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
WARNER BROS. DISCOVERY, INC. LONG-TERM DISABILITY PLAN

1b Three-digit plan number (PN) ▶ 505

1c Effective date of plan 04/08/2022

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)
WARNER BROS. DISCOVERY, INC.

230 PARK AVENUE SOUTH
7TH FLOOR
NEW YORK, NY 10003

2b Employer Identification Number (EIN) 35-2333914

2c Plan Sponsor's telephone number 212-548-5555

2d Business code (see instructions) 515210

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	DAVID SHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	SHANE JOHNSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	15460
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)**	15128
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14431
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	14436
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WARNER BROS. DISCOVERY, INC. LONG-TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
WARNER BROS. DISCOVERY, INC.

D Employer Identification Number (EIN)
35-2333914

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	8729326, ETC.	36	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
14453	0

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

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

MASS MUTUAL LIFE INSURANCE

VARIOUS AGENTS - SEE ATTACHED
1295 STATE STREET
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14453			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	105346
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WARNER BROS. DISCOVERY, INC. LONG-TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 505

C Plan sponsor's name as shown on line 2a of Form 5500
WARNER BROS. DISCOVERY, INC.

D Employer Identification Number (EIN)
35-2333914

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-0838648	70815	715069G	14570	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	5406757
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

DISCOVERY, INC.
ATTN: U.S. BENEFITS
DIANE BROOKRESON
230 PARK AVE SOUTH
NEW YORK, NY 10003

Plan ID : _98429
Plan Name : DISCOVERY, INC.
Plan Address: ATTN: U.S. BENEFITS
DIANE BROOKRESON
230 PARK AVE SOUTH
NEW YORK, NY 10003

MassMutual

Dear Plan Sponsor/Plan Administrator:

Re: 5500 Filings *(Please note: Massachusetts Mutual Life Insurance Company, C. M. Life Insurance Company and MML Bay State Life Insurance Company are referred to as "MassMutual")*

Time-Sensitive Materials Enclosed - Schedule A and Schedule C Reporting Information (if applicable to your plan)

Enclosed please find information for inclusion in your 5500 filing.

- *Plan Sponsors/Plan Administrators must file Form 5500 annually for certain welfare benefit plans and pension plans subject to the Employee Retirement Income Security Act (ERISA). Schedule A and Schedule C (if applicable) are part of Form 5500.*
- *Form 5500 is due by the last day of the seventh month following the end of the plan year. If required, a plan administrator can file for a one-time, 2.5-month extension with the IRS using Form 5558, available at www.irs.gov.*

Schedule A:

- *Insurers are required to provide information for inclusion in Schedule A. MassMutual provides this insurance information in the form of a Schedule A Information Report. The data in this report should be included in the Schedule A – 5500 filing.*

The Schedule A Information Report includes total premiums paid to the issuing company and reflects direct compensation (commissions) and indirect compensation (fees) attributable to ERISA plans. For more details, please visit: www.dol.gov/ebsa.

Schedule C (if applicable): ***Only for Plans with Variable Life Insurance or Variable Annuity Contracts***

- *Service providers are required to provide certain information to enable Plan Sponsors/Plan Administrators to complete the Schedule C, if required.*
- *Insurers are required to report service provider fees and other compensation in connection with variable life insurance and variable annuity contracts issued by MassMutual to the Plan. This information will enable you to complete Schedule C, if required.*

The attached Schedule C Information Report includes a description of indirect compensation, including float revenue and asset-based investment management fees (including 12b-1 fees) that are charged against the variable investment funds offered in the variable life insurance or variable annuity contracts issued by MassMutual that are included in your Plan. For additional information about the contracts and the fees payable in connection with the contracts, you may access a product prospectus at www.massmutual.com.

Thank you for entrusting your insurance plans to MassMutual. If you have any questions, please contact the Schedule A department at **1-800-767-1000 (extension 43012).**

Sincerely,

Juan Flores

Juan Flores
Insurance Operations Director | Annuity and Long-Term Care Operations

INVEST
INSURE
RETIRE

MassMutual

INVEST
INSURE
RETIRE

Frequently Asked Questions (FAQs)
Schedule A and Schedule C

Who Should I Call?

Main Service Center Line
(800) 272-2216

Listen for Line of Business Prompts
for questions regarding:

- **Cash Values**
- **Policy Values and PS58 Costs**
- **Policy Level Premium Information**
- **ERISA Qualifications**

Schedule A Team
(800) 767-1000, ext. 43012
for questions regarding:

- **Commissions Information**
- **General Information**
- **Need Schedule A Report Sent Elsewhere or An Additional Copy**



If you have additional questions, please contact the Schedule A Department at **(800) 767-1000, x 43012.** For more details on Form 5500, Schedule A and Schedule C, visit **www.dol.gov/ebsa.**

What is a Schedule A?

The Schedule A is part of Form 5500. Plan Sponsors/Plan Administrators must file Form 5500 annually for most plans subject to ERISA. Form 5500 and any applicable Schedule A are required by the Department of Labor (DOL), the Internal Revenue Service (IRS), and the Pension Benefit Guaranty Corporation. Additional information can be found at the Department of Labor website at ***www.dol.gov****.* ***The form is due by the last day of the seventh month following the end of the plan year.*** *If required, a Plan Sponsor/Plan Administrator can file for a one-time, 2.5-month extension with the IRS using Form 5558, available at* ***www.irs.gov****.*



Did you know: ***The Schedule A Reports are produced annually automatically. No need to call to request them each year.***

MassMutual is required to include the amount of non-monetary compensation on the Schedule A Information Report. This type of compensation includes but is not limited to the value of:

- Medical Benefits
- 401K Matching Contributions
- Retirement Plan Contributions
- Conferences

How is Compensation Calculated in the Schedule A Reports?

This information is not maintained on a policy or plan level; and so as required by the Department of Labor (DOL), MassMutual has adopted a reasonable methodology for allocating the amount of non-monetary compensation attributable to ERISA plans. The Weighted Commissions Credit (both Contract and Aggregated Agent Allowance) and Weighted Recognition Credits needed to qualify for each of these are used, along with the Commissions generated by the plan. A calculation is then done to pro-rate for each ERISA plan.

What is a Schedule C?

The Schedule C is part of Form 5500. Plan Sponsors/Plan Administrators must file Form 5500 annually for most plans subject to ERISA and contains either a variable life insurance or variable annuity contract issued by Mass Mutual. The Schedule C Report will contain the following information:

- Product and Service Provider Information
- Invest Management Fees and Other Expenses for the investment options offered in MassMutual's Variable Life Insurance and Variable Annuity Contracts that are included in your client's plan.
- The MassMutual "Float" policy.

Form 5500 and any applicable Schedules are required by the Department of Labor (DOL), the Internal Revenue Service (IRS), and the Pension Benefit Guaranty Corporation. For additional information about the Variable Contracts and the Fees Payable in connection with these contracts, you may also access a product prospectus at ***www.massmutual.com****.*

Massachusetts Mutual Life Insurance Company and affiliates, Springfield, MA 01111-0001 – www.massmutual.com.MassMutual Financial Group is a marketing designation (or fleet name) for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliates.

SCHEDULE A INFORMATION REPORT

PLAN NUMBER:	_98429
PLAN YEAR: BEGINNING DATE:	01/01/2025
ENDING DATE:	12/31/2025
PLAN NAME:	DISCOVERY, INC.
PLAN ADDRESS:	ATTN: U.S. BENEFITS
	DIANE BROOKRESON
	230 PARK AVE SOUTH
	NEW YORK, NY 10003

PART I

1a	NAME OF INSURANCE CARRIER	Massachusetts Mutual Life Insurance Company
1b	EIN	04-1590850
1c	NAIC	65935
1d	Contract#	8729326, etc.
1e	# PERSONS	36
1f	CONTRACT FROM DATE	N/A
1g	CONTRACT TO DATE	N/A

2a	TOTAL COMMISSIONS	$14,452.63
2b	TOTAL FEES	$0.00
3a	RUSSELL J ROLNICK	
	FL 18 90 PARK AVE	
	NEW YORK	
	NY	
	10016-1322	
3b	COMMISSIONS	$8,656.02
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	GREGORY KARL LARGE	
	281 TRESSER BLVD STE 1004	
	STAMFORD	
	CT	
	06901-3238	
3b	COMMISSIONS	$3,054.10
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	RICHARD PIERCE VANBENSCHOTEN	
	FL 18 90 PARK AVE	
	NEW YORK	
	NY	
	10016-1322	
3b	COMMISSIONS	$1,873.34
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	MICHAEL A BOOK	
	90 PARK AVE FL 17	
	NEW YORK	
	NY	

	10016-1373	
3b	COMMISSIONS	$510.16
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	BRIAN KAPLAN	
	FL 18 90 PARK AVE	
	NEW YORK	
	NY	
	10016-1322	
3b	COMMISSIONS	$174.96
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	ROBERT M BURGER	
	FL 18 90 PARK AVE	
	NEW YORK	
	NY	
	10016-1322	
3b	COMMISSIONS	$57.12
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	MARY JANE SCHROEDER	
	444 S FLOWER ST STE 4200	
	LOS ANGELES	
	CA	
	90071-2965	
3b	COMMISSIONS	$47.52
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047

3a	CHRISTOPHER ANDREWS	
	# 17 90 PARK AVE	
	NEW YORK	
	NY	
	10016-1301	
3b	COMMISSIONS	$21.69
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	ROBERT F HARTNETT	
	FL 18 90 PARK AVE	
	NEW YORK	
	NY	
	10016-1322	
3b	COMMISSIONS	$21.36
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	CHASE BENJAMIN GOLOMB	
	FL 18 90 PARK AVE	
	NEW YORK	
	NY	
	10016-1322	
3b	COMMISSIONS	$19.56
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	STEFAN ERICH GREENBERG	
	281 TRESSER BLVD STE 1004	
	STAMFORD	
	CT	
	06901-3238	
3b	COMMISSIONS	$13.32

3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	BRADLEY R SCOULAR	
	STE 280 3200 E CHERRY CREEK SOUTH DR	
	DENVER	
	CO	
	80209-3245	
3b	COMMISSIONS	$2.96
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	047
3a	BRADLEY R SCOULAR	
	STE 280 3200 E CHERRY CREEK SOUTH DR	
	DENVER	
	CO	
	80209-3245	
3b	COMMISSIONS	$0.52
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	157
3a	SCOTT GREENFIELD	
	4114 NW BRIARCLIFF CIR	
	BOCA RATON	
	FL	
	33496-4064	
3b	COMMISSIONS	$0.00
3c	FEES	$0.00
3d		
3e	ORGANIZATION CODE	3
	SERVICING AGENCY	212
PART II		

4	CURRENT VALUE OF PLANS INTEREST UNDER THIS CONTRACT IN THE GENERAL ACCOUNT AT YEAR END	$0.00
5	CURRENT VALUE OF PLANS INTEREST UNDER THIS CONTRACT IN THE SEPARATE ACCOUNT AT YEAR END	$0.00
6a		
6b	PREMIUMS PAID TO CARRIER:	$0.00
6e	TYPE OF CONTRACT	N/A
PART III		
8	BENEFIT AND CONTRACT TYPE	LONG-TERM DISABILITY
10a	TOTAL PREMIUMS	$105,345.86

MassMutual

Policies active within the Plan _98429 for the year 2025

Plan ID: ***_98429***
Plan Name: ***DISCOVERY, INC.***
Plan Start Date: ***01/01/2025***
Plan End Date: ***12/31/2025***

1	000008690551	24	000008819035
2	000008691083	25	000008820477
3	000008691109	26	000008823232
4	000008691420	27	000008827798
5	000008691540	28	000008833156
6	000008691562	29	000008833658
7	000008691593	30	000008835620
8	000008692208	31	000008835640
9	000008703431	32	000008835671
10	000008721277	33	000008836231
11	000008728280	34	000008839235
12	000008729326	35	000008839408
13	000008730565	36	000008840378
14	000008732986		
15	000008739722		
16	000008746459		
17	000008751234		
18	000008753316		
19	000008799179		
20	000008800052		
21	000008816944		
22	000008817633		
23	000008818571		

MassMutual

SCHEDULE A INFORMATION REPORT CERTIFICATION

Disability Income Insurance

The insurance carrier certifies that the commission information and premium information contained in the attached Report are complete and accurate to the best of our knowledge. The fee information is complete to the best of our knowledge. This Report does not include commission and fee information for policies that have been on premium waiver for the entire Plan Year.

Signed by:

Amanda Wallace
Head of Insurance Operations

Date: March 31, 2026