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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

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
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1946

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)
ERIE INDEMNITY COMPANY

AMY L. CHAPMAN

100 ERIE INSURANCE PLACE
ERIE, PA 16530-0001

100 ERIE INSURANCE PLACE
ERIE, PA 16530-0001

2b Employer Identification Number (EIN)
25-0466020

2c Plan Sponsor's telephone number
814-870-2000

2d Business code (see instructions)
524290

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.	10/02/2026	AMY L. CHAPMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	MARLA WALTERS
	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

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	10053
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)**	6740
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6692
b	Retired or separated participants receiving benefits	**6b**	2274
c	Other retired or separated participants entitled to future benefits	**6c**	959
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9925
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	257
f	Total. Add lines **6d** and **6e**.	**6f**	10182
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**	220
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 Characteristics Codes in the instructions:

1A 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

A Name of plan
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ERIE INDEMNITY COMPANY

D Employer Identification Number (EIN)
25-0466020

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
ERIE FAMILY LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
25-1186315	70769	690-631	154	12/31/2024	12/30/2025

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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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 ▶ INTER-CO MORTALITY EXPER. PLUS 5%

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. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] 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** ☐ 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**	
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 ☒ No

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

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

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

A Name of plan
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ERIE INDEMNITY COMPANY

D Employer Identification Number (EIN)
25-0466020

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2024

2 Assets:

a Market value	**2a**	1040992173
b Actuarial value	**2b**	1055813805

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2389	406656979	406656979
b For terminated vested participants	947	59621936	59621936
c For active participants	6740	395716374	426237367
d Total	10076	861995289	892516282

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

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

5 Effective interest rate	**5**	5.42 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	44341840
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	44341840

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

KEITH J. OKRESS
Type or print name of actuary

26-06965
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

216-937-4000
Telephone number (including area code)

1001 LAKESIDE AVENUE
SUITE 1500
CLEVELAND, OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	52310030
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	52310030
10	Interest on line 9 using prior year's actual return of 0.79 %	0	413249
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		36965904
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.35 %		1977676
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		38943580
d	Portion of (c) to be added to prefunding balance		38943580
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	91666859

Part III Funding Percentages

14	Funding target attainment percentage	14	108.02 %
15	Adjusted funding target attainment percentage	15	118.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	127.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/09/2026	47000000	0			
08/17/2026	30000000	0			
			Totals ► 18(b)	77000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	72050836

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.01 %	5.26 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	44341840
b Excess assets, if applicable, but not greater than line 31a	**31b**	44341840

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	72050836

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

a Total (excess, if any, of line 37 over line 36)	**38a**	72050836
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

A Name of plan
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ERIE INDEMNITY COMPANY

D Employer Identification Number (EIN)
25-0466020

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).. . . . . [X] 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

FIDELITY INST ASSET MGN TRUST CO

20-4659714

(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)

FIDELITY INVST INST OPS CO, INC.

04-2647786

(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?
60	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIDELITY INSTIT ASSET MGT TRUST CO

20-4659714

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

A Name of plan
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ERIE INDEMNITY COMPANY

D Employer Identification Number (EIN)
25-0466020

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION COMMINGLED POOL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-053	C	279908504

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAPITALIZATION CORE COMM

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-008	C	11060603

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-036	C	18684550

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS COMMINGLED PO

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-032	C	33309007

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG US TREASURY STRIPS COMMIN

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-120	C	400818267

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

A Name of plan
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ERIE INDEMNITY COMPANY

D Employer Identification Number (EIN)
25-0466020

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	39000000	77000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1153382	1263086
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13940646	13744450
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	95757195	105934596
(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)	683898782	743780931
(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)	204587576	224370148
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1038337581	1166093211
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	303355	774992
k Total liabilities (add all amounts in lines 1g through1j)	1k	303355	774992
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1038034226	1165318219

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)	77000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		77000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	557032	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		557032
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2994387	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2505929	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5500316
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	72238438	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	69012655	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3225783
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16807427	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		16807427

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		28974886
(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)		35291278
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		167356722
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40072729	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		40072729
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		40072729
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		127283993
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: MCGILL POWER BELL & ASSOC LLP **(2)** EIN: 25-1031405

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		30000000
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576225.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

A Name of plan
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ERIE INDEMNITY COMPANY

D Employer Identification Number (EIN)
25-0466020

Part I Distributions

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

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

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

EIN(s): 04-3275867

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 42

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 35.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 65.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Erie Insurance Group Retirement Plan for Employees

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

DECEMBER 30, 2025 AND 2024

MPB
100 Years and Counting
McGill, Power, Bell & Associates, LLP
Certified Public Accountants · Business Advisors

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
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McGill, Power, Bell & Associates, LLP
Certified Public Accountants · Business Advisors
100 Years and Counting

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Independent Auditor's Report

Employee Benefits Administration Committee
Erie Insurance Group Retirement Plan for Employees
Erie, Pennsylvania

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

We have performed audits of the accompanying financial statements of the Erie Insurance Group Retirement Plan for Employees, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 30, 2025 and 2024, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Erie Insurance Group Retirement Plan for Employees and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Erie Insurance Group Retirement Plan for Employees' ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with 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 Erie Insurance Group Retirement Plan for Employees' 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 Erie Insurance Group Retirement Plan for Employees' ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules identified in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

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

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
September 28, 2026

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 30, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Collective Investment Trusts	$ 743,780,931	$ 683,898,782
Money Market Funds	13,734,667	13,931,015
Exchange Traded Fund	224,370,148	204,587,576
Common Stocks	105,934,596	95,757,195
Cash and Cash Equivalents	9,783	9,631
Total Investments	1,087,830,125	998,184,199
Receivables		
Employer Contribution	77,000,000	39,000,000
Accrued Interest and Dividends	1,263,086	1,153,382
Total Receivables	78,263,086	40,153,382
Total Assets	1,166,093,211	1,038,337,581
LIABILITIES		
Due to Broker for Securities Purchased	774,992	303,355
Total Liabilities	774,992	303,355
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,165,318,219	$ 1,038,034,226

See notes to financial statements.

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 30, 2025 AND 2024

	2025	2024
ADDITIONS		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	$ 84,299,374	$ 4,291,524
Interest and Dividends	6,057,348	3,742,554
Net Investment Income	90,356,722	8,034,078
Contributions		
Employer	77,000,000	39,000,000
TOTAL ADDITIONS	167,356,722	47,034,078
DEDUCTIONS		
Benefits Paid to Participants	40,072,729	36,123,860
TOTAL DEDUCTIONS	40,072,729	36,123,860
NET INCREASE (DECREASE)	127,283,993	10,910,218
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	1,038,034,226	1,027,124,008
End of Year	$ 1,165,318,219	$ 1,038,034,226

See notes to financial statements.

NOTE A DESCRIPTION OF PLAN

General

The following description of the Erie Insurance Group Retirement Plan for Employees (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

The Plan is a noncontributory defined benefit plan covering substantially all employees of Erie Insurance Group (Company) and provides for retirement, death and disability benefits. Part-time employees must attain age 21 and complete 1,000 hours of service in one year to be eligible to enter the Plan. Related employers who also participate in the Plan include Erie Insurance Company of New York and Erie Resource Management Company. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Fidelity Management Trust Company is the trustee and custodian of the Plan.

The Plan is administered by the Company's Employee Benefits Administration Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's Executive Council.

Contributions

The Company has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's funding policy is generally to contribute an amount equal to the greater of the target normal cost for the plan year, or the amount necessary to fund the Plan to 100%. The Plan has met the minimum funding requirements established by ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Compensation: Average Monthly Compensation will be 1/36th of the highest aggregate base salary during any three consecutive years within the 120 months immediately preceding the employee's retirement or termination date.

Covered Compensation: Covered Compensation is the average of an employee's taxable wages under Social Security, assuming maximum earnings each year during his or her career.

Form of Payment: A married employee shall receive their benefit on a reduced 50 percent joint and survivor actuarially equivalent basis, unless they elect (with the consent of their spouse) an alternative form of benefit. A single employee shall receive their benefit on a life annuity basis. Other options are available.

Normal Retirement: Eligible at age 65. The monthly benefit is equal to 1 percent of Average Monthly Compensation up to Covered Compensation plus 1.5 percent of Average Monthly Compensation in excess of Covered Compensation, the sum of which is multiplied by years of service, not to exceed 30 years.

Early Retirement: Eligible at age 55 with at least 15 years of service. The pension benefit available at early retirement is based on service and pay to date of retirement, in accordance with the normal retirement formula. Benefits will start at age 65 or, if payable immediately, will be reduced 1/4 percent for each month under age 65 (down to age 60) and 3/8 percent for each month under age 60 (down to age 55).

Disability Retirement: Eligible if totally and permanently disabled after fifteen years of service, provided that the employee is also eligible for Social Security benefits payable for such disability continuously to age 65.

The normal retirement pension will be paid beginning with the month following the attainment of age 65. Service will be counted to age 65. Compensation during the last full calendar year preceding disability is assumed to continue unchanged until age 65. Covered Compensation will be determined at the time of disability. A long-term disability benefit will be paid from a separate plan up to age 65, as long as disability continues.

Termination of Service: The deferred vested benefit available following termination is determined under the normal retirement formula and can be paid beginning at age 65. If the employee has at least 15 years of service at termination, the benefit payments may commence at any time after age 55, reduced for early retirement.

Death Benefits

Upon the death of an active or vested former employee, prior to the commencement of retirement benefits, the spouse of this employee is eligible to receive a spouse's retirement benefit.

Prior to retirement, the surviving spouse of an active employee will receive a monthly benefit under the assumption that the employee retired the day before his death with his accrued Plan benefit and elected a 100 percent joint and survivor annuity (with reduction for early commencement) if early retirement eligible, or a 50 percent joint and survivor annuity (with no reduction for early commencement) if not early retirement eligible.

After retirement, any death benefit payable to a surviving spouse or other designated beneficiary will be determined by the form of payment selected by the participant.

Vesting

Eligible employees are fully vested upon completion of five years of vesting service.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is 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.

The Plan Administrator determines the Plan's valuation policies utilizing information provided by its investment advisers and custodian. See Note F for a discussion of fair value measurements.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan measures its investments and investment-related accounts using the month end of December 31, which is closest to the Plan's fiscal year end of December 30.

Due to Broker for Securities Purchased

Amounts payable to brokers for securities purchased are recorded as a liability with a corresponding adjustment to cash and cash equivalents.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated Plan benefits (see Note G) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

a. Retired or terminated employees or their beneficiaries
b. Present employees or their beneficiaries

Benefits payable under all circumstances — retirement, death, disability and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

NOTE C PLAN TERMINATION

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

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below.
c. All other vested benefits (that is, vested benefits not insured by the PBGC).
d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

NOTE D CERTIFICATION OF PLAN TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 30, 2025 and 2024.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 30, 2025 and 2024.
- Investment information included in the accompanying schedule of assets (held at end of year) and schedule of investment assets both acquired and disposed of within the Plan year as of December 30, 2025, and the accompanying schedule of reportable transactions for the year ended December 30, 2025.

The Plan's independent auditors 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 supplemental schedules.

NOTE E ANNUITY CONTRACTS WITH THE ERIE FAMILY LIFE INSURANCE COMPANY

In 2002 and prior years, the Plan purchased from Erie Family Life Insurance Company, a member company of the Erie Insurance Group, individual annuities for each terminated vested employee or beneficiary receiving benefits (excluding disabled and deferred vested participants). No individual annuities were purchased in 2025 and 2024. These are non-participating annuity contracts under which the Erie Family Life Insurance Company has unconditionally contracted to provide specified benefits to beneficiaries in return for a fixed premium from the Plan. The Plan remains the primary obligor to the beneficiaries, and a contingent liability of approximately $7.8 million existed at December 30, 2025 in the event the Erie Family Life Insurance Company would not honor the annuity contracts. Fidelity Management Trust Company established a separate disbursement account funded by Erie Family Life Insurance Company in order to pay these monthly benefits.

NOTE F DISCLOSURES ABOUT FAIR VALUE PLAN ASSETS AND LIABILITIES

Fair value is 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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 30, 2025 and 2024.

- Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year.
- The Plan's interests in common collective trusts are valued at the NAV of the units of the collective investment trusts. The NAV is used as a practical expedient to estimate fair value of the collective investment trusts.

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 30, 2025 and 2024:

		Fair Value Measurement Using		
	Fair Value	Level 1	Level 2	Level 3
December 30, 2025				
Money Market Fund	$ 13,734,667	$ 13,734,667	$ -	$ -
Exchange Traded Fund	224,370,148	224,370,148	-	-
Common Stocks	105,934,596	105,934,596	-	-
Cash and Cash Equivalents	9,783	9,783	-	-
Total Assets in the Fair Value Hierarchy	344,049,194	$ 344,049,194	$ -	$ -
Collective Investment Trusts Measured at Net Asset Value (a)	743,780,931			
Investments at Fair Value	$ 1,087,830,125			

		Fair Value Measurement Using		
	Fair Value	Level 1	Level 2	Level 3
December 30, 2024				
Money Market Fund	$ 13,931,015	$ 13,931,015	$ -	$ -
Exchange Traded Fund	204,587,576	204,587,576	-	-
Common Stocks	95,757,195	95,757,195	-	-
Cash and Cash Equivalents	9,631	9,631	-	-
Total Assets in the Fair Value Hierarchy	314,285,417	$ 314,285,417	$ -	$ -
Collective Investment Trusts Measured Net Asset Value (a)	683,898,782			
Investments at Fair Value	$ 998,184,199			

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 30, 2025 and 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 30, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 30, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trusts	$ 743,780,931	N/A	Daily	None

	December 30, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trusts	$ 683,898,782	N/A	Daily	None

NOTE G ACCUMULATED PLAN BENEFITS

An actuary from Willis Towers Watson US LLC determines the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the end of each Plan year was as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Active Employees	$ 325,124,375	$ 309,443,614
Participants Currently Receiving Payments	386,476,309	359,063,508
Participants with Deferred Benefits	50,298,394	46,658,416
	761,899,078	715,165,538
Nonvested Benefits	21,211,542	19,355,898
Total Actuarial Present Value of Accumulated Plan Benefits	$ 783,110,620	$ 734,521,436

Changes in the actuarial present value of accumulated Plan benefits were as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	$ 734,521,436	$ 672,740,209
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated	33,276,578	27,547,534
Actuarial (Gain) Loss	2,766,902	11,088,875
Increase for Interest Due to the Decrease in the Discount Period	52,352,589	47,764,897
Benefits Paid	(39,807,781)	(35,864,129)
Change in Actuarial Assumptions (See Below)	896	11,244,050
Net Increase (Decrease)	48,589,184	61,781,227
Actuarial Present Value of Accumulated Plan Benefits, End of Year	$ 783,110,620	$ 734,521,436

Significant assumptions underlying the actuarial computations are:

- Healthy Mortality: Pri-2012 mortality tables with a base year of 2012 without collar or amount adjustments, with separate rates for annuitants and non-annuitants and separate rates for retirees/contingent annuitants and contingent survivors projected forward using Scale MP-2021 with generational projection.
- Disabled Mortality: Pri-2012 disabled mortality tables with a base year of 2012 without collar or amount adjustments, for disabled retirees projected forward using scale MP-2021 with generational projection.

- Employee Turnover: Service-graded with rates ranging from 6% to 8.50% for the first six years of employment and age-graded thereafter with rates ranging from 4.81% to 2.22%.
- Retirement Age: Age-graded, 3% of participants at age 55, increasing to 100% at age 70 and over.
- Assumed Rate of Return on Investments: 7.00%, including a reduction of 0% to reflect anticipated administrative expenses associated with providing benefits.
- Salary Increases: Age-graded with rates ranging from 2.50% to 10.50%.
- Marriage: For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of male participants and 50% of female participants are assumed to be married. Male participants are assumed to be two years older than their spouses.

Changes were made to the following prior year actuarial assumptions, including:

- The assumed future IRC §417(e) mortality rates were updated to reflect the mortality table published by the IRS for stability periods beginning in 2026.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of December 31, 2025 and 2024. Had the valuations been performed as of December 30, there would be no material differences.

NOTE H RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

Certain Plan investments are managed by Fidelity Investments and Fidelity Institutional Asset Management (FIAM), related companies to Fidelity Management Trust Company (FMTC). FMTC is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for operating expenses incurred by these managed investments are included in net appreciation (depreciation) in fair value of the investment. The Plan Sponsor pays directly the investment management fees and any other fees related to the Plan's operations.

All legal, accounting, trustee, and PBGC premiums, and other services were provided at the expense of the Company. Expenses paid by the Plan Sponsor are allowable party-in-interest transactions. The Company also provides certain administrative services at no cost to the Plan.

NOTE I PLAN AMENDMENTS

The Plan adopted certain provisions of the SECURE 2.0 Act. In 2024, the Plan was modified to increase the cash-out threshold for terminated participants from $5,000 to $7,000 and to treat spousal beneficiaries as deceased participants for purposes of required minimum distributions. These provisions have been operationally implemented, and a formal written amendment to the Plan to reflect these changes will be adopted at a future date in accordance with the applicable regulatory requirements.

Effective December 31, 2023, the Plan was amended to change the provisions that restrict lump sum distributions only to participants with a deferred retirement and vested pension benefit less than $5,000. This amendment allows participants that have terminated employment for any reason other than death or a surviving spouse of a

participant who experiences his date of severance due to death on or after December 31, 2023 with deferred retirement and vested pension benefits up to $100,000, an ability to receive Plan benefits in the form of a lump sum distribution.

NOTE J TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 24, 2017, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE K SIGNIFICANT ESTIMATES AND CONCENTRATIONS

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Possible Decline in Investments

It is reasonably possible that there will be a significant decline in the fair value of investments during the next year, which would change the assumed rates of return used to discount the benefit obligation and, therefore, could significantly affect the present value of accumulated Plan benefits.

NOTE L RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. 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 that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE M SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 28, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 30, 2025

	Identity of Issuer	Description of Investment	Cost	Current Value
	Money Market Funds			
*	Fidelity Investments	Fidelity Investment Money Market Government Portfolio	$ 10,433,869	$ 10,433,869
	State Street Bank	SSBK Government STIF Fund	3,300,798	3,300,798
	Cash and Cash Equivalents			
	Canada	Canadian Dollar	9,251	9,238
	Euro	European Monetary Unit	250	250
	Singapore	Singapore Dollar Currency	225	229
	Switzerland	Swiss Franc	66	66
	Exchange Traded Fund			
	Vanguard Scottsdale Funds	Vanguard Russell 1000 ETF 726,023 shares	128,204,716	224,370,148
	Collective Investment Trusts			
*	Fidelity Institutional Asset Management	FIAM Emerging Markets Commingled Pool 441,120 shares	17,728,933	33,309,007
*	Fidelity Institutional Asset Management	FIAM Long Duration Commingled Pool 11,041,756 shares	259,858,468	279,908,504
*	Fidelity Institutional Asset Management	FIAM Long U.S. Treasury Strips Index Commingled Pool 4,462,958 shares	474,697,275	400,818,267
*	Fidelity Institutional Asset Management	FIAM Select International Small Capitalization Commingled Pool; 182,698 Shares	11,824,959	18,684,550
*	Fidelity Institutional Asset Management	FIAM Small Capitalization Core Commingled Pool 42,139 shares	7,347,924	11,060,603
	Common Stocks			
	Aia Group Ltd	Common stock, 159,200 shares	1,386,018	1,634,405
	Aib Group Plc	Common stock, 154,935 shares	737,249	1,675,132
	Air Liquide Sa	Common stock, 14,010 shares	1,677,291	2,638,609
	Amadeus It Group Sa	Common stock, 20,284 shares	1,252,738	1,497,965
	Bank of Ireland Group Plc	Common stock, 32,445 shares	549,849	624,368
	Beiersdorf Ag	Common stock, 11,483 shares	1,253,039	1,264,195
	BNP Paribas	Common stock, 21,781 shares	1,823,515	2,067,984
	British American Tobacco Plc	Common stock, 32,494 shares	1,692,861	1,845,744
	Canadian Natl Railway Co	Common stock, 9,457 shares	867,292	934,824
	Capgemini Sa (ff40)	Common stock, 10,473 shares	1,337,068	1,750,794
	Carlsberg As Cl B	Common stock, 9,681 shares	1,256,368	1,272,186
	Check Point Software Techs Ltd	Common stock, 8,118 shares	1,156,850	1,506,376
	Cie Financière Richemont Sa A	Common stock, 10,977 shares	935,407	2,384,286
	Compass Group Plc	Common stock, 62,657 shares	1,250,950	1,996,599
	Daikin Industries Ltd	Common stock, 9,500 shares	1,369,333	1,217,824
	Dassault Systemes Sa	Common stock, 15,640 shares	565,221	438,182
	Dbs Group Holdings Ltd	Common stock, 29,350 shares	428,143	1,286,888
	Denso Corp	Common stock, 77,900 shares	1,030,769	1,073,214
	Deutsche Boerse Ag	Common stock, 7,302 shares	1,291,938	1,919,639
	Edenred	Common stock, 23,053 shares	1,047,202	512,308
	Engie Sa	Common stock, 72,828 shares	970,117	1,918,015

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2025

Identity of Issuer	Description of Investment	Cost	Current Value
Eni Spa	Common stock, 58,015 shares	668,102	1,100,413
EssilorLuxottica	Common stock, 283 shares	41,649	89,764
Experian Plc	Common stock, 37,147 shares	1,292,185	1,683,931
Fujifilm Holdings Corp	Common stock, 41,000 shares	855,477	875,281
Galp Energia Sgps Sa	Common stock, 36,822 shares	484,008	633,087
Hdfc Bank Ltd Spon Adr	Common stock, 18,558 shares	594,061	678,109
Hitachi Ltd	Common stock, 83,600 shares	699,525	2,616,236
Hoya Corp	Common stock, 4,800 shares	466,423	725,792
Infosys Ltd Spon Adr	Common stock, 21,364 shares	392,521	380,706
Ing Groep Nv	Common stock, 72,573 shares	755,225	2,047,760
Intact Finl Corp	Common stock, 3,223 shares	405,743	670,947
Intesa Sanpaolo Spa	Common stock, 262,954 shares	570,142	1,829,728
Kone Oyj B	Common stock, 19,496 shares	1,274,601	1,387,533
Kose Holdings Corp	Common stock, 8,000 shares	708,979	267,620
Legrand Sa	Common stock, 6,963 shares	503,611	1,041,276
Linde Plc	Common stock, 661 shares	137,111	281,844
London Stock Exchange Grp Plc	Common stock, 9,344 shares	876,900	1,127,526
Lvmh Moet Hennessy Louis Vuitton Se	Common stock, 2,409 shares	1,159,801	1,826,032
Ly Corporation	Common stock, 314,800 shares	1,145,337	838,448
Merck Kgaa	Common stock, 10,634 shares	1,478,816	1,532,142
Michelin CL B (reg)	Common stock, 18,847 shares	678,641	627,038
Mitsubishi Electric Corp Ord	Common stock, 63,100 shares	858,360	1,846,996
Mtu Aero Engines Ag	Common stock, 1,514 shares	321,044	632,169
Natwest Group Plc	Common stock, 236,210 shares	1,457,644	2,075,326
Nestle Sa (reg)	Common stock, 14,741 shares	1,601,526	1,465,353
NetEase Inc	Common stock, 38,200 shares	652,856	1,053,326
Novartis Ag (reg)	Common stock, 17,012 shares	1,521,599	2,353,889
Novo-nordisk As Cl B	Common stock, 18,144 shares	748,574	928,518
Olympus Corp	Common stock, 75,400 shares	1,220,818	955,256
Pernod-Ricard	Common stock, 11,410 shares	1,606,695	980,200
Prudential Plc	Common stock, 54,842 shares	609,039	846,063
Qiagen Nv	Common stock, 17,275 shares	825,515	788,818
Relx Plc	Common stock, 35,767 shares	954,683	1,456,006
Rio Tinto Plc	Common stock, 10,711 shares	602,170	865,407
Roche Holdings Ag (genusscheine)	Common stock, 7,233 shares	2,445,605	2,996,933
Rolls-Royce Holdings Plc	Common stock, 170,320 shares	265,514	2,640,203
Ryanair Holdings Plc Spon Adr	Common stock, 29,383 shares	1,002,788	2,121,159
Sap Se	Common stock, 9,018 shares	1,154,094	2,208,084
Schneider Electric Se	Common stock, 8,508 shares	968,293	2,348,672
Seven & I Holdings Co Ltd	Common stock, 95,800 shares	1,280,997	1,376,391
Shin-etsu Chemical Co Ltd	Common stock, 44,300 shares	1,345,733	1,378,153
Sompo Holdings Inc	Common stock, 43,700 shares	1,178,079	1,488,657
Sonova Hldg Ag	Common stock, 1,912 shares	522,596	499,906
Sony Group Corp	Common stock, 67,100 shares	1,266,649	1,723,764
St Gobain Cie De	Common stock, 14,631 shares	846,482	1,495,221
Sumito Mitsui Finl Group Inc	Common stock, 53,500 shares	1,203,589	1,721,741
Suzuki Motor Corp	Common stock, 70,700 shares	836,900	1,053,685

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2025

Identity of Issuer	Description of Investment	Cost	Current Value
Taiwan Semic Mfg Co Ltd Sp Adr	Common stock, 9,533 shares	551,759	2,896,983
Tencent Holdings Ltd	Common stock, 18,100 shares	932,961	1,393,077
Terumo Corp	Common stock, 48,300 shares	913,915	699,955
Tesco Plc	Common stock, 192,478 shares	693,213	1,146,253
Toronto-Dominion Bank	Common stock, 12,865 shares	832,036	1,212,500
Totalenergies Se	Common stock, 22,289 shares	1,349,421	1,456,126
Ubs Group Ag	Common stock, 41,525 shares	792,211	1,937,589
Zozo Inc	Common stock, 65,000 shares	440,551	535,719
Zurich Insurance Group Ag	Common stock, 2,153 shares	774,964	1,635,748
		$ 987,053,683	$ 1,087,830,125

* Party-in-interest

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF INVESTMENT ASSETS BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR
DECEMBER 30, 2025

Identity of Issuer	Description of Investment	Cost of Acquisition	Proceeds of Disposition
EssilorLuxottica RT 12/31/2049	Common Stock, 4,701 shares	$ 20,991	$ 20,991
Prudential Plc - ENT RT	Common Stock, 60,803 shares	9,943	9,943
Prudential Plc EEE DRP RT	Common Stock, 54,842 shares	4,249	4,249
Sony Financial Holdings Inc	Common Stock, 70,700 shares	97,507	79,297

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

EIN 25-0466020 PN 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 30, 2025

Identity	Description	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Category (iii) Series of Transactions in Excess of 5% of Plan Net Assets - Same Security						
N/A	FIAM Long U.S. Treasury Strips	$ 51,225,606	$ -	$ -	$ 51,225,606	$ 51,225,606	$ -
N/A	FIAM Long U.S. Treasury Strips	-	15,282,516	-	17,332,258	15,282,516	(2,049,742)

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was executed on December 19, 2023 and effective December 31, 2023.

Covered employees	All salaried employees and employees compensated on an hourly basis after May 5, 2011.
Participation date	For part-time employees, the December 31 or June 30 next following the later of (a) the attainment of age 21 and (b) the attainment of one year of eligibility service (based on 1,000-hour rule). For all others, the date of becoming a covered employee.

Definitions

Vesting service	One year for each year of employment beginning from the hire date, rounded to the completed whole year.
Credited service	One year for each year of employment as a full-time employee or as a part-time employee after May 5, 2011, rounded to the next whole year.
Covered compensation	The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which an employee attains or will attain Social Security Full Retirement Age. In determining an employee's covered compensation, the Social Security taxable wage base for any subsequent year is assumed to be the same as in effect for the current year.
Average monthly compensation	1/36th of the highest aggregate regular base salary (salaried employees) or regular base wages (hourly employees) during any three consecutive years within the 120 months immediately preceding the employee's retirement or termination date.
Normal retirement date (NRD)	First of month next following the attainment of age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	1.0% of average monthly compensation up to covered compensation plus 1.5% of average monthly compensation in excess of covered compensation, the sum of which is multiplied by years of credited service not to exceed 30 years.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 15 years of credited service.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disablement	Termination due to total and permanent disability after completing 15 years of credited service, provided that the employee is also receiving disability benefits under the sponsor's long-term disability income benefits program continuously through NRD.
Preretirement death	Death with a surviving spouse while eligible for normal, early, or deferred vested retirement benefits but prior to the receipt of any benefits.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The monthly pension benefit determined as of the early retirement date based on service and pay to date, reduced 1/4% for each of the first 60 months the early retirement date precedes NRD and further reduced by 3/8% for each additional month thereafter.
Deferred vested termination	The monthly pension benefit determined as of the termination date, payable at NRD. If the employee has at least 15 years of credited service at termination, the benefit payments may commence at any time after age 55, reduced as for early retirement.

SCHEDULE SB ATTACHMENTS

Disablement

The monthly pension benefit payable at NRD calculated assuming:

- Vesting and credited service continue to be granted through NRD.
- Compensation continues unchanged from the calendar year including disablement through the calendar year containing NRD.
- Covered compensation is based on the level in effect at the employee's disablement.

Note a long-term disability income benefit will be paid from a separate plan up to NRD as long as the employee's disablement continues.

Preretirement death

• Death while employed and early or normal retirement eligible	Monthly pension benefit under the assumption that the employee retired the day before his death, elected a 100% joint and survivor annuity (with reduction for early commencement), and immediately deceased.
• Death while employed and not early or normal retirement eligible	Monthly pension benefit under the assumption that the employee retired the day before his death, elected a 50% joint and survivor annuity (with no reduction for early commencement), and immediately deceased.
• Death after termination of employment and prior to commencement of benefits	Monthly pension benefit under the assumption that the employee survived to their earliest retirement age, retired with an immediate benefit payable as a 50% joint and survivor annuity (with reduction for early commencement), and immediately deceased.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects (with the consent of their spouse). Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

SCHEDULE SB ATTACHMENTS

In general, actuarial equivalence for determining optional forms of payment amounts is based on the applicable 417(e) unisex mortality table and segment rates at the benefit determination date. However, participants in the plan on December 31, 2019 shall not receive a benefit less than what would have been calculated using Rev. Rul. 2001-62 mortality and 6.00% interest.

Effective December 31, 2020, the plan allows participants terminating over the next three years with a present value of benefits under $100,000 to elect to receive a lump sum. Effective December 31, 2023, the lump sum optional form for participants with a present value of benefits under $100,000 was made into a permanent feature of the plan.

Pension Increases

Increases to current pensioners include the following:

- Amendment effective December 31, 1991 increased benefits by $40 per month to employees who retired prior to January 1, 1991.
- Amendment effective December 31, 1993 increased benefits by 5% to employees who retired prior to January 1, 1992.
- Amendment effective December 31, 1995 increased benefits by 5%, with a minimum increase of $20 per month, to employees who retired prior to January 1, 1994.
- Amendment effective December 31, 1998 increased benefits payable beginning January 1, 1999 by 4%, with a minimum increase of $15 per month, to employees who retired prior to January 1, 1997.

Plan participants' contributions

None.

Maximum limits on benefits and pay

All benefits and pay for any year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

Future Plan Changes

SCHEDULE SB ATTACHMENTS

No future plan changes were recognized in this actuarial valuation. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

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

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 30, 2025

	Identity of Issuer	Description of Investment	Cost	Current Value
	Money Market Funds			
*	Fidelity Investments	Fidelity Investment Money Market Government Portfolio	$ 10,433,869	$ 10,433,869
	State Street Bank	SSBK Government STIF Fund	3,300,798	3,300,798
	Cash and Cash Equivalents			
	Canada	Canadian Dollar	9,251	9,238
	Euro	European Monetary Unit	250	250
	Singapore	Singapore Dollar Currency	225	229
	Switzerland	Swiss Franc	66	66
	Exchange Traded Fund			
	Vanguard Scottsdale Funds	Vanguard Russell 1000 ETF 726,023 shares	128,204,716	224,370,148
	Collective Investment Trusts			
*	Fidelity Institutional Asset Management	FIAM Emerging Markets Commingled Pool 441,120 shares	17,728,933	33,309,007
*	Fidelity Institutional Asset Management	FIAM Long Duration Commingled Pool 11,041,756 shares	259,858,468	279,908,504
*	Fidelity Institutional Asset Management	FIAM Long U.S. Treasury Strips Index Commingled Pool 4,462,958 shares	474,697,275	400,818,267
*	Fidelity Institutional Asset Management	FIAM Select International Small Capitalization Commingled Pool; 182,698 Shares	11,824,959	18,684,550
*	Fidelity Institutional Asset Management	FIAM Small Capitalization Core Commingled Pool 42,139 shares	7,347,924	11,060,603
	Common Stocks			
	Aia Group Ltd	Common stock, 159,200 shares	1,386,018	1,634,405
	Aib Group Plc	Common stock, 154,935 shares	737,249	1,675,132
	Air Liquide Sa	Common stock, 14,010 shares	1,677,291	2,638,609
	Amadeus It Group Sa	Common stock, 20,284 shares	1,252,738	1,497,965
	Bank of Ireland Group Plc	Common stock, 32,445 shares	549,849	624,368
	Beiersdorf Ag	Common stock, 11,483 shares	1,253,039	1,264,195
	BNP Paribas	Common stock, 21,781 shares	1,823,515	2,067,984
	British American Tobacco Plc	Common stock, 32,494 shares	1,692,861	1,845,744
	Canadian Natl Railway Co	Common stock, 9,457 shares	867,292	934,824
	Capgemini Sa (ff40)	Common stock, 10,473 shares	1,337,068	1,750,794
	Carlsberg As Cl B	Common stock, 9,681 shares	1,256,368	1,272,186
	Check Point Software Techs Ltd	Common stock, 8,118 shares	1,156,850	1,506,376
	Cie Financière Richemont Sa A	Common stock, 10,977 shares	935,407	2,384,286
	Compass Group Plc	Common stock, 62,657 shares	1,250,950	1,996,599
	Daikin Industries Ltd	Common stock, 9,500 shares	1,369,333	1,217,824
	Dassault Systemes Sa	Common stock, 15,640 shares	565,221	438,182
	Dbs Group Holdings Ltd	Common stock, 29,350 shares	428,143	1,286,888
	Denso Corp	Common stock, 77,900 shares	1,030,769	1,073,214
	Deutsche Boerse Ag	Common stock, 7,302 shares	1,291,938	1,919,639
	Edenred	Common stock, 23,053 shares	1,047,202	512,308
	Engie Sa	Common stock, 72,828 shares	970,117	1,918,015

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2025

Identity of Issuer	Description of Investment	Cost	Current Value
Eni Spa	Common stock, 58,015 shares	668,102	1,100,413
EssilorLuxottica	Common stock, 283 shares	41,649	89,764
Experian Plc	Common stock, 37,147 shares	1,292,185	1,683,931
Fujifilm Holdings Corp	Common stock, 41,000 shares	855,477	875,281
Galp Energia Sgps Sa	Common stock, 36,822 shares	484,008	633,087
Hdfc Bank Ltd Spon Adr	Common stock, 18,558 shares	594,061	678,109
Hitachi Ltd	Common stock, 83,600 shares	699,525	2,616,236
Hoya Corp	Common stock, 4,800 shares	466,423	725,792
Infosys Ltd Spon Adr	Common stock, 21,364 shares	392,521	380,706
Ing Groep Nv	Common stock, 72,573 shares	755,225	2,047,760
Intact Finl Corp	Common stock, 3,223 shares	405,743	670,947
Intesa Sanpaolo Spa	Common stock, 262,954 shares	570,142	1,829,728
Kone Oyj B	Common stock, 19,496 shares	1,274,601	1,387,533
Kose Holdings Corp	Common stock, 8,000 shares	708,979	267,620
Legrand Sa	Common stock, 6,963 shares	503,611	1,041,276
Linde Plc	Common stock, 661 shares	137,111	281,844
London Stock Exchange Grp Plc	Common stock, 9,344 shares	876,900	1,127,526
Lvmh Moet Hennessy Louis Vuitton Se	Common stock, 2,409 shares	1,159,801	1,826,032
Ly Corporation	Common stock, 314,800 shares	1,145,337	838,448
Merck Kgaa	Common stock, 10,634 shares	1,478,816	1,532,142
Michelin CL B (reg)	Common stock, 18,847 shares	678,641	627,038
Mitsubishi Electric Corp Ord	Common stock, 63,100 shares	858,360	1,846,996
Mtu Aero Engines Ag	Common stock, 1,514 shares	321,044	632,169
Natwest Group Plc	Common stock, 236,210 shares	1,457,644	2,075,326
Nestle Sa (reg)	Common stock, 14,741 shares	1,601,526	1,465,353
NetEase Inc	Common stock, 38,200 shares	652,856	1,053,326
Novartis Ag (reg)	Common stock, 17,012 shares	1,521,599	2,353,889
Novo-nordisk As Cl B	Common stock, 18,144 shares	748,574	928,518
Olympus Corp	Common stock, 75,400 shares	1,220,818	955,256
Pernod-Ricard	Common stock, 11,410 shares	1,606,695	980,200
Prudential Plc	Common stock, 54,842 shares	609,039	846,063
Qiagen Nv	Common stock, 17,275 shares	825,515	788,818
Relx Plc	Common stock, 35,767 shares	954,683	1,456,006
Rio Tinto Plc	Common stock, 10,711 shares	602,170	865,407
Roche Holdings Ag (genusscheine)	Common stock, 7,233 shares	2,445,605	2,996,933
Rolls-Royce Holdings Plc	Common stock, 170,320 shares	265,514	2,640,203
Ryanair Holdings Plc Spon Adr	Common stock, 29,383 shares	1,002,788	2,121,159
Sap Se	Common stock, 9,018 shares	1,154,094	2,208,084
Schneider Electric Se	Common stock, 8,508 shares	968,293	2,348,672
Seven & I Holdings Co Ltd	Common stock, 95,800 shares	1,280,997	1,376,391
Shin-etsu Chemical Co Ltd	Common stock, 44,300 shares	1,345,733	1,378,153
Sompo Holdings Inc	Common stock, 43,700 shares	1,178,079	1,488,657
Sonova Hldg Ag	Common stock, 1,912 shares	522,596	499,906
Sony Group Corp	Common stock, 67,100 shares	1,266,649	1,723,764
St Gobain Cie De	Common stock, 14,631 shares	846,482	1,495,221
Sumito Mitsui Finl Group Inc	Common stock, 53,500 shares	1,203,589	1,721,741
Suzuki Motor Corp	Common stock, 70,700 shares	836,900	1,053,685

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES
EIN 25-0466020 PN 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2025

Identity of Issuer	Description of Investment	Cost	Current Value
Taiwan Semic Mfg Co Ltd Sp Adr	Common stock, 9,533 shares	551,759	2,896,983
Tencent Holdings Ltd	Common stock, 18,100 shares	932,961	1,393,077
Terumo Corp	Common stock, 48,300 shares	913,915	699,955
Tesco Plc	Common stock, 192,478 shares	693,213	1,146,253
Toronto-Dominion Bank	Common stock, 12,865 shares	832,036	1,212,500
Totalenergies Se	Common stock, 22,289 shares	1,349,421	1,456,126
Ubs Group Ag	Common stock, 41,525 shares	792,211	1,937,589
Zozo Inc	Common stock, 65,000 shares	440,551	535,719
Zurich Insurance Group Ag	Common stock, 2,153 shares	774,964	1,635,748
		$ 987,053,683	$ 1,087,830,125

* Party-in-interest

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Schedule SB, Line 26a
Schedule of Active Participant Data as of December 31, 2024

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	230	1	0	0	0	0	0	0	0	231
	-	52,665	-	-	-	-	-	-	-	-	52,626
25-29	0	447	133	0	0	0	0	0	0	0	580
	-	59,023	76,595	-	-	-	-	-	-	-	63,052
30-34	0	450	298	97	0	0	0	0	0	0	845
	-	61,881	73,358	89,392	-	-	-	-	-	-	69,086
35-39	0	358	267	192	38	3	0	0	0	0	858
	-	65,583	81,548	88,866	111,404	-	-	-	-	-	77,778
40-44	0	292	229	136	78	90	4	0	0	0	829
	-	68,086	81,531	90,267	100,358	103,404	-	-	-	-	82,490
45-49	0	255	201	98	50	137	46	1	0	0	788
	-	70,410	84,577	103,609	91,499	99,466	109,442	-	-	-	86,797
50-54	0	198	162	110	58	150	113	58	13	0	862
	-	72,018	85,351	89,622	104,222	100,731	102,712	98,431	-	-	89,943
55-59	0	125	141	104	64	155	96	85	87	19	876
	-	74,165	82,123	98,740	96,515	97,961	106,556	113,701	109,601	-	95,594
60-64	0	73	97	83	45	101	84	57	51	64	655
	-	72,895	81,170	85,255	106,245	92,898	92,511	99,888	88,149	89,669	88,754
65-69	0	13	39	27	15	26	13	12	8	30	183
	-	-	85,271	92,900	-	95,738	-	-	-	100,297	94,927
70 & over	0	0	2	2	4	9	1	3	4	8	33
	-	-	-	-	-	-	-	-	-	-	86,062
Total	0	2,441	1,570	849	352	671	357	216	163	121	6,740
	-	64,599	80,418	92,023	100,749	98,261	102,263	104,657	100,203	93,564	81,637

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

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: December
- Interest rate basis: Segement rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.01%	5.01%
• Second segment rate	5.26%	5.26%
• Third segment rate	5.59%	5.36%
• Effective interest rate	5.42%	5.30%

Annual rates of increase

- Compensation
  - Age-graded rates

Attained Age	Future Compensation Increase
Under 25	10.50%
25 – 29	9.65%
30 – 34	7.75%
35 – 39	6.50%
40 – 44	5.30%
45 – 49	4.45%
50 – 54	3.85%
55 – 59	3.30%
60 – 64	2.90%
65 – 69	2.70%
Over 69	2.50%

  - Pay-weighted average: 5.05%
- Social Security wage base: 3.25%
- Statutory limits on compensation and benefits: 2.50%

Interest rate for form of payment conversion: 6.00%

Plan Name: Erie Insurance Group Retirement Plan For Employees
EIN / PN: 25-0466020/001
Plan Sponsor: Erie Indemnity Company
Valuation Date: December 31, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses	$0; the plan sponsor pays administrative expenses directly.

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

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Benefit commencement date	
• Retirement benefit	Upon termination of employment.
• Deferred vested benefit	The later of age 65 or termination of employment.
• Disability benefit	The later of age 65 or disablement.
• Preretirement death benefit	Upon death if employed at time of death; age 65 otherwise.
Form of payment	Participants are assumed to elect the normal form based on their martial status. Benefits are converted from a single life annuity to the assumed forms of payment, if applicable, using the assumed IRC §417(e) mortality rates and interest rate for form of payment conversion described herein.
Percent married	85% of males; 50% of females. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form of payment expected to be elected at commencement.
Spouse age	Male participants are assumed to be 2 years older than their spouses and female participants are assumed to be 2 years younger than their spouses.

SCHEDULE SB ATTACHMENTS

Plan compensation	Assumed plan compensation paid during the year beginning on the valuation date was determined as the base rate of pay on the valuation date, or regular base wages if compensated on an hourly basis, with ½ year's assumed pay increases. This amount is limited by Internal Revenue Code §401(a)(17).
Mortality	
• Healthy lives	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as spcecified in the regulations under §1.430(h)(3)-1 using the IRS-adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Disabled lives	Same as described above for healthy lives.
Assumed future IRC §417(e) mortality rates	The most recently published IRC §417(e) mortality rates as of the valuation date projected to future years using the IRS-Adjusted Scale MP-2021 (as described above).

SCHEDULE SB ATTACHMENTS

Retirement

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

Age	Retirement Rate
55	0.03
56	0.03
57	0.03
58	0.05
59	0.05
60	0.10
61	0.10
62	0.15
63	0.20
64	0.25
65	0.30
66	0.30
67	0.30
68	0.30
69	0.30
70 and older	1.00

Disability incidence

Rates at which participants are assumed to become disabled by age and gender are based on the Wyatt 1985 Class 1 Disability Study. Sample rates are shown below.

	Disability Incidence Rate	
Attained Age	Males	Females
20	0.00029	0.00030
25	0.00038	0.00047
30	0.00048	0.00080
40	0.00117	0.00211
50	0.00358	0.00533
55	0.00722	0.00952
60	0.01256	0.01159

SCHEDULE SB ATTACHMENTS

Termination (not due to disability, retirement, or death)

For the first seven years of employment, a "select" schedule of withdrawal rates is used as follows for both males and females:

Years of Service	Withdrawal Rate
0	0.0850
1	0.0850
2	0.0850
3	0.0600
4	0.0600
5	0.0600
6	0.0600

After seven years of employment, the following representative rates at which participants are assumed to terminate by age are used for both males and females:

Age	Withdrawal Rate
30	0.0481
35	0.0421
40	0.0372
45	0.0282
50	0.0249
55	0.0222

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of the plan year.
Funding target	Present value of accrued benefits, as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year, as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.74%, which is the lesser of the anticipated rate of return on assets for the plan year (equal to 7.00%) and the applicable limitation described in IRS Notice 2009-22 for the plan year (equal to 5.74%). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued except the lump sum optional form of payment available to participants whose present value of plan benefits at termination of employment is less than $100,000. This provision is not explicitly valued based on the small number of participants likely to be eligible for this optional form of payment compared to the size of the overall plan obligations; rather, such participants' benefits are valued using the benefit choice assumptions described above.

WTW has reviewed the plan provisions with the Plan Sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

A new experience study was performed, and as a result, assumed annual rates of compensation increases, rates of retirement, rates of termination, and marital age difference were changed to better reflect anticipated future experience.

The assumed future IRC §417(e) mortality rates were updated to reflect the mortality table published by the IRS for stability periods beginning in 2025.

Plan Name:	Erie Insurance Group Retirement Plan For Employees
EIN / PN:	25-0466020/001
Plan Sponsor:	Erie Indemnity Company
Valuation Date:	December 31, 2024

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Erie Indemnity Company
EIN/PN	25-0466020/001
Plan Name	Erie Insurance Group Retirement Plan For Employees
Valuation Date	December 31, 2024
Enrolled Actuary	Keith Okress
Enrollment Number	26-06965

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of December 31, 2024

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.03	1,000	1.000000	0.030000	1.650000
56	0.03	970	0.970000	0.029100	1.629600
57	0.03	941	0.940900	0.028227	1.608939
58	0.05	913	0.912673	0.045634	2.646752
59	0.05	867	0.867039	0.043352	2.557766
60	0.10	824	0.823687	0.082369	4.942124
61	0.10	741	0.741319	0.074132	4.522044
62	0.15	667	0.667187	0.100078	6.204837
63	0.20	567	0.567109	0.113422	7.145570
64	0.25	454	0.453687	0.113422	7.258992
65	0.30	340	0.340265	0.102080	6.635173
66	0.30	238	0.238186	0.071456	4.716076
67	0.30	167	0.166730	0.050019	3.351273
68	0.30	117	0.116711	0.035013	2.380904
69	0.30	82	0.081698	0.024509	1.691142
70	1.00	57	0.057188	0.057188	4.003183

Average age at retirement	62.944375
Rounded for Schedule SB item 22	63

Plan Name:	Erie Insurance Group Retirement Plan For Employees
EIN / PN:	25-0466020/001
Plan Sponsor:	Erie Indemnity Company
Valuation Date:	December 31, 2024

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,971,891	330,734	35,827,161	38,129,786
2025	5,542,107	815,005	35,367,356	41,724,468
2026	8,622,624	1,115,943	34,862,823	44,601,390
2027	11,593,859	1,510,782	34,301,952	47,406,593
2028	14,503,679	1,917,811	33,684,678	50,106,168
2029	17,281,499	2,271,983	33,020,658	52,574,140
2030	19,899,266	2,629,387	32,292,962	54,821,615
2031	22,342,173	2,994,709	31,492,246	56,829,128
2032	24,680,488	3,377,204	30,628,632	58,686,324
2033	26,832,819	3,722,557	29,695,268	60,250,644
2034	28,746,033	4,076,156	28,697,415	61,519,604
2035	30,436,763	4,435,860	27,623,650	62,496,273
2036	31,936,042	4,696,721	26,496,371	63,129,134
2037	33,278,005	4,896,932	25,322,231	63,497,168
2038	34,421,244	5,051,943	24,082,373	63,555,560
2039	35,391,006	5,172,779	22,806,550	63,370,335
2040	36,187,485	5,276,799	21,498,107	62,962,391
2041	36,847,961	5,345,721	20,154,411	62,348,093
2042	37,363,321	5,427,649	18,784,563	61,575,533
2043	37,728,189	5,490,804	17,398,722	60,617,715
2044	38,022,752	5,513,434	16,007,988	59,544,174
2045	38,194,860	5,550,468	14,624,223	58,369,551
2046	38,248,455	5,580,653	13,259,663	57,088,771
2047	38,160,557	5,532,775	11,926,746	55,620,078
2048	37,840,592	5,447,034	10,637,957	53,925,583
2049	37,390,863	5,352,548	9,405,213	52,148,624
2050	36,859,314	5,252,439	8,239,338	50,351,091

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	36,215,831	5,125,259	7,149,718	48,490,808
2052	35,466,746	4,976,592	6,143,867	46,587,205
2053	34,570,929	4,822,970	5,227,139	44,621,038
2054	33,547,411	4,642,843	4,402,493	42,592,747
2055	32,450,328	4,445,918	3,670,475	40,566,721
2056	31,263,485	4,253,434	3,029,376	38,546,295
2057	29,998,568	4,050,759	2,475,502	36,524,829
2058	28,637,836	3,823,594	2,003,517	34,464,947
2059	27,198,616	3,590,126	1,606,799	32,395,541
2060	25,733,435	3,356,564	1,277,852	30,367,851
2061	24,246,401	3,119,291	1,008,707	28,374,399
2062	22,760,673	2,884,384	791,325	26,436,382
2063	21,295,591	2,656,371	617,928	24,569,890
2064	19,858,997	2,438,156	481,240	22,778,393
2065	18,450,762	2,230,709	374,667	21,056,138
2066	17,086,507	2,034,665	292,386	19,413,558
2067	15,775,835	1,850,351	229,395	17,855,581
2068	14,527,706	1,677,834	181,503	16,387,043
2069	13,346,322	1,516,977	145,268	15,008,567
2070	12,231,791	1,367,483	117,918	13,717,192
2071	11,182,960	1,228,969	97,256	12,509,185
2072	10,197,697	1,100,991	81,568	11,380,256
2073	9,274,385	983,043	69,545	10,326,973

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

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
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1946

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)
ERIE INDEMNITY COMPANY

AMY L. CHAPMAN
100 ERIE INSURANCE PLACE

ERIE PA 16530-0001

2b Employer Identification Number (EIN) 25-0466020

2c Plan Sponsor's telephone number 814-870-2000

2d Business code (see instructions) 524290

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	Amy L Chapman	10-2-26	AMY L. CHAPMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Marla Walters	10/9/26	MARLA WALTERS
	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

Ay & Upm 10-2-26 Marla Walters 10/9/26

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	10,053
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)	6,740
a (2) Total number of active participants at the end of the plan year	6a(2)	6,692
b Retired or separated participants receiving benefits	6b	2,274
c Other retired or separated participants entitled to future benefits	6c	959
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	9,925
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	257
f Total. Add lines 6d and 6e	6f	10,182
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	220
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 Characteristics Codes in the instructions:
1A 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

EIN 25-0466020 PN 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 30, 2025

Identity	Description	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Category (iii) Series of Transactions in Excess of 5% of Plan Net Assets - Same Security						
N/A	FIAM Long U.S. Treasury Strips	$ 51,225,606	$ -	$ -	$ 51,225,606	$ 51,225,606	$ -
N/A	FIAM Long U.S. Treasury Strips	-	15,282,516	-	17,332,258	15,282,516	(2,049,742)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 12/31/2024 and ending 12/30/2025

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

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

A Name of plan
ERIE INSURANCE GROUP RETIREMENT PLAN FOR EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ERIE INDEMNITY COMPANY

D Employer Identification Number (EIN)
25-0466020

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

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

Part I Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2024

2 Assets:

a Market value	**2a**	1,040,992,173
b Actuarial value	**2b**	1,055,813,805

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,389	406,656,979	406,656,979
b For terminated vested participants	947	59,621,936	59,621,936
c For active participants	6,740	395,716,374	426,237,367
d Total	10,076	861,995,289	892,516,282

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.42%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	44,341,840
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	44,341,840

Statement by Enrolled Actuary

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

SIGN HERE Keith Okress KJO — Signature of actuary

September 29, 2026 — Date

Keith J. Okress — Type or print name of actuary

2606965 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

216-937-4000 — Telephone number (including area code)

1001 Lakeside Avenue
Suite 1500
Cleveland OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	52,310,030
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	52,310,030
10	Interest on line 9 using prior year's actual return of 0.79%	0	413,249
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		36,965,904
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.35%		1,977,676
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		38,943,580
	d Portion of (c) to be added to prefunding balance		38,943,580
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	91,666,859

Part III Funding Percentages

14	Funding target attainment percentage	14	108.02 %
15	Adjusted funding target attainment percentage	15	118.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	127.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/09/2026	47,000,000	0			
08/17/2026	30,000,000	0			
			Totals ► 18(b)	77,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	72,050,836

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.01 %	5.26 %	5.59%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	44,341,840
b Excess assets, if applicable, but not greater than line 31a	**31b**	44,341,840

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	72,050,836

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

a Total (excess, if any, of line 37 over line 36)	**38a**	72,050,836
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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