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
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

1b Three-digit plan number (PN) ▶ 566

1c Effective date of plan 01/01/2011

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)
FCA US LLC

1000 CHRYSLER DRIVE
CIMS 485-08-64
AUBURN HILLS, MI 48326-2766

2b Employer Identification Number (EIN) 27-0187394

2c Plan Sponsor's telephone number 248-576-5741

2d Business code (see instructions) 336100

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.	10/12/2026	STEVEN LANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	13980
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)**	1943
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1859
b	Retired or separated participants receiving benefits	**6b**	11593
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13452
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(4)** [X] **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
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

B Three-digit plan number (PN) ▶ 566

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

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
AETNA DMO

(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
38-2289438	96150	732	2	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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	(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	
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	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	840
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

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

A Name of plan
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

B Three-digit plan number (PN) ▶ 566

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

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
DELTA PREFERRED NATIONAL

(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
38-1791480	54305	756	5095	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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(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	
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	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1704117
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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OMB No. 1210-0110

2025

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A Name of plan
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

B Three-digit plan number (PN) ▶ 566

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

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
VSP

(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
06-1227840	39616	638	4925	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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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	
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	

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	103273
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
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

B Three-digit plan number (PN) ▶ 566

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

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
DELTA DENTAL MICHIGAN

(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
38-1791480	54305	700	3	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1531
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

B Three-digit plan number (PN) ▶ 566

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

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
UNITED CONCORDIA MICHIGAN

(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
38-2289438	96150	728	4	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1202
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

B Three-digit plan number (PN) ▶ 566

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

TOWERS WATSON DELAWARE INC

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?
12 15 50	NONE	1608750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	244381	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERATIVE

88-1430661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	200522	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)

BUCK GLOBAL LLC

83-1116912

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	135631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HR CONSULTING

13-2836910

(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 50	NONE	121640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SSDC SERVICES CORP

38-3357459

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 49 50	NONE	77531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WOLVERINE SOLUTIONS

38-2233061

(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?
36 50	NONE	52270	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CASTLIGHT HEALTH

26-1989091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	40550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OPTAVISE

02-0677999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	18971	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 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
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

B Three-digit plan number (PN) ▶ 566

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

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	25610	22654
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21572046	22371200
(2) U.S. Government securities	1c(2)	2452202	4781870
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15836425	12476057
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	513906	627091
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	86357141	95263031
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	22837460	25735364

		(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	149594790	161277267
Liabilities			
1g Benefit claims payable	1g	2168781	3019530
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2168781	3019530
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	147426009	158257737

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)	58992073	
(B) Participants	2a(1)(B)	11084106	
(C) Others (including rollovers)	2a(1)(C)	1244394	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		71320573
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6844	
(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)	4367998	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4374842
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5856	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4539151	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4545007
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24086740	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23513696	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		573044
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	9523596	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		9523596

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		90337062
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45586990	
(2) To insurance carriers for the provision of benefits	2e(2)	27955238	
(3) Other	2e(3)	1865968	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		75408196
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)	1678543	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	244381	
(7) Actuarial fees	2i(7)	1744381	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	429833	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4097138
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		79505334
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10831728
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

FCA US LLC

Health Care Benefits Plan for Salaried Non-Represented Retirees

As of and for the Year Ended December 31, 2025

Confidential & Proprietary Information - Exempt from Public Disclosure by Applicable Law

FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Retirees

Financial Statements and Supplemental Schedules

As of and for the Year Ended December 31, 2025

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Confidential & Proprietary Information - Exempt from Public Disclosure by Applicable Law

Independent Auditors' Report

To the Plan Administrator and Members of the Employee Benefits Committee of
FCA US LLC H&W Plan Salaried Retiree

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

We have performed audits of the financial statements of FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Retirees (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—modified cash basis as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits—modified cash basis for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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.

Basis of Accounting

We draw attention to Note 5 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America and, as a result, the financial statements may not be suitable for another purpose. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(i) - Schedule of Detail of Institutional Money Market Portfolio as of or 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 DOL'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).



Chicago, Illinois
October 6, 2026

FCA US LLC Health Care Benefits Plan for Salaried
Non-Represented Retirees

Statements of Net Assets Available for Benefits

(Modified Cash Basis)

	December 31	
	2025	**2024**
Assets		
Cash	$ 22,654	$ 25,610
Participant-directed investments	161,254,613	149,569,180
Net assets available for benefits	$ 161,277,267	$ 149,594,790

See accompanying notes.

Confidential & Proprietary Information - Exempt from Public Disclosure by Applicable Law

FCA US LLC Health Care Benefits Plan for Salaried
Non-Represented Retirees

Statement of Changes in Net Assets Available for Benefits

(Modified Cash Basis)

Year Ended December 31, 2025

Additions		
Contributions:		
Employer, net of participant reimbursements	$	57,734,223
Participants		11,084,106
Total contributions		68,818,329
Government subsidies		1,244,394
Total additions		70,062,723
Deductions		
Benefits paid directly to participants		(44,736,241)
Benefits paid to service providers		(26,697,388)
Insurance premiums paid for health benefits		(1,865,968)
Administrative expenses		(4,097,138)
Total deductions		(77,396,735)
Investment Income		
Interest,dividends, and other income (expense)		8,919,849
Net appreciation in fair value of investments		10,096,640
Total investment Income		19,016,489
Net Increase		11,682,477
Net assets available for benefits		
Beginning of year		149,594,790
End of year	$	161,277,267

See accompanying notes.

Notes to Financial Statements

Note 1. Plan Description

The following description of the FCA US LLC Health Care Benefits Plan for Salaried Non-Represented Retirees (the Plan) provides only general information. Participants should refer to the Plan's legal document for a complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

General

The Plan was effective January 1, 2011, and provides health care benefits to eligible retirees of FCA US LLC (the Company or FCA) who are not covered by a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2020, the Plan has eliminated duplicate Health Care Retirement Account (HRA) stipends of $1,750 to spouses of retirees where the spouse was also a participant of the Plan.

Effective January 1, 2020, The Plan has changed the post 65 health coverage from a self-insured benefit to an insured benefit for retirees that retired prior to February 1, 1988.

Contributions

During 2025, FCA contributed $57,734,223 to pay medical claims and premiums, as well as administrative expenses associated with the Plan. The Plan pays for all benefits covered under the Plan document, subject to participant co-payments and deductibles. Participants may contribute specified amounts to the Plan to fund the cost of premium sharing for incremental benefit elections, co-payments, and deductibles.

Participants Retiring	2025 Retiree Contribution	2024 Retiree Contribution
Pre-65	34%	32%
Post-65	n/a	n/a

Retirement Health Care Account (RHCA)s

Certain participants have a postretirement health care savings account. The funds held in the RHCA may be utilized to pay for future premium share costs and for reimbursement of eligible out-of-pocket health care expenses.

Note 1. Plan Description (continued)

Upon the death of the participant, if there is a surviving spouse (if that surviving spouse is the designated beneficiary or no beneficiary is designated), the RHCA balance will be transferred to an account established in the surviving spouse's name and the funds can be used for premium share costs and for reimbursement of eligible out-of-pocket health care expenses incurred up to their death or until the funds are exhausted, whichever occurs first. The surviving spouse may designate a beneficiary(ies). Upon the death of the surviving spouse, any balance remaining in the RHCA is paid to the surviving spouse's estate or beneficiary(ies). If there is a surviving spouse but the participant designated a non-spouse as beneficiary or if there is not a surviving spouse then any balance remaining in a RHCA at the time of a participant's death is paid to the participant's estate or designated beneficiary.

No contributions are allowed to the RHCA after July 1, 2012. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Benefits

The Plan provides health care benefits (hospital, surgical, medical, drugs, vision, hearing, and dental) to all eligible and enrolled participants and their eligible covered dependents. The third-party administrators process claims submitted by participants and determine the benefits to be paid based on the provisions of the Plan. At age 65, FCA provided health care coverage ends and a Health Care Retiree Account (HRA) is established to help cover health care costs. Post-age-65 retirees and their eligible dependents receive benefits under Medicare Parts A and B. Participants and their eligible dependents can pay for their current and future health care costs including Medicare and any supplemental coverage with money from their HRA. The HRA balance is unfunded and is not included in the financial statements. The balance in individual HRA accounts is funded when participants submit their claims and the claims are approved by the HRA administrator (in accordance with federal guidelines outlined in IRS Publication 502). The amount funded does not exceed the allocated balance in the participants' HRA accounts. The funding of the HRA accounts is conducted by the HRA administrator on a daily basis.

Employees hired on or after January 1, 2004 are not eligible to receive FCA-provided health care coverage or the HRA at retirement.

The Plan offers a Health Savings Account (HSA) as an option available only for retirees who elect a high deductible health Plan (HDHP). The account allows for Company and participant contributions, up to IRS limits. The assets of this account are not held by the Plan and excluded as the Plan is not obligated to pay the benefits.

Administration

FCA is responsible for the overall administration of the Plan and is named plan administrator.

Note 2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements have been prepared on a modified cash basis of accounting. Under a modified cash basis of accounting, revenue is recognized when received rather than when earned and expenses are recognized when paid rather than when incurred. Investments are stated at fair value. Accordingly, the accompanying financial statements are not intended to present net assets available for benefits and the changes therein in conformity with generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See *Note 6, Fair Value Measurements* for further discussion and disclosures related to fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis. Investment income consists of interest and dividend income as well as realized gains and losses on investments sold during the year and the unrealized appreciation (depreciation) on investments held at the end of the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

The Pension Investment Committee is responsible for determining the Plan's valuation policies and the Company is responsible for analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments. The Pension Investment Committee reports to the Board of Directors of the Company.

Benefits

Premiums paid by the Company are recorded as insurance premiums paid for health benefits in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded as benefits paid directly to participants and benefits paid to service providers when paid by third-party claims processors.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to Bank of America Merrill Lynch, N.A. (the Trustee). All other administrative expenses including actuarial, trustee, custodial and contract administrator fees are paid by the Company on behalf of the Plan. These expenses

Note 2. Summary of Significant Accounting Policies (continued)

are reported on the statement of changes in net assets available for benefits as administrative expenses. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Related-Party and Party-In-Interest Transactions

The Company, the participants, the Trustee, and State Street Bank, all have been identified as parties-in-interest. The Plan invests in shares of mutual funds and self-directed funds managed by the Trustee. Transactions as such qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. Certain administrative expenses of the Plan are paid by the Company and qualify as party-in-interest transactions.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participant accounts and amounts reported in the financial statements.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

As of December 31, 2025 and 2024, the plan had investments of $72,073,840 and $63,322,846 respectively, that were concentrated in two funds.

Note 3. Postretirement Benefits

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

Note 3. Postretirement Benefits (continued)

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with FCA. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31.

The benefit obligation information is as follows:

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 3,019,530	$ 2,168,781
Postretirement benefit obligations		
Current retirees	390,022,704	418,628,840
Other participants fully eligible for benefits	20,271,996	30,477,085
Other participants not yet fully eligible for benefits	66,953,814	77,528,441
Total postretirement benefit obligations	477,248,514	526,634,366
Total benefit obligations	$ 480,268,044	$ 528,803,147

Note 3. Postretirement Benefits (continued)

A reconciliation of the changes in the total benefit obligation for the year ended December 31, 2025 is as follows:

Amounts currently payable	
Balance at beginning of year	$ 2,168,781
Benefits, premiums, and administrative expenses reported and approved for payment, including benefits reclassified from benefit obligations	78,247,484
Benefits, premiums paid, and administrative expenses	(77,396,735)
Balance at end of year	3,019,530
Postretirement benefit obligation	
Balance at beginning of year	526,634,366
Increase (decrease) during the year for:	
Change in discount rate assumption	5,580,273
Change in mortality assumption	(25,578,933)
Change in Healthcare cost/aging & trend	(3,007,783)
Interest cost	28,263,475
Benefits accumulated	3,541,093
Benefits adjustment, premiums, and administrative expenses, net of participant contributions, reclassified to amounts currently payable	(58,183,977)
Balance at end of year	477,248,514
Total benefit obligations	
End of year	$ 480,268,044

Note 3. Postretirement Benefits (continued)

The more significant actuarial assumptions used in the determination of the postretirement benefit obligation are as follows:

Economic assumptions:	
Discount rate	5.60% at December 31, 2025 and 5.76% at December 31, 2024
Demographic assumptions:	
Mortality	For measurement purposes, FCA Non-Bargaining Unit specific mortality tables for males and females were used. For 2025, these tables had a base year of 2024 assuming generational improvements using Scale MSS-2025. For 2024, these tables had a base year of 2017 assuming generational improvements using Scale MSS-2024.
Disability	The probability of becoming disabled is based on the 1987 Commissioner's Group Disability Table prepared by the Society of Actuaries (1987 CGDT) with 12 Month Elimination. 5% males and 10% females of the 1987 CGDT rates were applied.
Medical insurance assumptions:	
Increase in medical costs (applicable to pre-65 eligible employees only)	For measurement purposes, the assumed annual rate of increase in the per-capita cost of health care benefits due to factors other than changes in the composition of the plan population by age and dependency status reflects the expectation of higher future short-term increases recognized in 2025 and 2024. For 2025, the annual rate of increase was 8.13%, declining to an ultimate rate of 3.95% in 2049 and after. For 2024, the annual rate of increase was 6.82%, declining to an ultimate rate of 3.95% in 2049 and after. The health care cost trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If assumed rates increased by one percentage point in each year, the obligation as of December 31, 2025 and 2024 would increase by $ 4.4 million and $5 Million, respectively.

The preceding assumptions for postretirement benefits are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

Note 3. Postretirement Benefits (continued)

Employer Group Waiver Plan (EGWP)

The Plan implemented an EGWP structure beginning January 1, 2015. EGWP is a Center for Medicare Services (CMS) - approved program offering savings opportunities for employers that provide prescription drug benefits to their Medicare-eligible retirees. Insurance companies contract CMS to offer this benefit to the retirees' employers on CMS's behalf.

Manufacturer Discount is a program where drug manufacturers give a rebate for applicable drug claims that are filled while the member is in the initial coverage phase and the catastrophic phase during the plan year. Claims are submitted to the third-party administrator for CMS. The drug manufacturers remit payments back to the Plan Sponsor. This discount does not apply to members with Low Income Cost-sharing Subsidy (LICS). The Plan's postretirement benefit obligation as of December 31, 2025 and 2024, reflects the impact of the implementation of this structure, with the government subsidies presented in the statement of changes in net assets available for benefits.

Claims Incurred But Not Reported

Plan obligations at December 31, 2025 for incurred but not reported claims are estimated based on claims data provided by the Plan's third-party administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Note 4. Benefit Obligations

At December 31, 2025 and 2024, the Plan has a deficiency of net assets available for benefits compared to the benefit obligation, the funding of which is not required under ERISA. If the Plan continues, it is expected that FCA and/or the plan participants will fund the deficiency through future contributions to the Plan.

Note 5. Investment Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of December 31, 2025 and 2024, and for the years then ended. Accordingly, Bank of America Merrill Lynch, a qualified institution, has certified that the following investment information included in the accompanying financial statements is complete and accurate:

- Cash and investments as shown in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.
- Investment income as shown in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2025.
- Investment information included in the schedule of assets (held at end of year) and schedule of detail institutional money market portfolio as of December 31, 2025.

Note 5. Investment Information Certified by the Plan's Trustee (continued)

At the request of the Plan Administrator, the Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedules.

Note 6. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management’s own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based the lowest level input that is significant to the fair value measure in its entirety.

Note 6. Fair Value Measurements (continued)

The following table presents Plan assets and information of assets measured at fair value on a recurring basis:

	Level 1	Level 2	Balance at December 31, 2025
Plan investments:			
Cash equivalents	$ 1,137,318	$ 21,018,429	$ 22,155,747
Government securities	4,781,870	—	4,781,870
Corporate debt securities	—	12,476,057	12,476,057
Common stock	462,804	—	462,804
Mutual funds	95,263,031	—	95,263,031
Self-directed brokerage	22,780,899	2,971,215	25,752,114
	$ 124,425,922	$ 36,465,701	$ 160,891,623
Other assets (liabilities):			
Receivables			362,990
Total investments			$ 161,254,613

	Level 1	Level 2	Balance at December 31, 2024
Plan investments:			
Cash equivalents	$ 1,617,968	$ 19,711,275	$ 21,329,243
Government securities	2,135,458	316,744	2,452,202
Corporate debt securities	—	15,836,425	15,836,425
Common stock	374,765	—	374,765
Mutual funds	86,357,139	—	86,357,139
Self-directed brokerage	19,719,773	3,139,170	22,858,943
	$ 110,205,103	$ 39,003,614	$ 149,208,717
Other assets (liabilities):			
Receivables			360,463
Total investments			$ 149,569,180

Note 6. Fair Value Measurements (continued)

Valuation Techniques Used in the Fair Value Measurement of Financial Assets Carried at Fair Value

The institutional money market portfolio is a separately managed fund consisting of short-term investments, certificates of deposit, commercial paper, fixed-income investments, including corporate and asset-backed securities. The short-term investments, certificates of deposits and commercial paper (collectively, "cash equivalents") are valued at fair value based on their outstanding balances and are categorized as Level 2.

Pricing for corporate debt securities and asset-backed securities, including those within participant's self-directed brokerage accounts was obtained from unadjusted quotations from brokers or pricing services used by the Trustee and are categorized as Level 2.

Mutual funds and equity investments (common stock), including those withing participants' self-directed brokerage accounts, are valued based on unadjusted quoted market prices in active markets and are categorized as Level 1.

Note 7. Tax Status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS), stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employees' Beneficiary Association. The Plan and the trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. The Plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan and trust's operations into compliance with the Code.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Code. Upon termination, the Plan's net assets will be allocated for payment in an order of priority determined in accordance with ERISA, applicable regulations, and the Plan document.

Note 9. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 161,277,267	$ 149,594,790
Benefit obligations - Amounts currently payable	(3,019,530)	(2,168,781)
Net assets available for benefits per Form 5500	$ 158,257,737	$ 147,426,009

The following is a reconciliation of the change in net assets per the financial statements for the year ended December 31, 2025 to Form 5500:

Change in net assets per the financial statements	$ 11,682,477
Benefit obligations:	
Amounts currently payable at the beginning of the year	2,168,781
Amounts currently payable at the end of the year	(3,019,530)
Change in net assets per Form 5500	$ 10,831,728

Note 10. Subsequent Events

Management has evaluated subsequent events for the Plan through October 6, 2026, the date the financial statements were available to be issued.

No subsequent events were noted.

Supplemental Schedules

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Assets Form 5500
(Held at End of Year)

December 31, 2025

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds:		
Vanguard	Vanguard Developed Markets Index Fund - Institutional	*	$ 12,861,084
Vanguard	Vanguard Emerging Markets Stock Index Fund - Admiral	*	3,693,170
Vanguard	Vanguard Extended Market Index Fund Admiral Class	*	6,634,937
Vanguard	Vanguard Institutional Index Fund - Institutional	*	32,226,943
Vanguard	Vanguard Total Bond Market Index Fund Institutional Class	*	39,846,897
Total mutual funds			95,263,031
	Other investments:		
Various	Institutional Money Market [1]	*	39,413,390
Various	Self-directed brokerage accounts	*	25,752,114
Daimler	Common stock - Daimler AG	*	462,804
	Cash-Sweep Account	*	284
Merrill Lynch [2]	Pending Settlement Fund & Other	*	362,990
Total other investments			65,991,582
	Total participant-directed investments		$ 161,254,613

*Cost information not required
[1] See attached schedule for details
[2] A party-in-interest as defined by ERISA

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Corporate Debt Securities		
$ 36,000	COREBRIDGE GLOB FUNDING SR SECURED 144A 09/26 VAR	5.01	36,217
$ 200,000	ASB BANK LIMITED SR UNSECURED 144A 06/26 5.346	5.35	200,815
$ 290,000	BMW US CAPITAL LLC COMPANY GUAR 144A 04/26 VAR	4.26	290,072
$ 300,000	BANK OF MONTREAL SR UNSECURED 144A 11/26 VAR	4.36	300,513
$ 595,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 02/26 VAR	4.20	595,241
$ 245,000	JOHN DEERE CAPITAL CORP SR UNSECURED 06/26 VAR	4.50	245,667
$ 272,000	EQUITABLE FINANCIAL LIFE SECURED 144A 01/26 1	1.00	271,809
$ 59,000	GEORGIA POWER CO SR UNSECURED 09/26 VAR	3.99	59,006
$ 148,000	JACKSON NATL LIFE GLOBAL SR SECURED 144A 04/26 3.05	3.05	147,331
$ 197,000	KELLANOVA SR UNSECURED 04/26 3.25	3.25	196,571
$ 67,000	KENVUE INC COMPANY GUAR 03/26 5.35	5.35	67,138
$ 359,000	MACQUARIE BANK LTD SR UNSECURED 144A 06/26 VAR	4.95	360,459
$ 189,000	MACQUARIE BANK LTD SR UNSECURED 144A 12/26 VAR	4.91	190,393
$ 226,000	MANULIFE FINANCIAL CORP SR UNSECURED 03/26 4.15	4.15	225,886
$ 468,000	MET LIFE GLOB FUNDING I SR SECURED 144A 04/26 VAR	4.28	468,233
$ 250,000	NATIONAL AUSTRALIA BANK SR UNSECURED 144A 01/26 VAR	4.26	250,066
$ 287,000	NATIONAL AUSTRALIA BANK SR UNSECURED 144A 01/26 VAR	4.26	287,075
$ 320,000	NATWEST MARKETS PLC SR UNSECURED 144A 09/26 VAR	4.47	320,896
$ 146,000	PEPSICO INC SR UNSECURED 02/26 VAR	4.11	146,045
$ 161,000	PRINCIPAL LFE GLB FND II SR SECURED 144A 01/26 0.875	0.88	160,840
$ 182,000	PUBLIC SERVICE ELECTRIC SR SECURED 03/26 0.95	0.95	180,799
$ 53,000	ROYAL BANK OF CANADA SR UNSECURED 01/26 VAR	4.24	53,004
$ 227,000	ROYAL BANK OF CANADA SR UNSECURED 04/26 VAR	4.28	227,218
$ 278,000	ROYAL BANK OF CANADA SR UNSECURED 08/26 VAR	4.17	278,260
$ 71,000	STATE STREET CORP SR UNSECURED 08/26 5.272	5.27	71,412
$ 200,000	SUMITOMO MITSUI TR BK LT SR UNSECURED 144A 03/26 1.55	1.55	198,876
$ 244,000	SUMITOMO MITSUI TR BK LT SR UNSECURED 144A 03/26 VAR	4.83	244,388
$ 213,000	SWEDBANK AB 144A 09/26 6.136	6.14	215,988
$ 490,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 01/26 VAR	4.36	490,017
$ 152,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 12/26 VAR	4.12	152,000

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Corporate Debt Securities (continued)		
$ 44,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/26 1.15	1.15	43,479
$ 209,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/26 2.45	2.45	206,164
$ 146,000	AIR LEASE CORP SR UNSECURED 01/26 2.875	2.88	145,897
$ 209,000	ALCON FINANCE CORP COMPANY GUAR 144A 09/26 2.75	2.75	207,108
$ 50,000	AMERICAN HONDA FINANCE SR UNSECURED 07/26 5.25	5.25	50,190
$ 79,000	BANK OF NOVA SCOTIA SR UNSECURED 03/26 VAR	4.26	79,023
$ 319,000	BANK OF NOVA SCOTIA SR UNSECURED 02/26 4.75	4.75	319,092
$ 124,000	CANADIAN IMPERIAL BANK SR UNSECURED 07/26 5.615	5.62	125,033
$ 43,000	COMCAST CORP COMPANY GUAR 03/26 3.15	3.15	42,902
$ 244,000	EIDP INC SR UNSECURED 05/26 4.5	4.50	244,209
$ 146,000	ENTERGY LOUISIANA LLC 1ST MORTGAGE 01/26 4.44	4.44	146,002
$ 200,000	HSBC HOLDINGS PLC SR UNSECURED 03/26 4.3	4.30	199,899
$ 90,000	HIGHMARK INC SR UNSECURED 144A 05/26 1.45	1.45	89,072
$ 100,000	IBM INTERNAT CAPITAL COMPANY GUAR 02/26 4.7	4.70	100,014
$ 89,000	INTEL CORP SR UNSECURED 02/26 4.875	4.88	89,007
$ 100,000	IBM CORP SR UNSECURED 05/26 3.3	3.30	99,592
$ 73,000	ITC HOLDINGS CORP SR UNSECURED 06/26 3.25	3.25	72,559
$ 69,000	KROGER CO SR UNSECURED 02/26 3.5	3.50	68,946
$ 22,000	LAM RESEARCH CORP SR UNSECURED 03/26 3.75	3.75	21,973
$ 56,000	LOCKHEED MARTIN CORP SR UNSECURED 01/26 3.55	3.55	55,986
$ 41,000	MCCORMICK + CO SR UNSECURED 02/26 0.9	0.90	40,823
$ 50,000	MORGAN STANLEY SR UNSECURED 01/26 3.875	3.88	49,978
$ 296,000	NEXTERA ENERGY CAPITAL COMPANY GUAR 01/26 VAR	4.47	296,073
$ 85,000	NEXTERA ENERGY CAPITAL COMPANY GUAR 01/26 4.95	4.95	85,018
$ 196,000	ONEOK INC COMPANY GUAR 07/26 4.85	4.85	196,269
$ 95,000	ORACLE CORP SR UNSECURED 07/26 2.65	2.65	94,187
$ 206,000	PHILIP MORRIS INTL INC SR UNSECURED 02/26 2.75	2.75	205,459
$ 294,000	PINNACLE WEST CAPITAL SR UNSECURED 06/26 VAR	4.53	294,512
$ 58,000	7 ELEVEN INC SR UNSECURED 144A 02/26 0.95	0.95	57,749
$ 30,000	SOUTHWESTERN ELEC POWER SR UNSECURED 03/26 1.65	1.65	29,839

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Corporate Debt Securities (continued)		
$ 82,000	SPIRE INC SR UNSECURED 03/26 5.3	5.30	82,073
$ 16,000	SUMITOMO MITSUI FINL GRP SR UNSECURED 03/26 3.784	3.78	15,978
$ 488,000	SUMITOMO MITSUI FINL GRP SR UNSECURED 01/26 VAR	5.14	488,180
$ 46,000	TORONTO DOMINION BANK SR UNSECURED 01/26 0.75	0.75	45,979
$ 329,000	TORONTO DOMINION BANK SR UNSECURED 09/26 1.25	1.25	322,903
$ 189,000	TORONTO DOMINION BANK SR UNSECURED 01/26 5.103	5.10	189,023
$ 200,000	UBS GROUP AG SR UNSECURED 144A 04/26 4.125	4.13	199,770
$ 170,000	VIRGINIA ELEC + POWER CO SR UNSECURED 01/26 3.15	3.15	169,915
$ 148,000	VOYA FINANCIAL INC COMPANY GUAR 06/26 3.65	3.65	147,424
$ 127,000	YARA INTERNATIONAL ASA SR UNSECURED 144A 06/26 3.8	3.80	126,527
	Government Securities		
$ 198,500	US TREASURY FRN 04/26 VAR	3.75	198,480
$ 3,732,400	US TREASURY FRN 04/26 VAR	3.75	3,732,343
$ 466,800	US TREASURY FRN 07/26 VAR	3.78	467,070
$ 383,700	US TREASURY FRN 10/26 VAR	3.81	383,977
	Short-term and other investments		
$ 401,285	US DOLLAR	—	401,285
$ 250,000	ANZ NATNL INT LMTD 05/26 ZCP	—	246,025
$ 300,000	ALBION CAPITAL CORP 02/26 ZCP	—	298,304
$ 250,000	ALIMENTATION COUCHETARD INC	—	249,472
$ 250,000	ANTALIS S.A	—	248,449
$ 250,000	AUST + NEW ZEA	—	246,337
$ 304,000	AUST + NEW ZEA	4.01	304,000
$ 300,000	BANCO SANTANDER 05/26 ZCP	—	295,775
$ 400,000	BANCO BILBAO VIZCAYA 04/26 FIXED 4	4.00	400,000
$ 100,000	BANCO BILBAO VIZCAYA 06/26 FIXED 4.01	4.01	100,000
$ 57,000	BANCO SANTANDER S A N Y	4.14	57,022
$ 105,000	BANCO SANTANDER S A N Y 06/26 FIXED 4.4	4.40	105,000

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Short-term and other investments		
$ 106,000	BANCO SANTANDER S A N Y 03/26 FIXED 4.08	4.08	106,000
$ 142,000	BANCO SANTANDER S A N Y 03/26 VAR	3.96	142,000
$ 108,000	BANCO SANTANDER S A N Y 08/26 VAR	4.09	108,000
$ 203,000	BANK OF AMERICA, N.A.	4.30	203,000
$ 300,000	BANK OF AMERICA, N.A. 07/26 FIXED 4.35	4.35	300,000
$ 391,000	BANK NEW YORK MELLON CORP	4.02	391,000
$ 400,000	BARCLAYS BK PLC NEW YORK BRH I 09/26 VAR	4.14	400,000
$ 1,100,000	BARCLAYS CAPITAL REPO REPO	3.82	1,100,000
$ 279,000	BAYERISCHE LANDESBANK N Y INST 01/26 VAR	4.16	279,002
$ 250,000	CITIGROUP GLOBAL MARKETS 09/26 VAR	4.07	250,000
$ 250,000	COMMONWEALTH BK AUSTRALIA 04/26 VAR	4.11	250,000
$ 300,000	CREDIT INDL ET COML INSTL CTF 07/26 FIXED 4.4	4.40	300,000
$ 100,000	DEUTSCHE BANK AG NY 10/26 VAR	4.17	100,000
$ 250,000	DISNEY (WALT) CO THE	—	248,632
$ 500,000	ERSTE ABWICKLUNGSANSTALT 01/26 ZCP	—	498,444
$ 250,000	FEDERATION DES CAISSES	—	249,790
$ 314,000	FIRST ABU DHABI BANK PJSC	—	312,370
$ 250,000	GNRL MTRS FINCL CO INC	—	243,682
$ 314,000	HSBC BANK PLC	4.15	314,000
$ 330,000	HSBC USA INC	—	329,964
$ 250,000	HSBC USA INC	—	244,553
$ 253,000	ING US FUNDING LLC	4.04	253,014
$ 250,000	JACKSON NATL LIFE SHORT TERM F 11/26 ZCP	—	241,189
$ 1,097,000	LIME FDG LLC DISC COML PAPER 4 01/26 ZCP	—	1,096,179
$ 104,000	LLOYDS BANK CORPORATE	4.33	104,000
$ 250,000	MACQUARIE BANK LIMITED	—	247,506
$ 255,000	MACQUARIE BANK LIMITED 09/26 Var	4.11	255,000
$ 497,000	MIZUHO BK LTD NEW YORK BRH INS 03/26 VAR	3.96	497,000
$ 174,000	MIZUHO BK LTD NEW YORK BRH INS 06/26 VAR	4.04	174,000
$ 395,000	MUFG BK LTD N Y BRH DISC COML	—	387,829
$ 250,000	MULTICARE HEALTH SYS TAXABLE S 02/26 ZCP	—	249,070
$ 250,000	NATIONAL BK OF CANAD	—	249,554
$ 200,000	NATIONAL BK KUWAIT NY BRH INST 08/26 FIXED 4.42	4.42	200,012

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Short-term and other investments (continued)		
$ 197,000	NATIONAL BANK OF KUWAIT SAKP	4.01	197,001
$ 196,000	NATIONAL BK KUWAIT NY BRH INST	4.17	196,004
$ 397,000	NATIONAL BK KUWAIT S A K NY BR 12/26 VAR	4.31	397,018
$ 400,000	NORDEA BK AB PUBL	3.96	399,994
$ 400,000	OVERSEA CHINESE BANKING CORP L 02/26 ZCP	—	397,974
$ 250,000	PARADELLE FUNDING LLC 01/26 VAR	4.09	250,001
$ 1,100,000	PARIBAS REPO	3.83	1,100,000
$ 270,000	REGENCY MRKTS NO.1 L	—	269,678
$ 261,000	ROYAL BANK OF CANADA 01/26 VAR	3.87	261,000
$ 735,749	SSC GOVERNMENT MM GVMXX	3.73	735,749
$ 250,000	SCHWAB CHARLES CORP 05/26 ZCP	—	246,259
$ 274,000	STANDARD CHRTRD BNKN	4.14	274,000
$ 200,000	SUMITOMO MITSUI BKG CORP 03/26 FIXED 4.44	4.44	200,000
$ 266,000	SUMITOMO MITSUI BKG CORP 02/26 VAR	3.94	266,021
$ 182,000	SVENSKA HANDELSBANKEN AB 03/26 VAR	4.02	182,000
$ 250,000	SVENSKA HANDLSBNKN A 03/26 ZCP	—	248,267
$ 387,000	SWEDBANK SPARBANKEN SVENGE	4.17	387,000
$ 199,000	TORONTO DOMINION BK 04/26 VAR	4.22	199,000
$ 131,000	TORONTO DOMINION BK 02/26 VAR	3.99	131,008
$ 298,000	TORONTO DOMINION BANK	—	297,844
$ 250,000	TORONTO DOMINION BANK	—	247,802
$ 399,000	TOTAL FINA ELF CAP 01/26 ZCP	—	398,335
$ 500,000	UBS AG LONDON 09/26 VAR	4.06	500,000
$ 250,000	RECTOR + VISTRS UNTY	—	249,434
$ 250,000	VW CR INC	—	247,614
$ 350,000	WELLS FARGO BANK NA	3.98	350,000

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Short-term and other investments (continued)		
$ 250,000	WESTPAC BANKING CORP.	4.11	250,000
	Total Institutional Money Market		39,413,390

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Assets Form 5500
(Held at End of Year)

December 31, 2025

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds:		
Vanguard	Vanguard Developed Markets Index Fund - Institutional	*	$ 12,861,084
Vanguard	Vanguard Emerging Markets Stock Index Fund - Admiral	*	3,693,170
Vanguard	Vanguard Extended Market Index Fund Admiral Class	*	6,634,937
Vanguard	Vanguard Institutional Index Fund - Institutional	*	32,226,943
Vanguard	Vanguard Total Bond Market Index Fund Institutional Class	*	39,846,897
Total mutual funds			95,263,031
	Other investments:		
Various	Institutional Money Market [1]	*	39,413,390
Various	Self-directed brokerage accounts	*	25,752,114
Daimler	Common stock - Daimler AG	*	462,804
	Cash-Sweep Account	*	284
Merrill Lynch [2]	Pending Settlement Fund & Other	*	362,990
Total other investments			65,991,582
	Total participant-directed investments		$ 161,254,613

*Cost information not required
[1] See attached schedule for details
[2] A party-in-interest as defined by ERISA

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Corporate Debt Securities		
$ 36,000	COREBRIDGE GLOB FUNDING SR SECURED 144A 09/26 VAR	5.01	36,217
$ 200,000	ASB BANK LIMITED SR UNSECURED 144A 06/26 5.346	5.35	200,815
$ 290,000	BMW US CAPITAL LLC COMPANY GUAR 144A 04/26 VAR	4.26	290,072
$ 300,000	BANK OF MONTREAL SR UNSECURED 144A 11/26 VAR	4.36	300,513
$ 595,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 02/26 VAR	4.20	595,241
$ 245,000	JOHN DEERE CAPITAL CORP SR UNSECURED 06/26 VAR	4.50	245,667
$ 272,000	EQUITABLE FINANCIAL LIFE SECURED 144A 01/26 1	1.00	271,809
$ 59,000	GEORGIA POWER CO SR UNSECURED 09/26 VAR	3.99	59,006
$ 148,000	JACKSON NATL LIFE GLOBAL SR SECURED 144A 04/26 3.05	3.05	147,331
$ 197,000	KELLANOVA SR UNSECURED 04/26 3.25	3.25	196,571
$ 67,000	KENVUE INC COMPANY GUAR 03/26 5.35	5.35	67,138
$ 359,000	MACQUARIE BANK LTD SR UNSECURED 144A 06/26 VAR	4.95	360,459
$ 189,000	MACQUARIE BANK LTD SR UNSECURED 144A 12/26 VAR	4.91	190,393
$ 226,000	MANULIFE FINANCIAL CORP SR UNSECURED 03/26 4.15	4.15	225,886
$ 468,000	MET LIFE GLOB FUNDING I SR SECURED 144A 04/26 VAR	4.28	468,233
$ 250,000	NATIONAL AUSTRALIA BANK SR UNSECURED 144A 01/26 VAR	4.26	250,066
$ 287,000	NATIONAL AUSTRALIA BANK SR UNSECURED 144A 01/26 VAR	4.26	287,075
$ 320,000	NATWEST MARKETS PLC SR UNSECURED 144A 09/26 VAR	4.47	320,896
$ 146,000	PEPSICO INC SR UNSECURED 02/26 VAR	4.11	146,045
$ 161,000	PRINCIPAL LFE GLB FND II SR SECURED 144A 01/26 0.875	0.88	160,840
$ 182,000	PUBLIC SERVICE ELECTRIC SR SECURED 03/26 0.95	0.95	180,799
$ 53,000	ROYAL BANK OF CANADA SR UNSECURED 01/26 VAR	4.24	53,004
$ 227,000	ROYAL BANK OF CANADA SR UNSECURED 04/26 VAR	4.28	227,218
$ 278,000	ROYAL BANK OF CANADA SR UNSECURED 08/26 VAR	4.17	278,260
$ 71,000	STATE STREET CORP SR UNSECURED 08/26 5.272	5.27	71,412
$ 200,000	SUMITOMO MITSUI TR BK LT SR UNSECURED 144A 03/26 1.55	1.55	198,876
$ 244,000	SUMITOMO MITSUI TR BK LT SR UNSECURED 144A 03/26 VAR	4.83	244,388
$ 213,000	SWEDBANK AB 144A 09/26 6.136	6.14	215,988
$ 490,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 01/26 VAR	4.36	490,017
$ 152,000	TOYOTA MOTOR CREDIT CORP SR UNSECURED 12/26 VAR	4.12	152,000

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Corporate Debt Securities (continued)		
$ 44,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/26 1.15	1.15	43,479
$ 209,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/26 2.45	2.45	206,164
$ 146,000	AIR LEASE CORP SR UNSECURED 01/26 2.875	2.88	145,897
$ 209,000	ALCON FINANCE CORP COMPANY GUAR 144A 09/26 2.75	2.75	207,108
$ 50,000	AMERICAN HONDA FINANCE SR UNSECURED 07/26 5.25	5.25	50,190
$ 79,000	BANK OF NOVA SCOTIA SR UNSECURED 03/26 VAR	4.26	79,023
$ 319,000	BANK OF NOVA SCOTIA SR UNSECURED 02/26 4.75	4.75	319,092
$ 124,000	CANADIAN IMPERIAL BANK SR UNSECURED 07/26 5.615	5.62	125,033
$ 43,000	COMCAST CORP COMPANY GUAR 03/26 3.15	3.15	42,902
$ 244,000	EIDP INC SR UNSECURED 05/26 4.5	4.50	244,209
$ 146,000	ENTERGY LOUISIANA LLC 1ST MORTGAGE 01/26 4.44	4.44	146,002
$ 200,000	HSBC HOLDINGS PLC SR UNSECURED 03/26 4.3	4.30	199,899
$ 90,000	HIGHMARK INC SR UNSECURED 144A 05/26 1.45	1.45	89,072
$ 100,000	IBM INTERNAT CAPITAL COMPANY GUAR 02/26 4.7	4.70	100,014
$ 89,000	INTEL CORP SR UNSECURED 02/26 4.875	4.88	89,007
$ 100,000	IBM CORP SR UNSECURED 05/26 3.3	3.30	99,592
$ 73,000	ITC HOLDINGS CORP SR UNSECURED 06/26 3.25	3.25	72,559
$ 69,000	KROGER CO SR UNSECURED 02/26 3.5	3.50	68,946
$ 22,000	LAM RESEARCH CORP SR UNSECURED 03/26 3.75	3.75	21,973
$ 56,000	LOCKHEED MARTIN CORP SR UNSECURED 01/26 3.55	3.55	55,986
$ 41,000	MCCORMICK + CO SR UNSECURED 02/26 0.9	0.90	40,823
$ 50,000	MORGAN STANLEY SR UNSECURED 01/26 3.875	3.88	49,978
$ 296,000	NEXTERA ENERGY CAPITAL COMPANY GUAR 01/26 VAR	4.47	296,073
$ 85,000	NEXTERA ENERGY CAPITAL COMPANY GUAR 01/26 4.95	4.95	85,018
$ 196,000	ONEOK INC COMPANY GUAR 07/26 4.85	4.85	196,269
$ 95,000	ORACLE CORP SR UNSECURED 07/26 2.65	2.65	94,187
$ 206,000	PHILIP MORRIS INTL INC SR UNSECURED 02/26 2.75	2.75	205,459
$ 294,000	PINNACLE WEST CAPITAL SR UNSECURED 06/26 VAR	4.53	294,512
$ 58,000	7 ELEVEN INC SR UNSECURED 144A 02/26 0.95	0.95	57,749
$ 30,000	SOUTHWESTERN ELEC POWER SR UNSECURED 03/26 1.65	1.65	29,839

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Corporate Debt Securities (continued)		
$ 82,000	SPIRE INC SR UNSECURED 03/26 5.3	5.30	82,073
$ 16,000	SUMITOMO MITSUI FINL GRP SR UNSECURED 03/26 3.784	3.78	15,978
$ 488,000	SUMITOMO MITSUI FINL GRP SR UNSECURED 01/26 VAR	5.14	488,180
$ 46,000	TORONTO DOMINION BANK SR UNSECURED 01/26 0.75	0.75	45,979
$ 329,000	TORONTO DOMINION BANK SR UNSECURED 09/26 1.25	1.25	322,903
$ 189,000	TORONTO DOMINION BANK SR UNSECURED 01/26 5.103	5.10	189,023
$ 200,000	UBS GROUP AG SR UNSECURED 144A 04/26 4.125	4.13	199,770
$ 170,000	VIRGINIA ELEC + POWER CO SR UNSECURED 01/26 3.15	3.15	169,915
$ 148,000	VOYA FINANCIAL INC COMPANY GUAR 06/26 3.65	3.65	147,424
$ 127,000	YARA INTERNATIONAL ASA SR UNSECURED 144A 06/26 3.8	3.80	126,527
	Government Securities		
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$ 3,732,400	US TREASURY FRN 04/26 VAR	3.75	3,732,343
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$ 383,700	US TREASURY FRN 10/26 VAR	3.81	383,977
	Short-term and other investments		
$ 401,285	US DOLLAR	—	401,285
$ 250,000	ANZ NATNL INT LMTD 05/26 ZCP	—	246,025
$ 300,000	ALBION CAPITAL CORP 02/26 ZCP	—	298,304
$ 250,000	ALIMENTATION COUCHETARD INC	—	249,472
$ 250,000	ANTALIS S.A	—	248,449
$ 250,000	AUST + NEW ZEA	—	246,337
$ 304,000	AUST + NEW ZEA	4.01	304,000
$ 300,000	BANCO SANTANDER 05/26 ZCP	—	295,775
$ 400,000	BANCO BILBAO VIZCAYA 04/26 FIXED 4	4.00	400,000
$ 100,000	BANCO BILBAO VIZCAYA 06/26 FIXED 4.01	4.01	100,000
$ 57,000	BANCO SANTANDER S A N Y	4.14	57,022
$ 105,000	BANCO SANTANDER S A N Y 06/26 FIXED 4.4	4.40	105,000

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Short-term and other investments		
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$ 142,000	BANCO SANTANDER S A N Y 03/26 VAR	3.96	142,000
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$ 400,000	BARCLAYS BK PLC NEW YORK BRH I 09/26 VAR	4.14	400,000
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$ 279,000	BAYERISCHE LANDESBANK N Y INST 01/26 VAR	4.16	279,002
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$ 100,000	DEUTSCHE BANK AG NY 10/26 VAR	4.17	100,000
$ 250,000	DISNEY (WALT) CO THE	—	248,632
$ 500,000	ERSTE ABWICKLUNGSANSTALT 01/26 ZCP	—	498,444
$ 250,000	FEDERATION DES CAISSES	—	249,790
$ 314,000	FIRST ABU DHABI BANK PJSC	—	312,370
$ 250,000	GNRL MTRS FINCL CO INC	—	243,682
$ 314,000	HSBC BANK PLC	4.15	314,000
$ 330,000	HSBC USA INC	—	329,964
$ 250,000	HSBC USA INC	—	244,553
$ 253,000	ING US FUNDING LLC	4.04	253,014
$ 250,000	JACKSON NATL LIFE SHORT TERM F 11/26 ZCP	—	241,189
$ 1,097,000	LIME FDG LLC DISC COML PAPER 4 01/26 ZCP	—	1,096,179
$ 104,000	LLOYDS BANK CORPORATE	4.33	104,000
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$ 174,000	MIZUHO BK LTD NEW YORK BRH INS 06/26 VAR	4.04	174,000
$ 395,000	MUFG BK LTD N Y BRH DISC COML	—	387,829
$ 250,000	MULTICARE HEALTH SYS TAXABLE S 02/26 ZCP	—	249,070
$ 250,000	NATIONAL BK OF CANAD	—	249,554
$ 200,000	NATIONAL BK KUWAIT NY BRH INST 08/26 FIXED 4.42	4.42	200,012

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Short-term and other investments (continued)		
$ 197,000	NATIONAL BANK OF KUWAIT SAKP	4.01	197,001
$ 196,000	NATIONAL BK KUWAIT NY BRH INST	4.17	196,004
$ 397,000	NATIONAL BK KUWAIT S A K NY BR 12/26 VAR	4.31	397,018
$ 400,000	NORDEA BK AB PUBL	3.96	399,994
$ 400,000	OVERSEA CHINESE BANKING CORP L 02/26 ZCP	—	397,974
$ 250,000	PARADELLE FUNDING LLC 01/26 VAR	4.09	250,001
$ 1,100,000	PARIBAS REPO	3.83	1,100,000
$ 270,000	REGENCY MRKTS NO.1 L	—	269,678
$ 261,000	ROYAL BANK OF CANADA 01/26 VAR	3.87	261,000
$ 735,749	SSC GOVERNMENT MM GVMXX	3.73	735,749
$ 250,000	SCHWAB CHARLES CORP 05/26 ZCP	—	246,259
$ 274,000	STANDARD CHRTRD BNKN	4.14	274,000
$ 200,000	SUMITOMO MITSUI BKG CORP 03/26 FIXED 4.44	4.44	200,000
$ 266,000	SUMITOMO MITSUI BKG CORP 02/26 VAR	3.94	266,021
$ 182,000	SVENSKA HANDELSBANKEN AB 03/26 VAR	4.02	182,000
$ 250,000	SVENSKA HANDLSBNKN A 03/26 ZCP	—	248,267
$ 387,000	SWEDBANK SPARBANKEN SVENGE	4.17	387,000
$ 199,000	TORONTO DOMINION BK 04/26 VAR	4.22	199,000
$ 131,000	TORONTO DOMINION BK 02/26 VAR	3.99	131,008
$ 298,000	TORONTO DOMINION BANK	—	297,844
$ 250,000	TORONTO DOMINION BANK	—	247,802
$ 399,000	TOTAL FINA ELF CAP 01/26 ZCP	—	398,335
$ 500,000	UBS AG LONDON 09/26 VAR	4.06	500,000
$ 250,000	RECTOR + VISTRS UNTY	—	249,434
$ 250,000	VW CR INC	—	247,614
$ 350,000	WELLS FARGO BANK NA	3.98	350,000

EIN #27-0187394 Plan #566
Schedule H, Line 4i, - Schedule of Detail of Institutional Money Market Portfolio (Held at End of Year) (continued)

December 31, 2025

Original Face Amount	Description of Investment	Coupon	Current Value
	Short-term and other investments (continued)		
$ 250,000	WESTPAC BANKING CORP.	4.11	250,000
	Total Institutional Money Market		39,413,390

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.)
☒ 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: ☒ 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
FCA US LLC HEALTH CARE BENEFITS PLAN FOR SALARIED NON-REPRESENTED RETIREES

1b Three-digit plan number (PN) ▶ 566

1c Effective date of plan 01/01/2011

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)
FCA US LLC

1000 CHRYSLER DRIVE
CIMS 485-08-64
AUBURN HILLS MI 48326-2766

2b Employer Identification Number (EIN) 27-0187394

2c Plan Sponsor's telephone number 248-576-5741

2d Business code (see instructions) 336100

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	Signature of plan administrator	Date 10/13/2026	STEVEN LANE 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	13,980
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)	1,943
a (2) Total number of active participants at the end of the plan year	6a(2)	1,859
b Retired or separated participants receiving benefits	6b	11,593
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	13,452
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)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4D 4E

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

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

a Pension Schedules

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

b General Schedules

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