Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COX ENTERPRISES, INC. RETIREE HEALTHCARE PLAN

1b Three-digit plan number (PN) ▶ 506

1c Effective date of plan 01/01/1993

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)
COX ENTERPRISES, INC.

6205-A PEACHTREE DUNWOODY RD
15TH FLOOR
ATLANTA, GA 30328

2b Employer Identification Number (EIN)
58-1035149

2c Plan Sponsor's telephone number
678-645-0000

2d Business code (see instructions)
517000

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.	10/15/2026	TRISHA VAN OLPHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	9833
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	5570
c	Other retired or separated participants entitled to future benefits	**6c**	4414
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9984
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
COX ENTERPRISES, INC. RETIREE HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	E670955955685RH	64	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	147483
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
COX ENTERPRISES, INC. RETIREE HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	E670955951069RH	5023	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	11570717
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

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

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

A Name of plan
COX ENTERPRISES, INC. RETIREE HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 14 50	NONE	722102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ 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 ☐

(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
COX ENTERPRISES, INC. RETIREE HEALTHCARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
COX ENTERPRISES, INC.

D Employer Identification Number (EIN)
58-1035149

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

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	0	0
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	0	0

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)	43909911	
(B) Participants	2a(1)(B)	8132697	
(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)		52042608
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		52042608
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39896863	
(2) To insurance carriers for the provision of benefits	2e(2)	11403947	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		51300810
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)	722102	
(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)	19696	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		741798
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		52042608
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		0
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: BDO USA, P.C. **(2)** EIN: 13-5381590

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

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

Cox Enterprises, Inc.
Retiree Healthcare Plan

Financial Statements (Modified Cash Basis)
As of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Cox Enterprises, Inc. Retiree Healthcare Plan

Financial Statements (Modified Cash Basis)
As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Cox Enterprises, Inc. Retiree Healthcare Plan

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Note: Schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Tel: 616-774-7000
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www.bdo.com

109 Michigan Street NW
Suite 610
Grand Rapids, MI 49503

Independent Auditor's Report

The Management Committee
Cox Enterprises, Inc. Retiree Healthcare Plan
Atlanta, Georgia

We have performed audits of the financial statements of Cox Enterprises, Inc. Retiree Healthcare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

Emphasis of Matter — Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

BDO USA, P.C.

October 2, 2026

Financial Statements (Modified Cash Basis)

Cox Enterprises, Inc. Retiree Healthcare Plan

Statements of Net Assets Available for Benefits (Modified Cash Basis)
(in thousands)

December 31,	**2025**	2024
Assets		
Restricted 401(h) account assets held in the Cox Enterprises, Inc. Master Trust	**$ 667,597**	$ 633,874
Net Assets Available for Benefits	**$ 667,597**	$ 633,874

See accompanying notes to financial statements (modified cash basis).

Cox Enterprises, Inc. Retiree Healthcare Plan

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)
(in thousands)

Year ended December 31,		2025
Additions		
Contributions from Plan sponsor	$	43,910
Contributions from participants		8,133
Net increase in 401(h) account		33,723
Total Additions		85,766
Deductions		
Benefits paid		39,897
Premiums paid		11,404
Administrative expenses		742
Total Deductions		52,043
Net Increase		33,723
Net Assets Available for Benefits, beginning of year		633,874
Net Assets Available for Benefits, end of year	$	667,597

See accompanying notes to financial statements (modified cash basis).

1. Plan Description

The following description of the Cox Enterprises, Inc. Retiree Healthcare Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is generally a self-funded, contributory, defined benefit health and welfare plan that provides health benefits (including hospital, surgical, major medical, convalescence, and other benefits) to eligible employees (and eligible dependents or beneficiaries) of Cox Enterprises, Inc. and its subsidiaries (collectively, the Company, CEI, or the Sponsor) who retire from active employment and meet the qualifications specified in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In May 2025, CEI entered into a transaction agreement with Charter Communications, Inc. (Charter) and Charter Holdings, LLC (Charter Holdings) to sell and transfer to Charter 100% of the equity interests of certain subsidiaries of Cox Communications, Inc. (CCI), a wholly-owned subsidiary of CEI. See further discussion in notes 5 and 12.

Administration

The Plan is administered by the Company's Management Committee (the Management Committee), responsible for overall Plan policy, and the Company's Administrative Committee, responsible for the daily operations of the Plan. The Bank of New York Mellon (the Trustee) serves as the trustee of the Plan and, together with outside investment managers, manages the Plan's investments.

Master Trust

The CEI Master Trust (the Master Trust) serves as the funding vehicle for the Plan. The Plan is one of two Company-sponsored employee benefit plans for which the Master Trust holds all investment assets. The respective portion of the Master Trust's net assets and investment income or loss attributable to each plan is based on each plan's respective ownership participation in the Master Trust each year. The ownership participation of each plan is determined by the number of units that each plan purchases with contributions, less units sold for benefit payments and certain plan-specific expenses. Investment income (loss) and administrative expenses related to the Master Trust are allocated to the individual plans based upon their monthly ending net assets available for benefits as a percentage of the entire Master Trust's ending net assets. The Plan's investments represent an undivided interest in the net assets of the Master Trust of 9% for the years ended December 31, 2025 and 2024.

401(h) Account

The Cox Enterprises, Inc. Pension Plan (the CEI Pension Plan) includes a medical benefit component in addition to the normal retirement benefits. To fund a portion of the postretirement obligation for retirees and their eligible dependents or beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC), a separate account has been established and maintained in the Master Trust for the net assets related to the medical benefit component (401(h) account). The 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and their eligible dependents or beneficiaries. The related obligations for

health and welfare benefits are not included in the CEI Pension Plan's obligations in the accumulated plan benefits but are reflected as obligations in the financial statements (modified cash basis) of the Plan. The allowed employer contributions to the 401(h) account are determined annually by the Plan's actuaries, subject to subordination and deductibility limits, and are made at the discretion of the Management Committee. No minimum contribution is required. The participants do not contribute to the 401(h) account.

Reimbursements

Certain claims previously paid by the Company for eligible health and welfare benefits are reimbursed to the Company from the 401(h) account as permitted by the funding policy of the Plan and the IRC. Applicable Internal Revenue Service (IRS) and Plan rules require that any funds held in the 401(h) account of the Master Trust cannot be used to pay healthcare claims incurred by former employees that were classified as "Key Employees" as defined by the IRS. To comply with these rules, the Management Committee established a policy to estimate and exclude claims paid to Key Employees from total payments or reimbursements from the 401(h) account. Total claims eligible for reimbursement include gross medical claims, prescription claims, and fully insured premiums paid by the Company (excluding life insurance and administrative expenses) less premium payments from retirees and government subsidies received.

In September 2025, the Company approved a reimbursement of $31.6 million from the Plan, related to a contribution the Company made during 2024, in accordance with the funding policy approved by the Management Committee.

Benefits

To be eligible to participate in the Plan, employees must (a) be eligible to retire from active service with the Company, (b) have attained age 55 or older on or before their termination date, and (c) have completed at least (i) ten years of service with the Company and attained age 55 or older on or before December 31, 2010, or (ii) 20 years of service with the Company.

The Plan provides coverage for retired employees and dependents before and after they attain eligibility for Medicare. The coverage offered prior to attaining Medicare eligibility is through a self-funded group healthcare plan. Once attaining eligibility for Medicare, generally at age 65, retirees and dependents are offered one of two plan options depending on when they met the eligibility requirements described in the above paragraph.

For retirees that met eligibility prior to January 1, 2017, their coverage is provided through a fully insured Medicare Advantage Part D Plan (MAPD) through Aetna. Additionally, any participants who are under age 65 and are eligible for Medicare due to disability are eligible for MAPD regardless of when Plan eligibility requirements were met.

For retirees that met eligibility on or after January 1, 2017, the Plan provides Retiree Health Reimbursement Accounts (RHRAs) for Medicare-eligible participants for the purpose of paying premiums, claims, and other out-of-pocket expenses for Medicare Supplemental, Medicare Advantage, or Part D prescription plans on an exchange. The subsidies assist eligible participants in paying claims and other out-of-pocket expenses for Medicare supplemental, Medicare Advantage, or Part D prescription plans on an exchange.

In addition, the Plan offers special retirement benefits to long-tenured employees who (i) are not eligible to retire, but whose employment is terminated as a result of a reduction in force, sale of an operating asset, divestiture, or location closing or consolidation; and (ii) meet at least one of the following criteria on or within four months of their termination date from the Company: (a) "Rule of 75": The employee's age at the time he or she leaves the Company plus their years of benefit service equals 75 or more (minimum age 50 and at least 20 years of benefit service are required to be eligible for the Rule of 75) or (b) an employee who does not meet the Rule of 75, but has 25 or more years of benefit service. These long-tenured employees receive access to retiree healthcare benefits as early as age 55, even if they decide to delay receipt of pension benefits.

Plan participation and ongoing service accruals are limited to employees hired or rehired prior to April 1, 2017.

Contributions

Contributions to the Plan are made by CEI and participants based on the amount of aggregate participant claims. Contributions to the Plan are used for the payment of claims and certain administrative expenses. Benefits are administered under contract with a service provider. Participants' contributions cover a range of 5% to 100% of the total cost, depending on the coverage option selected and eligible years of service. These contributions do not include the deductibles and the out-of-pocket expenses for which the participants are responsible.

2. Summary of Accounting Policies

Basis of Accounting

The Plan prepares its financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). Contributions are generally recorded when received and benefits and administrative expenses are generally recorded when paid.

Use of Estimates

The preparation of financial statements (modified cash basis) in conformity with the comprehensive basis of accounting previously disclosed, 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 (modified cash basis), and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Master Trust holds various investment instruments, including equity securities, fixed income securities, opportunistic credit funds, hedge funds, private equity, and investments in real assets. Investment instruments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment instruments, it is reasonably possible that changes in the values of investment instruments will occur in the near term and that such changes could materially affect amounts reported in the financial statements. The Plan's exposure to concentration risk is mitigated through prudent diversification of the mix of assets.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements (modified cash basis).

Claims Incurred but Not Reported

The Plan's liability for incurred but not reported claims is estimated based on historical trend information.

Investment Valuation and Income Recognition

The Plan's interest in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value of a financial instrument is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs. Certain investments are measured at fair value using net asset value (NAV) per share (or its equivalent).

The Plan's interest in net investment income in the Master Trust includes both investment income (loss) and appreciation (depreciation) in fair value of investments allocated from the Master Trust. The allocated Plan's interest in investment income of Master Trust consists of interest, dividends, and realized gains (losses), as well as the unrealized appreciation (depreciation) on investments held, less investment expenses. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. All other administrative expenses of the Plan are paid by the Company and excluded from these financial statements. Investment related expenses are included in Plan's interest in net investment income of master trust.

Payment of Benefits and Premiums

Benefits and premiums paid by the Company are recorded when paid.

Accounting for Medicare Act

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the Act) introduced a prescription drug benefit under Medicare (Medicare Part D), as well as a federal subsidy to sponsors of retiree healthcare benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Company and its actuarial advisers determined that benefits provided to certain participants are at least actuarially equivalent to Medicare Part D, and accordingly, the Company is entitled to a federal subsidy under the Act. The Plan's financial statements (modified cash basis) do not reflect any amount associated with the federal subsidy because the Plan is not directly entitled to it. The postretirement benefit obligation in the Plan's financial statements differs from that disclosed in the Company's financial statements since the Company amounts are

reported net of the federal subsidy in accordance with GAAP for the preparation of such financial statements. Under the Affordable Care Act, for tax years beginning after December 31, 2012, companies are no longer able to deduct the portion of retiree prescription drug coverage cost that is subsidized by the federal government.

Rebates

The Company has entered into prescription drug rebate programs with its service provider in which the rebates are contractually due to the Sponsor. The Plan's financial statements do not reflect any amount associated with the rebates because the Plan is not directly entitled to the rebates.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements related to investments held at December 31, 2025 and 2024, and investment income and net appreciation in fair value of investments for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., a qualified institution.

4. Fair Value Measurements

The accounting guidance for fair value measurements and disclosures establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value and requires additional disclosures about fair value measurements. Refer to the 2025 financial statements of the CEI Pension Plan for information on the fair value hierarchy and fair value measurements of investments held in the 401(h) account within the Master Trust as of December 31, 2025 and 2024.

5. Benefit Obligations

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, assuming the Plan continues in effect and all assumptions about future events are fulfilled and reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service with the Sponsor. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered from the beginning of his or her attribution period to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from the 401(h) account.

The actuarial present value of the expected postretirement benefit obligations is determined by the Plan's independent actuary and results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

The Plan's benefit obligations (in thousands) are as follows:

December 31,	**2025**	2024
Claims Payable and Claims Incurred but Not Reported	**$ 3,770**	$ 4,505
Postretirement benefit obligation, net of amounts currently payable:		
Current retirees	**297,853**	288,858
Active employees fully eligible for benefits	**117,276**	122,979
Other active employees	**166,379**	243,091
Total Postretirement Benefit Obligation	**581,508**	654,928
Total Benefit Obligations	**$ 585,278**	$ 659,433

The changes in the Plan's total benefit obligations (in thousands) are as follows:

Year ended December 31,	2025
Total Benefit Obligation, beginning of year	$ 659,433
Benefits and premium paid	(51,301)
Additional benefits accumulated	13,722
Interest cost	35,117
Actuarial gain	(15,196)
Plan participant contributions	8,133
Other changes	3,370
Curtailment	(68,000)
Total Benefit Obligation, end of year	$ 585,278

The actuarial present value of benefit obligation presented above includes the impact to the Plan related to the transaction agreement with Charter and Charter Holdings. The transaction triggered curtailment accounting in 2025 due to a significant reduction in CCI employees' expected years of future service. As a result, the actuarial present value of accumulated plan benefits was reduced by $68 million during 2025.

The changes in the Plan's current claims payable and claims incurred but not reported (in thousands) are as follows:

Year ended December 31,	2025
Balance, beginning of year	$ 4,505
Claims reported and approved for payment	39,162
Claims paid	(39,897)
Balance, end of year	$ 3,770

Actuarial Assumptions

Significant factors and actuarial assumptions used to determine the accumulated postretirement benefit obligations are as follows:

December 31,	**2025**	2024
Discount rate for benefit obligations	**5.40%**	5.75%
Mortality	**PriH-2012 projected from 2012 using MP-2021 with a 0.7% long-term rate**	PriH-2012 projected from 2012 using MP-2021 with a 0.7% long-term rate
Retirement age	**Range from 55 to 73; average age 62**	Range from 55 to 70; average age 62

The assumed healthcare cost trend rate for 2025 related to MAPD was 6.00% grading to 4.50% in 2040 and 7.00% grading down to 4.50% in 2035 for all other plans.

The assumed healthcare cost trend rate for 2024 related to MAPD was 6.00% grading to 4.50% in 2040 and 7.25% grading down to 4.50% in 2035 for all other plans.

Assumed retiree healthcare cost trend rates may have a significant effect on the amounts reported for the healthcare plans. A 1.00% change in the assumed healthcare cost trend rate would have the following effects on the postretirement benefit obligation (in thousands):

December 31, 2025

	1% Increase	1% Decrease
Effect on service and interest cost components	$ 382	$ (520)
Effect on other postretirement benefit obligations	2,435	(2,942)

December 31, 2024

	1% Increase	1% Decrease
Effect on service and interest cost components	$ 412	$ (536)
Effect on other postretirement benefit obligations	45,412	(39,101)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations. It is the Sponsor's intent to make additional contributions to the Plan, provided these contributions are tax deductible.

Any deficiency of the Plan's net assets relative to its benefit obligations is funded through future increases in the Company's contribution and the participants' contribution rates.

6. Interest in Master Trust and 401(h) Account

The Master Trust serves as the funding vehicle for the Plan and holds all of its investment assets in a separate 401(h) account. The 401(h) account has been established and is maintained within the trust to fund a portion of the Plan's obligations. Each participating retirement plan has an undivided interest in the Master Trust.

The net assets and investments of the Master Trust and the 401(h) account in the Master Trust are summarized as follows (in thousands):

December 31,

	2025		2024	
	Master Trust	**Plan's Proportionate Share**	Master Trust	Plan's Proportionate Share
Cash and cash equivalents	**$ 303,975**	**$ 27,001**	$ 199,374	$ 17,969
Equity securities	**935,892**	**83,131**	873,849	78,755
Fixed income	**1,656,947**	**147,178**	1,381,182	124,479
Collateral held under securities lending agreement	**226,443**	**20,114**	205,305	18,503
Liabilities to return collateral held under securities lending agreement	**(226,443)**	**(20,114)**	(205,305)	(18,503)
Total Investments, at fair value	**2,896,814**	**257,310**	2,454,405	221,203
Equity securities	**878,857**	**78,062**	764,562	68,906
Fixed income	**65,166**	**5,789**	-	-
Opportunistic credit funds	**821,606**	**72,978**	823,711	74,238
Hedge funds	**1,273,005**	**113,074**	1,264,248	113,942
Private equity	**1,167,539**	**103,707**	1,231,501	110,989
Real assets	**389,507**	**34,600**	485,834	43,787
Total Investments, measured at NAV	**4,595,680**	**408,210**	4,569,856	411,862
Total Investments	**7,492,494**	**665,520**	7,024,261	633,065
Unsettled Trades				
Due from broker for securities sold	**16,708**	**1,483**	2,334	209
Due to broker for securities purchased	**(8,570)**	**(761)**	(7,228)	(651)
Accrued interest and dividends	**18,698**	**1,661**	17,974	1,620
Accrued expenses	**(3,446)**	**(306)**	(4,098)	(369)
Receivables relating to forward exchange rate contracts	**198**	**18**	187	17
Payables relating to forward exchange rate contracts	**(198)**	**(18)**	(187)	(17)
Total Unsettled Trades	**23,390**	**2,077**	8,982	809
Total Master Trust Net Assets	**$ 7,515,884**		$ 7,033,243	
401(h) Account Interest in Net Assets of Master Trust		**$ 667,597**		$ 633,874

The net investment income of the Master Trust is summarized as follows (in thousands):

Year ended December 31,		2025
Net appreciation in fair value of investments	$	624,012
Interest and dividends		126,965
Net Investment Income of Master Trust	$	750,977
Plan's Interest in Net Investment Income of Master Trust	$	67,549

The change in the Plan's interest in net assets of the 401(h) account is as follows (in thousands):

Year ended December 31,		2025
Increase (decrease) in 401(h) account attributable to:		
Net investment income - Plan's interest in the CEI Master Trust	$	67,549
Investment management and other fees for 401(h) account		(2,266)
Reimbursements to Plan Sponsor		(31,560)
Net Increase in 401(h) Account	$	33,723

7. Securities Lending

The Master Trust participates in a securities lending program through the Trustee. Under this program, the Master Trust's investment securities are loaned to registered broker-dealers for a fee. Securities loaned are fully collateralized by cash or letters of credit or securities issued or guaranteed by the U.S. government, its agencies, and instrumentalities. See the 2025 financial statements of the CEI Pension Plan for further discussion regarding the securities lending program, including information on the collateral held and the securities on loan by the Master Trust under the securities lending agreement as of December 31, 2025 and 2024.

8. Related Party and Party-in-Interest Transactions

Certain investments in the Master Trust are in funds and accounts that are managed by The Bank of New York Mellon or their subsidiaries and affiliates. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

9. Tax Status

The Plan is funded solely through an IRC Section 401(h) account in the CEI Pension Plan. The CEI Pension Plan is a qualified employee benefit plan under Section 401(a) of the IRC and, as such, the Master Trust is exempt from federal income taxes under Section 501(a). The IRS had determined and informed the Company in a letter dated November 18, 2015, that the CEI Pension Plan was designed in accordance with the applicable sections of the IRC. The CEI Pension Plan has been amended since receiving the determination letter. Although the Plan has been amended since the date of the determination letter, Plan management believes that the CEI Pension Plan and the Master Trust are designed and operated in accordance with the applicable regulations of the IRC and continue to be tax-exempt.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability (or asset) 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.

Some of the investments in the Master Trust generate income subject to the unrelated business income tax (UBIT). Any UBIT paid during the year is included in administrative expenses.

10. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits (modified cash basis) per the financial statements to Form 5500 (in thousands):

December 31,	**2025**	2024
Net Assets Available for Benefits, per financial statements (modified cash basis)	**$ 667,597**	$ 633,874
Net assets held in 401(h) account	**(667,597)**	(633,874)
Net Assets, per Form 5500	**$ -**	$ -

The following is a reconciliation of the net increase in net assets available for benefits (modified cash basis) per the financial statements to Form 5500 (in thousands):

Year ended December 31,	2025
Net Increase in Net Assets Available for Benefits, per financial statements (modified cash basis)	$ 33,723
Net change in 401(h) account	(33,723)
Net Income, per Form 5500	$ -

12. Subsequent Events

The Plan has evaluated subsequent events through October 2, 2026, the date the financial statements were issued.

As discussed in Note 1, in May 2025, Charter and Charter Holdings entered into a Transaction Agreement with CEI. Pursuant to the Transaction Agreement, at the closing of the transactions on August 19, 2026, (i) CEI sold and transferred to Charter 100% of the equity interests of certain subsidiaries of CCI that conducted CCI's commercial fiber and managed IT and cloud services

businesses, (ii) CEI contributed the equity interests of CCI and certain other assets (other than certain excluded assets) primarily related to CCI's residential cable business to Charter Holdings, and (iii) CEI paid $1.00 to Charter. Under the Transaction Agreement, Charter and CEI designated one or more wholly-owned subsidiaries to take actions with respect to Charter and CEI, respectively.

Effective August 19, 2026, the Plan was amended to provide special provisions for certain employees in connection with the sale of CCI to Charter. These provisions include either one additional year of service, one additional year of service and one additional year of benefit service when determining eligibility under the long-tenure provisions, expansion of the existing eligibility bridge from four months of additional age and/or service, and recognition of prior benefit service associated with pension benefits that were previously paid as a lump sum when determining long-tenure eligibility.

In August 2026, the Company approved a $36 million reimbursement from the Plan, related to contributions the Company made during 2025, in accordance with the funding policy approved by the Management Committee.