MERCEDES-BENZ USA, LLC

D Employer Identification Number (EIN)
22-2375138

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	399,027,372
b Actuarial value	**2b**	401,720,310

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,063	323,256,696	323,256,696
b For terminated vested participants	997	66,419,796	66,419,796
c For active participants	640	98,844,088	108,851,190
d Total	2,700	488,520,580	498,527,682

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

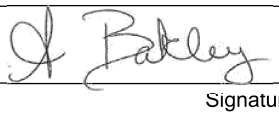
a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,689,000
c Target normal cost	**6c**	2,689,000

Statement by Enrolled Actuary

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

SIGN HERE



Signature of actuary

9/25/2026
Date

Alice Bakley
Type or print name of actuary

2608633
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

212-309-3634
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,956,405
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,956,405
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.28%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		22,739,641
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18%		1,024,772
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		67,406
	c Total available at beginning of current plan year to add to prefunding balance		23,831,819
	d Portion of (c) to be added to prefunding balance		2,619,787
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,619,787

Part III Funding Percentages

14	Funding target attainment percentage	14	80.05%
15	Adjusted funding target attainment percentage	15	80.05%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.45%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/14/2025	2,580,000	0			
10/10/2025	2,620,000	0			
12/19/2025	2,620,000	0			
09/14/2026	2,900,000	0			
			Totals ► 18(b)	10,720,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	10,167,284

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2,689,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	99,427,159	10,092,586
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	12,781,586

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,619,787	2,619,787

36 Additional cash requirement (line 34 minus line 35)	**36**	10,161,799
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10,167,284

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	5,485
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	5,485
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

See Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below.

	Retirement Rates					
Age	At or above 80 Points	Below 80 Points	Population Survivorship	Number Retiring	Rate of Retirement	Weighted Rate *
55	12.00%	5.00%	1,000,000	65,422	6.54%	3.5982
56	12.00%	5.00%	934,578	61,142	6.11%	3.4240
57	12.00%	5.00%	873,436	57,142	5.71%	3.2571
58	12.00%	5.00%	816,294	53,403	5.34%	3.0974
59	12.00%	5.00%	762,891	49,910	4.99%	2.9447
60	12.00%	5.00%	712,981	46,645	4.66%	2.7987
61	12.00%	5.00%	666,336	43,593	4.36%	2.6592
62	25.00%	25.00%	622,743	155,686	15.57%	9.6525
63	25.00%	20.00%	467,057	98,556	9.86%	6.2090
64	25.00%	22.00%	368,501	83,506	8.35%	5.3444
65	30.00%	30.00%	284,995	85,499	8.55%	5.5574
66	50.00%	50.00%	199,496	99,748	9.97%	6.5834
67	50.00%	50.00%	99,748	49,874	4.99%	3.3416
68	50.00%	50.00%	49,874	24,937	2.49%	1.6957
69	50.00%	50.00%	24,937	12,469	1.25%	0.8604
70	100.00%	100.00%	12,468	12,468	1.25%	0.8728

Expected Retirement Age: **62**

* The above table uses actual 2025 active data counts, with 141 active participants with at or above 80 points, and 499 active participants with below 80 points

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
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Economic Assumptions

Interest rate basis:

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

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- Compensation: N/A
- Future Social Security wage bases: N/A
- Statutory limits on compensation: N/A

Administrative expenses $2,689,000

Demographic Assumptions

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

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SCHEDULE SB ATTACHMENTS

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Rates varying by age

Representative rates	
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SCHEDULE SB ATTACHMENTS

Percent married	70% of both males and females.
Spouse age	Spouse two years younger.
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Methods

Valuation date	First day of plan year
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SCHEDULE SB ATTACHMENTS

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- The mortality table used to calculate lump sums was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §43.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Most recent effective date is January 1, 2019, last amended May 7, 2021.

Covered Employees	Employees of Mercedes-Benz USA, LLC and designated corporations hired prior to January 1, 2015. Beginning December 31, 2020, no future accruals will be earned under the Mercedes-Benz USA, LLC Pension Plan.
Participation Date	January 1st or July 1st following age 21 and one year of service.

Definitions

Vesting and Pension Service	Prior to January 1, 2019: One year for each 1,000-hour year of employment; years are measured by employment anniversary. On or after January 1, 2019: Elapsed time. Car2go participants terminated from employment with MBUSA effective February 1, 2019. Participants actively accruing service immediately before February 1, 2019 were granted pension service through May 15, 2019 and vesting service through December 31, 2019, if they remained employed with car2go through the applicable dates. Years of Pension Service shall be determined as of the earlier of participant's termination of employment or December 31, 2020. However, participants can continue to earn Vesting Service beyond December 31, 2020.
Pensionable Pay	Basic salary, or basic hourly rate plus bonuses, overtime pay, and commissions for a standard work week up to $40,000, excluding other additional compensation. Compensation beyond December 31, 2020 shall not be considered Pensionable Pay.
Average Earnings	The average of the highest 60 consecutive months of pensionable pay preceding the participant's termination date or retirement date.

SCHEDULE SB ATTACHMENTS

Social Security Covered Compensation

The average annual earnings with respect to which primary Social Security benefits would be payable assuming that earnings were equal to the maximum taxable wage base each year prior to termination of employment and the employee was age 65 on the date of termination (consistent with Table I of Rev. Rul. 71-446).

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Monthly Pension Benefit

1.1% of average earnings up to Social Security Covered Compensation and 1.5% of any excess average earnings both multiplied by years of service, in no event less than $20 a month. In addition, the Monthly Pension Benefit includes the one-time percentage increase detailed in the Transition Benefit section below.

Monthly Pension Benefit due to Termination before NRD

The benefit described above based on average earnings at termination and projected years of service to normal retirement age multiplied by the fraction: (i) years of participation in the plan divided by (ii) years of participation projected to normal retirement date.

Monthly Preretirement Spouse Benefit

The monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election (or reduced for a 10 year certain and life benefit, paid for 10 years, if the employee is not married) and reduced for payment as early as the employee's 62nd birthday. If death occurs before age 55, the monthly pension benefit due to termination before NRD is paid starting at the employee's 65th birthday.

Transition Benefit

Certain employees who were affected by the December 31, 2020 freeze of the plan, and who were employed on January 1, 2021, receive a one-time percentage increase to their accrued benefit. The Transition Benefit equals the percentage indicated in the table below, times the participant's monthly benefit.

Years of Pension Service	Percentage Increase
0-9.99	No adjustment
10-14.99	10%
15-19.99	8%
20-24.99	6%
25-29.99	3%
30 or more	No adjustment

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 3% for each of the first 2 years and 5% for each additional year by which commencement of payment precedes age 62 or by each point the participant's age plus service is less than 80, whichever results in the lowest reduction. There is no reduction for participants whose age plus service at early retirement is at least 80.
Postponed retirement	Greater of monthly pension benefit determined as of actual retirement date actuarially increased to postponed retirement date, and monthly pension benefit based on average earnings and years of service at postponed retirement date.
Vested termination	Monthly pension determined as of termination date, actuarially reduced for commencement of payments preceding the participant's NRD for each year to age 55.
Preretirement death	Monthly preretirement death benefit is payable.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Effective August 1, 2019, a single lump sum optional form of payment is available for 12 months following a participant's date of termination and then again at retirement, if not previously elected. This option is only available for qualified plan benefits.
Actuarial Equivalence	Effective for annuity starting dates on or after August 1, 2019, the plan's assumptions for determining an actuarially equivalent amount are: (i) adjusted first, second and third segment rates described in section 417(e)(3)(C) of the Internal Revenue Code (Code), and (ii) mortality table described in section 417(e)(3)(B) of the Code.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any other future plan changes which are required to be reflected.

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

Attained Age	Attained Years of Credited Service[1]										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	1	0	11	0	0	0	0	0	0	0	12
35-39	0	1	33	20	1	0	0	0	0	0	55
40-44	0	0	39	37	25	2	0	0	0	0	103
45-49	0	1	31	37	27	16	1	0	0	0	113
50-54	2	2	35	35	35	15	4	0	0	0	128
55-59	1	0	19	35	31	27	6	2	0	0	121
60-64	1	1	10	17	18	14	5	10	6	0	82
65-69	0	0	6	1	7	4	0	2	0	0	20
70 & over	0	0	1	1	2	0	0	1	0	1	6
Total	5	5	185	183	146	78	16	15	6	1	640

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

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	509,768	375,101	30,245,824	31,130,692
2026	1,445,109	854,780	29,070,632	31,370,521
2027	2,274,565	1,102,088	28,431,192	31,807,844
2028	3,045,577	1,387,596	27,758,101	32,191,275
2029	3,804,276	1,776,557	27,050,395	32,631,228
2030	4,578,499	2,253,377	26,307,300	33,139,176
2031	5,277,263	2,634,462	25,539,304	33,451,029
2032	5,883,770	2,906,364	24,728,993	33,519,128
2033	6,410,097	3,262,765	23,853,550	33,526,412
2034	6,925,808	3,682,424	22,953,768	33,562,000
2035	7,460,566	4,086,165	22,061,378	33,608,109
2036	7,920,522	4,526,491	21,153,761	33,600,774
2037	8,279,729	4,911,517	20,223,377	33,414,623
2038	8,560,641	5,248,214	19,272,998	33,081,853
2039	8,928,152	5,517,320	18,305,666	32,751,138
2040	9,271,297	5,654,734	17,324,690	32,250,720
2041	9,453,213	5,795,546	16,333,667	31,582,426
2042	9,639,485	6,004,693	15,336,408	30,980,587
2043	9,842,751	6,283,243	14,336,975	30,462,970
2044	10,029,020	6,456,405	13,339,878	29,825,303
2045	10,123,283	6,536,020	12,350,028	29,009,330
2046	10,213,368	6,682,608	11,372,779	28,268,755
2047	10,285,131	6,804,404	10,413,911	27,503,446
2048	10,208,202	6,811,053	9,479,318	26,498,572
2049	10,050,639	6,793,354	8,574,811	25,418,805
2050	9,854,001	6,737,003	7,705,927	24,296,931
2051	9,606,563	6,588,358	6,877,714	23,072,635
2052	9,310,698	6,459,749	6,094,607	21,865,055
2053	8,987,890	6,314,299	5,360,303	20,662,492

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	8,623,680	6,119,834	4,677,779	19,421,293
2055	8,219,593	5,886,166	4,049,235	18,154,994
2056	7,780,457	5,598,346	3,476,008	16,854,812
2057	7,328,781	5,301,715	2,958,568	15,589,064
2058	6,872,763	4,998,063	2,496,539	14,367,365
2059	6,411,486	4,689,968	2,088,612	13,190,066
2060	5,953,346	4,379,552	1,732,616	12,065,514
2061	5,503,346	4,068,700	1,425,610	10,997,656
2062	5,064,454	3,763,399	1,164,047	9,991,900
2063	4,639,062	3,465,509	943,923	9,048,493
2064	4,229,351	3,176,707	760,930	8,166,989
2065	3,836,992	2,898,411	610,665	7,346,068
2066	3,463,303	2,631,771	488,732	6,583,805
2067	3,109,198	2,377,665	390,942	5,877,804
2068	2,775,388	2,136,754	313,396	5,225,538
2069	2,462,419	1,909,546	252,514	4,624,479
2070	2,170,590	1,696,383	205,125	4,072,098
2071	1,900,065	1,497,502	168,466	3,566,032
2072	1,650,906	1,313,040	140,182	3,104,128
2073	1,423,059	1,143,047	118,336	2,684,442
2074	1,216,328	987,478	101,366	2,305,173

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	20,221,262	15.00000	20,221,262	1,885,439
2. Shortfall	01/01/2024	(13,978,156)	14.00000	(13,022,981)	(1,271,737)
3. Shortfall	01/01/2023	103,503,063	13.00000	92,228,878	9,478,884
Total				99,427,159	10,092,586

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

See Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below.

	Retirement Rates					
Age	**At or above 80 Points**	**Below 80 Points**	**Population Survivorship**	**Number Retiring**	**Rate of Retirement**	**Weighted Rate ***
55	12.00%	5.00%	1,000,000	65,422	6.54%	3.5982
56	12.00%	5.00%	934,578	61,142	6.11%	3.4240
57	12.00%	5.00%	873,436	57,142	5.71%	3.2571
58	12.00%	5.00%	816,294	53,403	5.34%	3.0974
59	12.00%	5.00%	762,891	49,910	4.99%	2.9447
60	12.00%	5.00%	712,981	46,645	4.66%	2.7987
61	12.00%	5.00%	666,336	43,593	4.36%	2.6592
62	25.00%	25.00%	622,743	155,686	15.57%	9.6525
63	25.00%	20.00%	467,057	98,556	9.86%	6.2090
64	25.00%	22.00%	368,501	83,506	8.35%	5.3444
65	30.00%	30.00%	284,995	85,499	8.55%	5.5574
66	50.00%	50.00%	199,496	99,748	9.97%	6.5834
67	50.00%	50.00%	99,748	49,874	4.99%	3.3416
68	50.00%	50.00%	49,874	24,937	2.49%	1.6957
69	50.00%	50.00%	24,937	12,469	1.25%	0.8604
70	100.00%	100.00%	12,468	12,468	1.25%	0.8728

Expected Retirement Age: **62**

* The above table uses actual 2025 active data counts, with 141 active participants with at or above 80 points, and 499 active participants with below 80 points

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	509,768	375,101	30,245,824	31,130,692
2026	1,445,109	854,780	29,070,632	31,370,521
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2028	3,045,577	1,387,596	27,758,101	32,191,275
2029	3,804,276	1,776,557	27,050,395	32,631,228
2030	4,578,499	2,253,377	26,307,300	33,139,176
2031	5,277,263	2,634,462	25,539,304	33,451,029
2032	5,883,770	2,906,364	24,728,993	33,519,128
2033	6,410,097	3,262,765	23,853,550	33,526,412
2034	6,925,808	3,682,424	22,953,768	33,562,000
2035	7,460,566	4,086,165	22,061,378	33,608,109
2036	7,920,522	4,526,491	21,153,761	33,600,774
2037	8,279,729	4,911,517	20,223,377	33,414,623
2038	8,560,641	5,248,214	19,272,998	33,081,853
2039	8,928,152	5,517,320	18,305,666	32,751,138
2040	9,271,297	5,654,734	17,324,690	32,250,720
2041	9,453,213	5,795,546	16,333,667	31,582,426
2042	9,639,485	6,004,693	15,336,408	30,980,587
2043	9,842,751	6,283,243	14,336,975	30,462,970
2044	10,029,020	6,456,405	13,339,878	29,825,303
2045	10,123,283	6,536,020	12,350,028	29,009,330
2046	10,213,368	6,682,608	11,372,779	28,268,755
2047	10,285,131	6,804,404	10,413,911	27,503,446
2048	10,208,202	6,811,053	9,479,318	26,498,572
2049	10,050,639	6,793,354	8,574,811	25,418,805
2050	9,854,001	6,737,003	7,705,927	24,296,931
2051	9,606,563	6,588,358	6,877,714	23,072,635
2052	9,310,698	6,459,749	6,094,607	21,865,055
2053	8,987,890	6,314,299	5,360,303	20,662,492

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	8,623,680	6,119,834	4,677,779	19,421,293
2055	8,219,593	5,886,166	4,049,235	18,154,994
2056	7,780,457	5,598,346	3,476,008	16,854,812
2057	7,328,781	5,301,715	2,958,568	15,589,064
2058	6,872,763	4,998,063	2,496,539	14,367,365
2059	6,411,486	4,689,968	2,088,612	13,190,066
2060	5,953,346	4,379,552	1,732,616	12,065,514
2061	5,503,346	4,068,700	1,425,610	10,997,656
2062	5,064,454	3,763,399	1,164,047	9,991,900
2063	4,639,062	3,465,509	943,923	9,048,493
2064	4,229,351	3,176,707	760,930	8,166,989
2065	3,836,992	2,898,411	610,665	7,346,068
2066	3,463,303	2,631,771	488,732	6,583,805
2067	3,109,198	2,377,665	390,942	5,877,804
2068	2,775,388	2,136,754	313,396	5,225,538
2069	2,462,419	1,909,546	252,514	4,624,479
2070	2,170,590	1,696,383	205,125	4,072,098
2071	1,900,065	1,497,502	168,466	3,566,032
2072	1,650,906	1,313,040	140,182	3,104,128
2073	1,423,059	1,143,047	118,336	2,684,442
2074	1,216,328	987,478	101,366	2,305,173

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Most recent effective date is January 1, 2019, last amended May 7, 2021.

Covered Employees	Employees of Mercedes-Benz USA, LLC and designated corporations hired prior to January 1, 2015. Beginning December 31, 2020, no future accruals will be earned under the Mercedes-Benz USA, LLC Pension Plan.
Participation Date	January 1st or July 1st following age 21 and one year of service.

Definitions

Vesting and Pension Service	Prior to January 1, 2019: One year for each 1,000-hour year of employment; years are measured by employment anniversary. On or after January 1, 2019: Elapsed time. Car2go participants terminated from employment with MBUSA effective February 1, 2019. Participants actively accruing service immediately before February 1, 2019 were granted pension service through May 15, 2019 and vesting service through December 31, 2019, if they remained employed with car2go through the applicable dates. Years of Pension Service shall be determined as of the earlier of participant's termination of employment or December 31, 2020. However, participants can continue to earn Vesting Service beyond December 31, 2020.
Pensionable Pay	Basic salary, or basic hourly rate plus bonuses, overtime pay, and commissions for a standard work week up to $40,000, excluding other additional compensation. Compensation beyond December 31, 2020 shall not be considered Pensionable Pay.
Average Earnings	The average of the highest 60 consecutive months of pensionable pay preceding the participant's termination date or retirement date.

SCHEDULE SB ATTACHMENTS

Social Security Covered Compensation

The average annual earnings with respect to which primary Social Security benefits would be payable assuming that earnings were equal to the maximum taxable wage base each year prior to termination of employment and the employee was age 65 on the date of termination (consistent with Table I of Rev. Rul. 71-446).

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Monthly Pension Benefit

1.1% of average earnings up to Social Security Covered Compensation and 1.5% of any excess average earnings both multiplied by years of service, in no event less than $20 a month. In addition, the Monthly Pension Benefit includes the one-time percentage increase detailed in the Transition Benefit section below.

Monthly Pension Benefit due to Termination before NRD

The benefit described above based on average earnings at termination and projected years of service to normal retirement age multiplied by the fraction: (i) years of participation in the plan divided by (ii) years of participation projected to normal retirement date.

Monthly Preretirement Spouse Benefit

The monthly pension benefit as of the date of death, reduced for the 100% joint and survivor election (or reduced for a 10 year certain and life benefit, paid for 10 years, if the employee is not married) and reduced for payment as early as the employee's 62nd birthday. If death occurs before age 55, the monthly pension benefit due to termination before NRD is paid starting at the employee's 65th birthday.

Transition Benefit

Certain employees who were affected by the December 31, 2020 freeze of the plan, and who were employed on January 1, 2021, receive a one-time percentage increase to their accrued benefit. The Transition Benefit equals the percentage indicated in the table below, times the participant's monthly benefit.

Years of Pension Service	Percentage Increase
0-9.99	No adjustment
10-14.99	10%
15-19.99	8%
20-24.99	6%
25-29.99	3%
30 or more	No adjustment

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 3% for each of the first 2 years and 5% for each additional year by which commencement of payment precedes age 62 or by each point the participant's age plus service is less than 80, whichever results in the lowest reduction. There is no reduction for participants whose age plus service at early retirement is at least 80.
Postponed retirement	Greater of monthly pension benefit determined as of actual retirement date actuarially increased to postponed retirement date, and monthly pension benefit based on average earnings and years of service at postponed retirement date.
Vested termination	Monthly pension determined as of termination date, actuarially reduced for commencement of payments preceding the participant's NRD for each year to age 55.
Preretirement death	Monthly preretirement death benefit is payable.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Effective August 1, 2019, a single lump sum optional form of payment is available for 12 months following a participant's date of termination and then again at retirement, if not previously elected. This option is only available for qualified plan benefits.
Actuarial Equivalence	Effective for annuity starting dates on or after August 1, 2019, the plan's assumptions for determining an actuarially equivalent amount are: (i) adjusted first, second and third segment rates described in section 417(e)(3)(C) of the Internal Revenue Code (Code), and (ii) mortality table described in section 417(e)(3)(B) of the Code.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any other future plan changes which are required to be reflected.

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

None.

Plan Name	**Mercedes-Benz USA, LLC Pension Plan**
Plan Sponsor EIN	**22-2375138**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	20,221,262	15.00000	20,221,262	1,885,439
2. Shortfall	01/01/2024	(13,978,156)	14.00000	(13,022,981)	(1,271,737)
3. Shortfall	01/01/2023	103,503,063	13.00000	92,228,878	9,478,884
Total				99,427,159	10,092,586

Plan Name: Mercedes-Benz USA, LLC Pension Plan
EIN / PN: 22-237530/001
Plan Sponsor: Mercedes-Benz USA, LLC
Valuation Date: January 1, 2025