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
AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 514

1c Effective date of plan 01/01/2015

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)
AMICA MUTUAL INSURANCE COMPANY

P.O. BOX 6008
PROVIDENCE, RI 02940-6008

2b Employer Identification Number (EIN)
05-0348344

2c Plan Sponsor's telephone number
800-652-6422

2d Business code (see instructions)
524150

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.	10/13/2026	SCOTT E. BOYD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AMICA BENEFIT PLANS COMMITTEE

P.O. BOX 6008
PROVIDENCE, RI 02940-6008

3b Administrator's EIN
05-0348344

3c Administrator's telephone number
800-652-6422

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**	1896
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**	1910
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1910
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 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 3
- (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
AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 514

C Plan sponsor's name as shown on line 2a of Form 5500
AMICA MUTUAL INSURANCE COMPANY

D Employer Identification Number (EIN)
05-0348344

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
FIDELITY SECURITY 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
43-0949844	71870	10305351001	1240	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

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	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	83090
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
AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 514

C Plan sponsor's name as shown on line 2a of Form 5500
AMICA MUTUAL INSURANCE COMPANY

D Employer Identification Number (EIN)
05-0348344

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	E00066875431	670	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	

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

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

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

(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	543040
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
AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 514

C Plan sponsor's name as shown on line 2a of Form 5500
AMICA MUTUAL INSURANCE COMPANY

D Employer Identification Number (EIN)
05-0348344

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
AMICA 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
05-0340166	72222	2-10001	1910	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

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

Part II Investment and Annuity Contract Information

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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)**	3067937		
(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)**	3067937
b Benefit charges (1) Claims paid	**9b(1)**	2896324		
(2) Increase (decrease) in claim reserves	**9b(2)**	249576		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	3145900
(4) Claims charged			**9b(4)**	3145900
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)**	706563		
(E) Taxes	**9c(1)(E)**	62814		
(F) Charges for risks or other contingencies	**9c(1)(F)**	-847340		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	-77963
(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)**	41729546
(2) Claim reserves			**9d(2)**	646126
(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**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 514

C Plan sponsor's name as shown on line 2a of Form 5500
AMICA MUTUAL INSURANCE COMPANY

D Employer Identification Number (EIN)
05-0348344

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

APOGEM CAPITAL, LLC

85-1664787

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

AQUILINE TECHNOLOGY GROWTH FUND II

98-1550827

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

ARLINGTON MANAGEMENT VII LLC

39-2099954

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

GLOBAL DIVERSIFIED ALTERNATIVES III

20-5439689

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

GOLDMAN SACHS ASSET MANAGEMENT, LP

13-3575636

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

MAINSAIL GP VII, LLC

33-3137293

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

MMF CAPITAL MANAGEMENT V, LLC

46-0798151

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

MORGAN STANLEY AIP (CAYMAN) GP LTD

98-0403360

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

MORGAN STANLEY AIP GP LP

23-3060887

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

MORGAN STANLEY ALTERNATIVE INV PART

23-3050651

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

NAUTIC CAPITAL XI, L.P.

50 KENNEDY PLAZA
17TH FL
PROVIDENCE, RI 02903

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

NAUTIC PARTNERS, LLC

50 KENNEDY PLAZA
17TH FL
PROVIDENCE, RI 02903

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

SAVANO CAPITAL PARTNERS II, LP

47-2202175

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

THE LYME TIMBER COMPANY LLC

26-3827653

(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

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

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

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

FIAM LLC

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?
27 50	NONE	177154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
13 50	NONE	117312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL OF RHODE ISLAND

05-0296998

(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?
13 50	NONE	80505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEPC LLC

26-1429809

(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?
27 50	NONE	60647	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKSTONE MGMT PARTNERS L.L.C.

26-0288589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	56360	Yes [ ] No [X]

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	51500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AEA MEZZANINE FUND III LP

520 MADISON AVENUE
40TH FL
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	44363	Yes [ ] No [X]

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

EXTEND HEALTH, LLC

2929 CAMPUS DRIVE
SUITE 400
SAN MATEO, CA 94403

(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?
13 50	NONE	41812	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRANT THORNTON ADVISORS LLC

99-1856619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CAREMARK

05-0494040

(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?
13 50	NONE	28198	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADAMS STREET CREDIT ADVISORS LP

81-2633198

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	23261	Yes [ ] No [X]

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

LAZARD ASSET MANAGEMENT LLC

13-5545100

(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?
27 50	NONE	22266	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FIRST EAGLE ALTERNATIVE CREDIT, LLC

57-1156902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	19162	Yes [ ] No [X]

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

STONEPEAK ASSOCIATES III LLC

82-3003270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 29 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	11894	Yes [ ] No [X]

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

BLUE CROSS & BLUE SHIELD OF RI

05-0158952

(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?
13 50	NONE	11024	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

JP MORGAN ASSET MANAGEMENT, LLC

PO BOX 219143
KANSAS CITY, MO 64121-9143

(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?
18 21 27 50	NONE	10893	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FALFURRIAS MANAGEMENT PARTNERS

43-2097201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	10775	Yes [ ] No [X]

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

STATE STREET CORPORATION

04-2456637

(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?
18 21 50	NONE	10073	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GRAYCLIFF PARTNERS LP

36-4711561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	5468	Yes [ ] No [X]

(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
BLACKSTONE MGMT PARTNERS L.L.C.	28	56360

(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.
BLACKSTONE MGMT ASSOC VIII LP 84-3767616	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AEA MEZZANINE FUND III LP	28	44363

(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.
AEA DEBT MANAGEMENT LP 520 MADISON AVENUE 40TH FL NEW YORK, NY 10022	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST EAGLE ALTERNATIVE CREDIT, LLC	28	19162

(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.
FIRST EAGLE DL FUND IV LLC 83-1397015	INVESTMENT MANAGEMENT FEES

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
ADAMS STREET CREDIT ADVISORS LP	28	15916

(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.
ASP (FEEDER) SPC II-B1 LP ONE NORTH WACKER DRIVE SUITE 2700 CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STONEPEAK ASSOCIATES III LLC	29	11894

(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.
STONEPEAK INFRASTRUCTURE FUND III 82-2982160	LEGAL FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FALFURRIAS MANAGEMENT PARTNERS	28	10775

(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.
FALFURRIAS CAPITAL PARTNERS VI, L.P 33-1349447	INVESTMENT MANAGEMENT FEES

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
ADAMS STREET CREDIT ADVISORS LP	28	7345

(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.
ASP CREDIT FUND-A LP ONE NORTH WACKER DRIVE SUITE 2700 CHICAGO, IL 60606	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GRAYCLIFF PARTNERS LP	28	5468

(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.
GRAYCLIFF MEZZANINE II PARALLEL LP 46-4300010	INVESTMENT MANAGEMENT FEES

(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

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(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
AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 514

C Plan sponsor's name as shown on line 2a of Form 5500
AMICA MUTUAL INSURANCE COMPANY

D Employer Identification Number (EIN)
05-0348344

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	9997	14227
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4847968	5577706
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	32627094	14878570
(2) U.S. Government securities	1c(2)	56448357	63596793
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8467294	83586384
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	119319097	76108288
(5) Partnership/joint venture interests	1c(5)	43412471	30403995
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	2495230	2376179
(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)	86381052	87921923

		(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	354008560	364464065
Liabilities			
1g Benefit claims payable	1g	505474	1664921
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	14067490	20112754
1k Total liabilities (add all amounts in lines 1g through1j)	1k	14572964	21777675
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	339435596	342686390

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)	3799936	
(B) Participants	2a(1)(B)	1658773	
(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)		5458709
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1216238	
(B) U.S. Government securities	2b(1)(B)	3110843	
(C) Corporate debt instruments	2b(1)(C)	3009379	
(D) Loans (other than to participants)	2b(1)(D)	107715	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7444175
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	947425	
(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)		947425
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	361791135	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	353818826	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		7972309
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6462077	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6462077

		(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		6991916
d Total income. Add all **income** amounts in column (b) and enter total	2d		35276611
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25239306	
(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)		25239306
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)	278852	
(3) Recordkeeping fees	2i(3)	35030	
(4) IQPA audit fees	2i(4)	51500	
(5) Investment advisory and investment management fees	2i(5)	270531	
(6) Bank or trust company trustee/custodial fees	2i(6)	11676	
(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)	6138922	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6786511
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32025817
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3250794
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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		10000000
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 _____.

AMICA MUTUAL INSURANCE COMPANY

RETIREE MEDICAL PLAN

Financial Statements and Supplemental Schedules

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

GRANT THORNTON LLP
53 State St., 16th Floor
Boston MA, 02109

D +1 617 723 7900

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Amica Mutual Insurance Company Retiree Medical Plan

Opinion

We have audited the financial statements of Amica Mutual Insurance Company Retiree Medical Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in benefit obligations and changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in benefit obligations and changes in net assets available for benefit for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US 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 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.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in

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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
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 US 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 US 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.

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.

Supplemental schedules required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025, schedule of assets (acquired and disposed within year) for the year ended December 31, 2025, and schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 has been subjected to the auditing procedures applied in the audits of the financial statements

and certain additional procedures. These additional procedures included 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 US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

Boston, Massachusetts
October 8, 2026

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN
Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Benefit Obligations:		
Claims payable, claims incurred but not reported, and premiums due to insurers	$ 1,664,921	$ 505,474
Postretirement benefit obligations	279,290,229	251,328,057
Total benefit obligations	$ 280,955,150	$ 251,833,531
Net Assets Available for Benefits:		
Assets:		
Investments at fair value	$ 358,795,076	$ 349,150,595
Non-interest bearing cash	14,228	9,997
Receivable for securities sold	77,055	-
Accrued interest and dividends	3,161,989	1,434,711
Federal income taxes recoverable	2,415,717	2,322,720
State income taxes recoverable	-	1,090,537
Total assets	364,464,065	354,008,560
Liabilities:		
Payable to Amica Mutual	18,900,000	14,000,000
Payable for securities purchased	1,044,157	9,337
State income taxes payable	42,884	-
Accrued expenses	125,713	58,153
Total liabilities	20,112,754	14,067,490
Net assets available for benefits	344,351,311	339,941,070
Excess of net assets available for benefits over benefit obligations	$ 63,396,161	$ 88,107,539

See accompanying notes to financial statements.

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN
Statements of Changes in Benefit Obligations and Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Changes in Benefit Obligations:	
Increase during the year attributable to:	
Assumption updates	$ 19,472,128
Discount rate change	5,575,046
Benefits earned and other actuarial losses	2,914,998
Change in amounts due to insurance companies	1,159,447
Net increase in benefit obligations	$ 29,121,619
Changes in Net Assets Available for Benefits:	
Additions:	
Contributions:	
Employer	$ 3,799,936
Participant	1,658,773
Total contributions	5,458,709
Investment income:	
Interest & dividend income	14,011,796
Net appreciation in fair value of investments	15,806,106
Net investment income	29,817,902
Total additions	35,276,611
Deductions:	
Benefits paid	24,079,859
Income tax expense	6,138,924
Administrative expenses	647,587
Total deductions	30,866,370
Increase in net assets available for benefits	4,410,241
Decrease in benefit obligation over excess of net assets available for benefits	(24,711,378)
Excess of net assets available for benefits over benefit obligations:	
Beginning of the year	88,107,539
End of year	$ 63,396,161

See accompanying notes to financial statements.

Note 1 - Description of the Plan

The following description of the Amica Mutual Insurance Company Retiree Medical Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

As of January 1, 2021, the Plan is a retiree-only welfare plan providing certain benefits to all eligible retirees of the Amica Mutual Insurance Company (the Company) and Amica Life Insurance Company (non-HRA component) (the Employers). In addition, the Plan provides reimbursement for certain medical insurance premiums and medical costs as defined by the Plan after retirement from the Company and Amica Life Insurance Company (HRA component). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective December 20, 2006, the Plan Sponsor established a trust to be known as the Amica Retiree Medical Trust (the Trust), through which it will provide certain welfare benefits for the exclusive benefit of the eligible retirees of the Plan Sponsor and Amica Life Insurance Company. The Trust is intended to be a voluntary employees' beneficiary association (VEBA) benefits trust as described under Section 501(c)(9) of the IRS Code of 1986, as amended. Certain members of management of the Company are the Trustees of the Trust. State Street Bank & Trust Company (State Street) is the custodian for Trust assets.

B. Benefits

The Plan provides certain health care and life insurance post-retirement benefits for eligible retired employees. Employees may become eligible for these benefits if they reach retirement age while working for the Company or Amica Life Insurance Company and satisfy certain service requirements.

(Continued)

Retired employees are entitled to benefits if they meet the following eligibility requirements:

Last Date of Amica Hire	Completed Years of Service at Amica	Type of Amica Pension or Disability	Benefits Coverage
Prior to January 1, 1989	At least 10 full years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible
On or after January 1, 1989 but before January 1, 1993	10 full years, but less than 15 years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical plan options for which retiree is eligible
On or after January 1, 1989 but before January 1, 1993	At least 15 full years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible
On or after January 1, 1993 but before January 1, 2004	At least 15 full years	Disability pension (not a normal or deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible
On or after January 1, 1993 but before January 1, 2004	At least 20 full years	Normal pension (not a deferred pension)	Medical and Dental plan options for which retiree is eligible
On or after January 1, 2004 but before January 1, 2014	At least 20 full years	Normal or disability pension (not a deferred pension), or retiree is disabled	Medical and Dental plan options for which retiree is eligible

Spouses and dependents of retirees are eligible for health care coverage, provided that the retiree and spouse were married on retirement date or date retiree becomes disabled.

Once an employee becomes eligible for Medicare (age 65 or older), that employee ceases to receive benefits under the coverages noted above, and will instead receive a monthly subsidy (through a HRA account). In October 2013, the Plan modified certain benefit provisions relating to retiree health care which were effective on January 1, 2014. No retiree health coverage is provided for new hires as of January 1, 2014.

If an employee retired on or after January 1, 2005, and is eligible for Medicare (age 65 or older), then beginning on the later of January 1, 2015 or the date the employee became eligible for Medicare, the employee will be offered a monthly subsidy credit to purchase their choice of medical and prescription drug coverage through a private exchange. The monthly health reimbursement arrangement (HRA) account credit escalates each year by an automatic increase, not tied to any plan experience or index. Any amount of the HRA Account credit left over after purchase of coverage would be available for any qualified health related expense allowed under the Plan. For employees retired on or after January 1, 2005, but before January 1, 2016, the Plan Sponsor will provide the employee and post-65 eligible spouse a monthly subsidy at the 35+ years of service level for this coverage. The monthly subsidy for the 35+ year of service level is $439 in 2025 and will increase 3% per year thereafter.

(Continued)

For those employees eligible to retire after January 1, 2016, the monthly subsidy will depend on years of service. Below is a summary of the subsidy for the 2025 and 2024 plan years:

Year of subsidy	20-24 years of service	25-29 years of service	30-34 years of service	35 or more years of service
2024	$213	$277	$342	$426
2025	$219	$285	$352	$439

Life insurance benefits are based upon a multiple of salary and years of service at the date of retirement and are subject to a maximum benefit of $250,000 for retirees. The Plan was amended in 2016 to reduce the maximum life insurance benefit for employees who retire after March 1, 2016 to $25,000. No retiree life insurance benefits are available to employees hired or re-hired on or after July 1, 2019.

C. Contributions

Eligible retirees shall contribute toward the cost of coverage for the non-HRA benefits during such periods and in such amounts as the Company may determine in its sole and absolute discretion. The Plan Sponsor is responsible for the cost of the HRA portion of the Plan, and no contributions by participants shall be permitted or required under the Plan. Amounts needed to pay post-retirement health benefits under the Plan may, in the sole discretion of the Plan Sponsor, be contributed to the Amica Retiree Medical Trust.

Retirees must pay a portion of the cost, according to the following table below:

Last Date of Amica Hire/completed years of service at Amica	If you retire or become disabled before January 1, 2005	If you retire or become disabled after December 31, 2004	Additional Contribution
Prior to January 1, 1989 and at least 10 full years	No contribution	Standard Contribution	n/a
On or after January 1, 1989 but before January 1, 1993 and 10 full years, but less than 15 years	30% of the cost of coverage	Standard Contribution PLUS→	30%
On or after January 1, 1989 but before January 1, 1993 and at least 15 years	No contribution	Standard Contribution	n/a
On or after January 1, 1993 but before January 1, 2004 and at least 15 years	n/a	Standard Contribution	n/a
On or after January 1, 1993 but before January 1, 2014 and at least 20 full years	n/a	Standard Contribution	n/a

(Continued)

D. Funding

Under the terms of the Plan agreement, the Company is required to contribute to the Plan an amount necessary to provide for the amount of benefits currently payable. The amount of benefit obligations in excess of net assets available for benefits as of each plan year end will be funded through future employer contributions post plan year end. The HRA account is a joint account for both eligible retirees and their spouse. The account cannot be used for anything other than reimbursement of qualified expenses and amounts may be carried over to the next year. Any remaining amounts are not portable upon death of both the eligible retiree and spouse.

The Trust reimburses the Company on an annual basis for non-key pensioner expenses paid by the Company during the year including medical, prescription and dental expenses. At December 31, 2025 and 2024, the Trust recorded a payable to the Company of $18,900,000 and $14,000,000, respectively.

E. Other

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided to any group of participants, including retirees, to discontinue its contributions at any time, and to terminate the plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, all eligible claims incurred prior to termination would be considered for payment on an equal and equivalent basis and the Plan Sponsor shall be required to fund any deficiency in net assets.

Note 2 - Summary of Accounting Policies

A. Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

B. Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan to make estimates and assumptions that affect the reported amounts of investments and benefit obligations and changes therein in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Fair Value of Financial Instruments

Plan investments are held in the Trust and are carried at fair value. The following methods and assumptions are used by the Trust in estimating its fair value for financial instruments:

1. Debt and Equity Securities

The fair value of long-term bonds and debt securities and equity securities is based on market prices. In the absence of published market values, the fair value is based on market yields of securities from an identical issuer with similar maturities.

2. Cash Equivalents and Short-Term Investments

The fair value of cash equivalents and short-term investments is based on market prices. Cash equivalents include one money market fund held at fair value. Short-term investments include U.S. government treasury bills held at fair value.

3. Mortgage Loans

The fair value of mortgage loans is based on a loan pricing model utilized by an independent third party. The model applies to each loan’s unique cash flow discount rate comprised of the average life Treasury

(Continued)

benchmark plus a corresponding credit spread. The credit spread is derived from mortgage banking surveys utilizing loan term in years, sector in which the property operates, and quality risk rating.

Any accrued interest which is determined to be uncollectible will be written off immediately in the period such determination is made. Interest income and accrued interest receivable are reversed when a loan is put on non-accrual status. Interest income on loans more than 90 days delinquent is recognized in the period the cash is collected. Interest income recognition is continued when the loan becomes less than 90 days delinquent and management determines it is probable that the loan will continue to perform.

4. U.S. Treasury Futures Contracts

The fair value of U.S. Treasury futures contracts is based on quoted exchange settlement prices, which are observable in active markets.

5. Other Invested Assets

Other invested assets include various limited partnership and LLC investments carried at net asset value using the Trust's share of GAAP equity of the fund from the most recent statement received, adjusted for any cash transactions through year-end. Limited partnership investment strategies include private equity and private credit investments such as buyouts, venture capital, senior lending, mezzanine financing, infrastructure, timberland, and other related strategies. As of December 31, 2025 and 2024, the Trust has made commitments in the amount of $21,173,631 and $14,906,447, respectively, to provide additional funds to limited partnerships. Interests in the limited partnerships are not subject to redemption provisions under the terms of their respective partnership agreements; liquidity may be available through transactions in the secondary market.

D. Benefits Paid

Benefits are recorded when paid.

E. Expenses

Expenses allocated to the Plan were related to the administration of plan benefits provided by Willis Towers Watson. In 2022, the Board of Directors approved that the Plan pay all reasonable administrative plan expenses, as determined by the Board and in accordance with ERISA. Previously, these costs were paid by the Plan Sponsor.

F. Postretirement Benefit Obligations

The postretirement benefit obligations (see Note 3) represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to December 31, 2025 and 2024, 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 (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with Amica Mutual Insurance Company and Amica Life Insurance Company. Postretirement benefit obligations represents the amount that is to be funded by contributions from the Plan Sponsor and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

G. Incurred But Not Reported (IBNR) Claims

The incurred but not reported claims estimate is based on Management's analysis of prior year claim development and current year activity.

H. Going Concern

Management's review of relevant conditions and events, considered in the aggregate, indicate that it is probable that the Plan will be able to meet its obligations as they become due within one year after the date that the financial statements are available to be issued.

Note 3 - Benefit Obligations

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that 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, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in determining the actuarial present value of the postretirement benefit obligations as of December 31, 2025 and 2024 were:

A. The assumed mortality rate is based on Society of Actuaries PRI-2012 mortality tables projected generationally with Mortality Improvement Scale MP-2021.

B. Assumed annual rate of retirement for selected ages vary based on retiree medical eligibility and level of pension benefit as follows:

	Not yet eligible for retiree medical	Eligible for retiree medical	
Age		Pre 2004 Hires	Post 2003 Hires
55	0%	20%	0%
56	0%	15%	0%
57	0%	15%	0%
58	0%	15%	0%
59	0%	20%	0%
60	0%	15%	0%
61	0%	15%	0%
62	5%	25%	20%
63	5%	25%	20%
64	5%	25%	15%
65	25%	30%	20%
66	20%	30%	20%
67	20%	30%	30%
68	25%	30%	25%
69	45%	35%	20%
70	50%	50%	50%
71	50%	50%	50%
72	50%	50%	75%
73	75%	50%	75%
74	75%	50%	75%
75 and later	100%	100%	100%

C. The benefit obligation reflects a 3% annual increase to subsidy benefits.

(Continued)

D. The weighted average discount rates used in 2025 and 2024 were 5.50% and 5.70%, respectively. The rate is calculated by discounting the Plan's accumulated postretirement benefit obligation (APBO) cash flows using spot rates from the actuary's above-median corporate yield curve.

E. Postretirement benefit obligations at December 31, 2025 and 2024 are principally health benefits and relate to the following categories of participants (including their beneficiaries and dependents):

	2025	2024
Postretirement benefit obligations, net of amounts currently payable:		
Current retirees	$ 173,808,218	$ 159,501,446
Other participants fully eligible for benefits	20,967,385	16,628,526
Other participants not yet fully eligible for benefits	84,514,626	75,198,085
Total postretirement benefit obligations	279,290,229	251,328,057

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. The foregoing 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 postretirement benefit obligations.

Note 4 - Fair Value Measurements

ASC Topic 820, "Fair Value Measurements and Disclosures," establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

Level 1 – Observable inputs in the form of quoted prices for identical instruments in active markets.

Level 2 – Observable inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Level 2 inputs would include, for example, quoted prices for similar assets or liabilities.

Level 3 – One or more unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using internal models, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

(Continued)

The following table provides information about the Trust's financial assets measured at fair value on a recurring basis at December 31, 2025 and 2024:

2025	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value:					
U.S. Government and Federal agencies securities	$ 56,924,798	$ 6,799,866	$0	$0	$ 63,724,664
States, political subdivisions and special revenue bonds	0	87,844,867	0	0	87,844,867
Corporate debt securities	0	83,586,384	0	0	83,586,384
Common stocks and exchange traded funds	76,108,288	0	0	0	76,108,288
Cash equivalents	14,878,570	0	0	0	14,878,570
Mortgage loans	0	2,376,179	0	0	2,376,179
U.S. Treasury futures contract	(127,871)	0	0	0	(127,871)
Other invested assets measured at net asset value [1]	0	0	0	30,403,995	30,403,995
Total assets at fair value	$ 147,783,785	$ 180,607,296	$0	$30,403,995	$ 358,795,076

2024	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value:					
U.S. Government and Federal agencies securities	$ 43,572,046	$ 12,876,311	$0	$0	$ 56,448,357
States, political subdivisions and special revenue bonds	0	86,381,052	0	0	86,381,052
Corporate debt securities	0	8,467,294	0	0	8,467,294
Common stocks and exchange traded funds	119,319,097	0	0	0	119,319,097
Cash equivalents	32,627,094	0	0	0	32,627,094
Mortgage loans	0	2,495,230	0	0	2,495,230
Other invested assets measured at net asset value [1]	0	0	0	43,412,471	43,412,471
Total assets at fair value	$195,518,237	$110,219,887	$0	$43,412,471	$349,150,595

(1) - In accordance with ASC 820-10, investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the total column are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of financial position.

There were no Level 3 investments as of December 31, 2025 and 2024.

The Plan had no Level 3 purchases during 2025 or 2024.

The Trust holds first lien commercial mortgage loans with a fair value of $2,376,179 and $2,495,230 as of December 31, 2025 and 2024, respectively. The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of incurred of guaranteed or purchase money markets, was 72.7%. There were no taxes, assessments, or any amounts advanced and not included in the mortgage loan total. At December 31, 2025, the Trust's twenty mortgage loans consist of five industrial parks, four office properties, four multi-family properties, four retail properties, one self-storage portfolio, one school housing property and one parking garage. At December 31, 2024, the Trust's twenty-one mortgage loans consisted of six industrial parks, four office properties, four multi-family properties, four retail properties, one self-storage portfolios, one school housing properties, and one parking garage.

As of December 31, 2025, the Company identified one of the twenty mortgage loans as impaired. The net investment in the loan is $88,568 with a fair value of $53,353. In 2025, the average recorded investment in the loan was $76,114 with interest income recognized of $1,977.

The Trust has no significant credit risk exposure to any one individual borrower. The trust monitors loan-to-value

(Continued)

and debt service coverage ratios to monitor credit quality of its commercial mortgage loans on an ongoing basis. Loan-to-value ratios are determined from the most current appraisal and market data as of the annual statement date.

Note 5 - Federal Income Taxes

The Trust established under the Plan to hold the Plan's assets is intended to be exempt from Federal income tax under Section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust has obtained a favorable tax determination letter dated April 23, 2008 from the Internal Revenue Service. Although the Trust has been amended since receiving the exemption letter, the Plan Sponsor believes that the Trust continues to be exempt and to operate in accordance with applicable provisions of the Internal Revenue Code.

U.S. generally accepted accounting principles requires Plan management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the Trust has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Pursuant to a letter issued by the IRS on April 23, 2008, the Trust utilized in conjunction with the Plan is intended to be a tax exempt VEBA under Internal Revenue Code Section 501(c)(9). However, to the extent the Trust recognizes any unrelated business taxable income as defined in Section 512 of the Code, the Trust is required to pay tax on such income. The Trust recognized estimated Federal unrelated business income tax of $6,138,924 for 2025.

Note 6 - Reconciliation of Financial Statements to the Form 5500

The Plan's financial statements differ from the Form 5500 as follows:

	2025	2024
Net assets available for plan benefits:		
Per financial statements	$344,351,311	$339,941,070
Less: Claims payable at end of plan year	(1,664,921)	(505,474)
Per Form 5500	$342,686,390	$339,435,596
Benefits paid to participants:		
Per financial statements	24,079,859	
Add: Claims payable at end of plan year	1,664,921	
Less: Claims payable at beginning of plan year	(505,474)	
Per Form 5500	$25,239,306	

Note 7 - Risks and Uncertainties

The Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Benefit Obligations and Net Assets Available for Benefits.

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

(Continued)

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.

Note 8 - Related Party and Party in Interest Transactions

The Trustee of the Plan, the Amica Benefits Plan Committee, and the custodian of the Plan, State Street Bank & Trust Company, are considered parties in interest as defined by ERISA. The Trust paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Annually, the Trust reimburses the Company for benefits paid during the plan year on the Trust's behalf including medical, prescription and dental expenses for non-key pensioners. At December 31, 2025 and 2024, the amounts payable to the Company were $18,900,000 and $14,000,000, respectively.

In 2025 and 2024, the Company paid $3,067,937 and $3,090,277, respectively, to Amica Life Insurance Company for group term life insurance premiums.

Note 9 - Subsequent Events

For purposes of determining the effects of subsequent events on these financial statements, the Plan has evaluated events subsequent to December 31, 2025 and through October 8, 2026, the date at which the financial statements were available to be issued.

There were no other events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date		Rate of interest	Shares	Par	Cost	Current value
	Bonds: Securities of the U.S. Government and Federal Agencies							
	US INTERNATIONAL DEVELOPMENT FINANCE CORP	May	2030	3.430		$ 216,720	$ 218,623	$ 213,190
	TOTE SHIPHOLDINGS LLC	Oct	2040	3.400		379,000	418,795	336,624
	UNITED STATES TREASURY	Nov	2042	2.750		78,000	63,683	59,999
	UNITED STATES TREASURY	Feb	2044	3.625		150,000	161,127	128,930
	UNITED STATES TREASURY	Aug	2044	3.125		70,000	71,534	55,486
	UNITED STATES TREASURY	Feb	2045	2.500		48,000	44,357	34,028
	UNITED STATES TREASURY	Feb	2048	3.000		400,000	348,125	298,063
	UNITED STATES TREASURY	Aug	2051	2.000		30,900,000	17,791,641	17,738,531
	UNITED STATES TREASURY	Feb	2055	4.625		12,260,000	11,735,119	11,834,731
	UNITED STATES TREASURY	Feb	2045	4.750		15,900,000	15,461,508	15,837,891
	UNITED STATES TREASURY	May	2035	4.250		5,000,000	4,940,039	5,045,313
	UNITED STATES TREASURY	Aug	2035	4.250		1,500,000	1,527,188	1,511,953
	UNITED STATES TREASURY	Sep	2030	3.625		4,000,000	3,999,688	3,985,313
	UNITED STATES TREASURY	Nov	2035	4.000		400,000	397,703	394,563
	GN 794556	Jan	2042	3.500		47,827	48,828	45,034
	G2 MA0387	Sep	2042	3.500		47,454	50,049	44,389
	G2 MA2335	Nov	2029	3.000		17,303	17,736	17,112
	G2 MA6649	May	2050	4.500		17,109	17,676	16,776
	G2 MA6650	May	2050	5.000		25,188	26,038	25,240
	G2 BN5590	Jul	2049	4.500		43,766	47,103	43,305
	G2 BN5576	Jun	2049	4.500		56,790	61,244	56,279
	G2 BO9168	Jul	2049	4.500		14,009	15,164	13,883
	G2 002602	Jun	2028	6.000		984	998	999
	G2 002659	Oct	2028	7.000		532	555	547
	G2 002687	Dec	2028	6.000		492	498	501
	G2 003544	Apr	2034	5.500		5,076	5,063	5,281
	G2 003556	May	2034	5.500		7,919	7,842	8,239
	G2 002740	Apr	2029	6.000		3,473	3,522	3,549
	G2 003132	Sep	2031	6.000		3,884	3,938	4,011
	G2 003346	Feb	2033	5.500		7,866	7,927	8,183
	G2 003747	Aug	2035	5.000		4,135	4,031	4,230
	G2 004649	Mar	2040	4.500		3,032	3,188	3,039
	G2 004691	May	2040	4.500		233	243	233
	G2 004671	Apr	2040	4.500		7,647	7,985	7,666
	G2 004835	Oct	2040	5.000		28,899	30,633	29,593
	G2 005246	Nov	2026	3.000		2,387	2,443	2,372
	GN 736617	Dec	2035	4.000		97,764	104,210	97,167
	GN 740981	Oct	2040	4.500		23,351	24,807	23,409

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date		Rate of interest	Shares	Par	Cost	Current value
	Bonds: Securities of the U.S. Government and Federal Agencies							
	G2 742253	May	2030	4.500		$ 32,688	$ 33,607	$ 32,881
	GN 749248	May	2031	4.000		127,518	132,539	127,411
	GN 542820	May	2031	7.000		765	796	806
	GN 554855	May	2031	7.000		1,981	2,066	2,019
	GN 616866	Feb	2027	3.000		2,302	2,355	2,286
	GN 692196	Nov	2038	6.000		17,722	17,980	18,387
	GN 697490	Sep	2038	6.500		14,137	14,265	15,002
	GNR 2013-068 B	Aug	2043	2.500		51,705	51,783	50,841
	GNR 2014-172 AD	Jan	2046	2.200		53,916	53,672	52,009
	GNR 2014-135 AK	Aug	2055	3.000		59,312	61,509	52,389
	GNR 2009-076 MB	Sep	2039	5.000		40,722	44,540	41,760
	GNR 2009-106 HA	Nov	2039	4.000		54,003	56,703	53,084
	GNR 2013-012 B	Nov	2052	2.062		276,550	279,748	264,972
	GNR 2013-053 KA	Oct	2041	3.000		77,467	79,936	76,238
	GNR 2013-100 MA	Feb	2043	3.500		3,665	3,818	3,636
	GNR 2013-071 LA	Oct	2042	3.000		15,998	16,143	15,651
	GNR 2021-056 PE	Mar	2051	1.500		296,229	297,386	231,064
	GNR 2021-027 DC	Feb	2051	1.250		233,969	235,249	182,164
	FH G30359	Aug	2027	5.000		281	274	281
	FH H02005	Dec	2037	6.000		1,272	1,279	1,354
	FH ZT1951	May	2049	3.500		23,215	23,825	21,688
	FH SD1533	Sep	2052	4.500		123,841	118,887	121,960
	FH SD2856	May	2053	5.500		227,580	222,833	231,445
	FH SD8324	May	2053	5.500		305,595	298,338	310,812
	FH QA9793	May	2050	3.000		35,431	37,233	31,714
	FH QB6585	Dec	2050	2.500		43,613	45,930	37,708
	FH QB6580	Dec	2050	2.500		28,637	30,141	24,740
	FH QB7050	Dec	2050	2.500		46,531	49,286	40,319
	FH QB7304	Jan	2051	2.500		448,393	417,496	386,306
	FH QD2254	Nov	2051	3.500		91,089	81,866	84,502
	FH QA4861	Dec	2049	4.500		45,023	48,864	44,653
	FN 555592	Jul	2033	5.500		2,678	2,661	2,763
	FN AN8199	Jan	2036	3.500		461,512	544,242	425,561
	FN AS8796	Feb	2047	3.000		70,345	74,203	63,862
	FN 735227	Feb	2035	5.500		7,719	7,668	8,023
	FN 781606	Oct	2034	5.000		9,153	8,894	9,347
	FN 813842	Jan	2035	5.981		1,254	1,248	1,269
	FN BD0676	Jan	2047	3.500		11,036	11,427	10,423

(Continued)

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(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Bonds: Securities of the U.S. Government and Federal Agencies						
	FN BD4800	Sep 2046	3.500		$ 30,096	$ 31,098	$ 28,383
	FN BE0252	Sep 2046	4.000		36,443	38,516	35,227
	FN BE8500	Feb 2047	3.500		27,729	28,670	26,189
	FN BE9242	Mar 2047	4.500		39,265	42,185	38,986
	FN BH5663	Jun 2047	3.500		113,663	117,535	106,698
	FN BJ5829	Jun 2048	4.500		48,651	49,873	48,289
	FN BL2542	May 2039	3.830		447,675	520,842	413,133
	FN BM6312	Aug 2046	3.500		70,354	74,070	65,948
	FN BP7157	Jun 2050	3.000		59,257	62,317	53,042
	FN BP6370	May 2050	3.000		47,879	50,318	42,857
	FN BP6792	May 2050	3.000		91,683	96,368	82,095
	FN BQ8502	Dec 2050	2.500		30,536	32,158	26,403
	FN BQ9317	Dec 2050	2.500		35,501	37,603	30,761
	FN BQ9294	Dec 2050	2.500		45,397	48,036	39,336
	FN BW0777	Aug 2052	4.500		88,361	85,047	87,033
	FN CB4600	Sep 2052	3.500		103,527	93,078	96,423
	FN MA3942	Feb 2050	3.000		38,379	39,002	33,969
	FN MA3971	Mar 2050	3.000		50,436	51,255	44,075
	FN MA4025	May 2050	2.500		207,035	210,593	173,192
	FN MA4085	Jul 2050	2.500		39,787	40,489	33,283
	FN MA4918	Feb 2053	5.000		207,172	200,309	207,746
	FNR 2021-024 AD	Nov 2049	2.250		1,291,874	1,304,792	994,614
		Total			$ 78,264,387	$ 64,335,695	$ 63,724,664
	Bonds: States, political subdivisions and special revenue						
	ALPINE UTAH SCH DIST	Mar 2030	5.000		$ 25,000	$ 29,563	$ 25,629
	ARLINGTON CNTY VA	Aug 2037	4.000		1,500,000	1,825,620	1,553,093
	AUSTIN TEX WTR & WASTEWATER SYS REV	Nov 2049	5.000		1,000,000	1,039,970	1,052,450
	BIRDVILLE TEX INDPT SCH DIST	Feb 2048	5.000		500,000	532,965	520,196
	CACHE CNTY UTAH SCH DIST	Jun 2028	4.000		40,000	46,630	40,218
	CALIFORNIA EDL FACS AUTH REV	Jun 2046	5.000		1,000,000	1,244,410	1,146,453
	CALIFORNIA EDL FACS AUTH REV	Apr 2051	5.000		1,000,000	1,257,960	1,127,412
	CHANNELVIEW TEX INDPT SCH DIST	Aug 2035	5.926		10,000	10,835	10,015
	CHARLOTTE N C STORM WTR FEE REV	Dec 2054	4.000		1,750,000	1,741,850	1,638,471
	CHESTERFIELD CNTY VA	Jan 2043	4.000		1,000,000	1,015,000	1,007,183
	CLARK CNTY WASH SCH DIST NO 122 RIDGEFIELD	Dec 2030	5.000		20,000	24,542	20,577
	COLORADO HSG & FIN AUTH	May 2050	3.500		165,000	181,823	164,294
	COLORADO HSG & FIN AUTH	May 2026	1.466		225,000	225,000	223,403
	COLORADO ST BRD GOVERNORS UNIV ENTERPRISE SYS REV	Mar 2050	5.250		1,840,000	1,918,697	1,968,822

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(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Bonds: States, political subdivisions and special revenue						
	CONROE TEX INDPT SCH DIST	Feb 2038	4.000		$ 130,000	$ 148,842	$ 131,117
	CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT	Aug 2040	4.000		510,000	510,000	515,715
	CROWLEY TEX INDPT SCH DIST	Feb 2053	5.250		400,000	431,792	419,267
	CURATORS UNIV MO SYS FACS REV	Nov 2035	5.000		500,000	589,095	581,918
	DAVIS CNTY UTAH SCH DIST	Jun 2039	5.000		1,000,000	1,157,510	1,126,708
	DELAWARE ST	Jan 2027	5.000		8,000	9,670	8,199
	DELAWARE ST	May 2044	4.000		1,500,000	1,481,670	1,489,340
	DENTON TEX INDPT SCH DIST	Aug 2053	5.000		610,000	654,922	632,550
	DENVER COLO CITY & CNTY BRD WTR COMMRS WTR REV	Sep 2054	5.000		1,000,000	1,106,360	1,042,753
	DICKINSON TEX INDPT SCH DIST	Feb 2035	5.941		15,000	16,125	15,021
	DISTRICT COLUMBIA HSG FIN AGY MULTIFAMILY HSG REV	Mar 2049	3.236		462,862	462,862	431,786
	EAGLE MTN & SAGINAW TEX INDPT SCH DIST	Feb 2026	5.000		15,000	16,718	15,039
	EAGLE MTN & SAGINAW TEX INDPT SCH DIST	Aug 2033	2.022		325,000	325,000	278,246
	ENERGY NORTHWEST WASH ELEC REV	Jul 2043	5.000		1,000,000	1,063,610	1,089,751
	ESCAMBIA CNTY FLA HSG FIN AUTH SINGLE FAMILY MTG R	Apr 2026	1.950		70,000	69,913	69,695
	FAIRFAX CNTY VA	Oct 2043	4.000		510,000	506,578	511,247
	FAIRFAX CNTY VA WTR AUTH WTR REV	Apr 2050	4.000		155,000	153,518	147,059
	FLORIDA HOUSING FINANCE CORPORATION	Jul 2048	4.000		45,000	48,429	45,000
	FLORIDA ST	Jul 2044	4.000		105,000	106,167	103,653
	FLORIDA ST	Jul 2053	4.125		1,000,000	982,390	947,535
	FLORIDA ST BRD ED PUB ED	Jun 2027	5.000		25,000	27,106	25,240
	FLORIDA ST BRD ED PUB ED	Jun 2029	5.000		15,000	17,009	15,134
	FORT BEND TEX INDPT SCH DIST	Aug 2050	4.000		500,000	597,125	453,283
	FORT WORTH TEX INDPT SCH DIST	Feb 2049	5.000		1,370,000	1,417,114	1,422,224
	FRISCO TEX INDPT SCH DIST	Aug 2049	4.000		100,000	118,233	90,466
	GARLAND TEX INDPT SCH DIST	Feb 2039	5.000		500,000	559,385	552,443
	GEORGIA ST	Feb 2031	4.600		250,000	251,300	250,100
	GREGORY PORTLAND TEX INDPT SCH DIST	Feb 2039	5.000		500,000	553,350	548,158
	GUILFORD CNTY N C	Aug 2030	5.461		100,000	121,125	106,308
	HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	Feb 2048	5.000		500,000	529,365	516,122
	HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	Feb 2029	5.000		5,000	5,910	5,117
	HOUSTON CITY	Mar 2049	5.250		1,030,000	1,081,047	1,087,580
	ILLINOIS HSG DEV AUTH REV	Oct 2048	4.000		220,000	236,047	220,448
	ILLINOIS HSG DEV AUTH REV	Oct 2048	4.500		125,000	139,985	126,199
	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV	Jul 2048	6.370		300,000	300,000	307,196
	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV	Jul 2053	6.400		320,000	320,000	326,016
	INDIANA UNIV REVS	Jun 2060	3.067		275,000	173,148	167,225
	IOWA FINANCE AUTHORITY	Jul 2047	4.000		90,000	95,591	90,142

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	Identity of issue, borrower, lessor, or similar party	Maturity date		Rate of interest	Shares	Par	Cost	Current value
	Bonds: States, political subdivisions and special revenue							
	KATY TEX INDPT SCH DIST	Feb	2047	4.000		$ 100,000	$ 116,213	$ 92,526
	KING & PIERCE CNTY WASH SCH DIST NO 408 AUBURN	Dec	2032	5.000		10,000	11,460	10,378
	KING CNTY WASH SCH DIST NO 403 RENTON	Dec	2031	5.000		25,000	28,427	25,977
	LEWIS & THURSTON CNTYS WASH SCH DIST NO 401 CENTRA	Dec	2030	5.000		25,000	29,428	25,451
	LOUISIANA HSG CORP SINGLE FAMILY MTG REV	Sep	2041	1.550		470,030	470,030	394,725
	MALAKOFF TEX INDPT SCH DIST	Feb	2026	4.620		20,000	20,099	20,013
	MARION CNTY ORE SCH DIST NO 014J JEFFERSON	Jun	2037	5.000		25,000	27,750	25,647
	MASON CNTY WASH SCH DIST NO 309 SHELTON	Dec	2029	5.000		30,000	36,044	30,908
	MASSACHUSETTS COMMONWEALTH	Aug	2031	4.500		200,000	207,636	200,155
	MASSACHUSETTS COMMONWEALTH	Apr	2047	5.000		2,010,000	2,105,857	2,135,675
	MASSACHUSETTS ST DEV FIN AGY REV	Jul	2040	5.000		1,000,000	1,414,010	1,190,114
	MASSACHUSETTS ST DEV FIN AGY REV	Jul	2050	5.000		240,000	296,148	269,844
	METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct	2054	5.000		250,000	271,790	262,859
	METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct	2054	4.000		1,930,000	1,883,589	1,775,807
	MINNESOTA ST	Aug	2037	5.000		10,000	12,773	10,494
	MINNESOTA ST	Aug	2043	4.000		1,000,000	1,035,720	1,001,770
	MINNESOTA ST HSG FIN AGY HOMEOWNERSHIP FIN	Feb	2051	1.580		596,049	596,049	456,977
	MINNESOTA HOUSING FINANCE AGENCY	Jan	2048	4.000		215,000	231,226	215,576
	MINNESOTA HOUSING FINANCE AGENCY	Jul	2051	3.000		635,000	695,128	624,078
	MINNESOTA HOUSING FINANCE AGENCY	Jul	2053	5.591		480,000	480,000	477,065
	MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec	2043	5.458		150,000	150,000	145,597
	MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec	2048	5.508		400,000	400,000	380,220
	MISSISSIPPI ST	Nov	2034	5.245		350,000	332,892	360,581
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Oct	2044	4.072		255,000	297,710	219,021
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Jan	2046	3.651		250,000	300,783	201,392
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Aug	2057	3.652		110,000	81,406	80,015
	MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Aug	2036	2.970		74,256	74,256	71,586
	MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	May	2047	4.000		150,000	160,677	150,261
	MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov	2043	2.625		101,153	103,119	89,246
	NEBRASKA INVESTMENT FINANCE AUTHORITY	Sep	2045	3.500		30,000	32,102	30,096
	NEBRASKA INVESTMENT FINANCE AUTHORITY	Sep	2048	4.000		175,000	186,170	175,797
	NEVADA HSG DIV SINGLE FAMILY MTG REV	Nov	2044	1.900		316,832	316,832	277,788
	NEW JERSEY ST EDL FACS AUTH REV	Mar	2053	4.000		1,860,000	1,819,065	1,781,443
	NEW JERSEY ST TPK AUTH TPK REV	Jan	2050	5.250		1,000,000	1,039,570	1,075,120
	NEW MEXICO MORTGAGE FINANCE AUTHORITY	Mar	2045	3.250		50,000	53,039	49,977
	NEW MEXICO MORTGAGE FINANCE AUTHORITY	Jul	2050	3.500		190,000	204,649	189,149
	NEW MEXICO MORTGAGE FINANCE AUTHORITY	May	2042	1.620		826,921	826,921	706,460
	NEW YORK CITY	Sep	2045	5.250		1,000,000	1,070,730	1,068,026

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	NEW YORK CITY TRANSITIONAL FINANCE AUTHORITY	May 2035	5.250		$ 1,000,000		$ 1,074,850	$ 1,084,175
	NEW YORK CITY TRANSITIONAL FINANCE AUTHORITY	Nov 2050	5.000		1,000,000		1,033,320	1,033,402
	NEW YORK STATE DORMITORY AUTHORITY	Oct 2050	5.000		1,190,000		1,465,842	1,328,710
	NEW YORK ST DORM AUTH ST PERS INCOME TAX REV	Mar 2053	5.500		540,000		569,322	582,503
	NORTH DAKOTA PUB FIN AUTH	Oct 2044	5.000		1,000,000		1,131,140	1,073,641
	NORTHWEST TEX INDPT SCH DIST	Feb 2048	5.000		305,000		326,515	314,394
	OHIO ST	Mar 2040	5.000		1,000,000		1,355,500	1,090,930
	OHIO HOUSING FINANCE AGENCY	Sep 2046	3.500		140,000		150,489	141,996
	OHIO HOUSING FINANCE AGENCY	Mar 2028	2.550		135,000		137,488	133,951
	OHIO HOUSING FINANCE AGENCY	Sep 2028	2.600		110,000		112,023	109,052
	OHIO ST WTR DEV AUTH WTR POLLUTN CTL REV	Dec 2046	4.000		1,500,000		1,499,925	1,435,364
	OKLAHOMA ST WTR RES BRD REVOLVING FD REV	Apr 2049	5.000		500,000		548,745	521,611
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2039	5.000		400,000		452,660	444,642
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.375		650,000		633,438	640,791
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.000		275,000		271,681	251,563
	ORANGE CNTY FLA HSG FIN AUTH HOMEOWNER REV	Sep 2050	1.650		246,308		246,308	231,637
	OREGON	Aug 2039	5.382		35,000		38,618	35,707
	OREGON	Aug 2026	5.011		10,000		12,138	10,070
	OREGON	Nov 2031	5.000		20,000		22,583	20,541
	OREGON	Nov 2041	2.765		390,000		390,000	306,728
	ORLANDO FLA UTILS COMMN UTIL SYS REV	Oct 2045	5.000		1,140,000		1,196,624	1,209,279
	OWYHEE & CANYON CNTYS IDAHO JT SCH DIST NO 370	Sep 2036	4.000		2,020,000		2,461,693	2,108,284
	PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORI	Aug 2039	2.942		125,000		123,523	102,399
	PHILADELPHIA PA WTR & WASTEWTR REV	Sep 2049	5.250		1,000,000		1,055,000	1,061,257
	PIERCE & KING CNTYS WASH SCH DIST NO 417 FIFE	Dec 2039	4.000		225,000		262,618	226,769
	PIERCE CNTY WASH SCH DIST NO 010 TACOMA	Dec 2039	4.000		1,000,000		1,206,060	1,014,375
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Mar 2046	3.500		90,000		96,112	89,953
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Jun 2051	2.000		1,735,602		1,735,602	1,528,345
	PORT ARTHUR TEX INDPT SCH DIST	Feb 2045	4.000		140,000		156,471	130,140
	PORT HOUSTON AUTH TEX HARRIS CNTY	Oct 2036	4.000		800,000		979,529	819,876
	PROSPER TEX INDPT SCH DIST	Feb 2026	5.000		5,000		6,040	5,013
	PURDUE UNIV IND UNIV REVS	Jul 2050	5.250		1,000,000		1,025,200	1,069,947
	RHODE ISLAND HSG & MTG FIN CORP	Oct 2054	6.250		95,000		100,511	100,020
	RHODE IS INFRASTRUCTURE BK ST REVOLVING FD REV	Oct 2053	4.125		2,000,000		1,975,600	1,858,898
	ROCKWALL TEX INDPT SCH DIST	Feb 2036	1.976		250,000		250,000	198,830
	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZ ELEC SYS	Jan 2042	5.000		1,000,000		1,075,780	1,103,731
	SAN ANTONIO TEX ELEC & GAS REV	Feb 2049	5.250		1,000,000		1,055,330	1,056,241
	SAN ANTONIO TEX ELEC & GAS REV	Feb 2049	5.500		1,000,000		1,063,860	1,077,952

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	SANTA FE TEX INDPT SCH DIST	Feb 2027	5.000		$ 5,000	$ 5,738	$ 5,136
	SOUTH DAKOTA CONSERVANCY DIST REV	Aug 2054	5.000		1,250,000	1,367,413	1,302,898
	SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY	Nov 2048	4.000		185,000	195,617	185,146
	TAMPA FLA WTR & WASTEWATER SYS REV	Oct 2054	5.000		500,000	551,955	521,559
	TENNESSEE HOUSING DEVELOPMENT AGENCY	Jul 2050	3.500		430,000	457,275	422,994
	TEXAS A & M UNIV PERM UNIV FD	Jul 2047	3.660		320,000	347,615	260,033
	BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	May 2054	4.125		1,500,000	1,436,250	1,400,202
	TNGUTL 23 A2	Apr 2039	5.169		2,050,000	2,053,050	2,104,799
	TEXAS STATE	Apr 2039	5.517		562,386	694,587	577,845
	TEXAS STATE	Apr 2040	4.681		635,000	771,791	621,461
	TEXAS STATE	Oct 2039	3.228		300,000	229,953	258,740
	TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Sep 2038	2.750		440,919	440,919	397,325
	TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Mar 2036	2.000		120,657	120,657	111,149
	TOMBALL TEX INDPT SCH DIST	Feb 2044	4.000		100,000	114,715	94,986
	UNIV PITTSBURGH OF THE COMWLTH SYS OF HIGHER ED PA	Sep 2041	3.005		125,000	124,623	101,268
	UNIVERSITY COLO ENTERPRISE SYS REV	Jun 2039	4.000		1,500,000	1,788,120	1,523,700
	UNIVERSITY MICH UNIV REVS	Apr 2052	3.504		250,000	248,663	183,161
	UNIVERSITY TEXAS PERMANENT UNIVERSITY FUND	Jul 2053	4.000		1,000,000	971,370	913,834
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2039	5.000		55,000	67,766	58,583
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2049	5.000		1,395,000	2,031,999	1,540,617
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2050	5.000		650,000	1,059,360	718,343
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2054	4.000		500,000	488,885	455,456
	STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug 2053	5.250		400,000	438,040	421,334
	STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug 2044	5.000		500,000	542,115	534,435
	STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug 2046	5.000		300,000	320,107	310,707
	VAN TEX INDPT SCH DIST	Feb 2030	4.000		20,000	21,679	20,013
	VIRGINIA BEACH VA	Feb 2044	4.000		1,000,000	999,950	994,509
	VIRGINIA ST HSG DEV AUTH	Jun 2035	2.850		250,000	257,923	224,911
	VIRGINIA ST HSG DEV AUTH	Nov 2040	2.980		250,000	250,000	203,232
	WASHINGTON STATE	Feb 2035	5.000		15,000	17,100	15,576
	WASHINGTON STATE	Jul 2028	5.000		15,000	17,966	15,000
	WASHINGTON STATE	Feb 2026	5.000		10,000	12,040	10,018
	WAXAHACHIE TEX INDPT SCH DIST	Feb 2048	5.000		500,000	543,510	520,159
	WESTMINSTER COLO PUB SCHS	Dec 2049	5.000		1,000,000	1,040,900	1,043,699
	WHITMAN CNTY WASH REORG SCH DIST NO 300 COLFAX	Dec 2029	5.000		10,000	11,797	10,539
	WISCONSIN ST	May 2043	5.000		1,000,000	1,135,310	1,089,403
	WISCONSIN ST	May 2040	4.000		380,000	443,072	381,447

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	YAKIMA & BENTON CNTYS WASH SCH DIST NO 116-200 GRA	Dec 2029	5.000		$ 30,000	$ 34,167	$ 30,903
	Total				$ 86,846,975	$ 93,850,309	$ 87,844,867
	Bonds: Corporate debt securities						
	ABBVIE INC	Mar 2064	5.500		$ 2,000,000	$ 1,902,880	$ 1,944,840
	ALABAMA POWER CO	Aug 2044	4.150		14,000	14,112	11,723
	ALABAMA POWER CO	Mar 2052	3.000		4,000,000	2,514,280	2,594,920
	ALPHABET INC	May 2065	5.300		2,000,000	1,973,760	1,881,820
	ALPHABET INC	Nov 2055	5.450		400,000	397,360	392,724
	ALPHABET INC	Nov 2075	5.700		360,000	357,340	354,751
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	Jan 2059	5.800		3,000,000	3,012,480	3,059,880
	APPLE INC	Feb 2051	2.650		3,000,000	1,830,480	1,858,140
	APPLE INC	Feb 2061	2.800		3,000,000	1,762,890	1,760,010
	ARIZONA PUBLIC SERVICE CO	Sep 2035	5.500		50,000	66,088	51,621
	BALTIMORE GAS AND ELECTRIC CO	Oct 2036	6.350		17,000	21,498	18,847
	BALTIMORE GAS AND ELECTRIC CO	Jun 2054	5.650		3,000,000	2,891,340	2,980,050
	BANK OF AMERICA CORP	Oct 2051	2.831		4,000,000	2,432,120	2,541,080
	BEIGNET INVESTOR LLC	May 2049	6.581		850,000	902,020	899,870
	LELAND STANFORD JUNIOR UNIVERSITY	May 2047	3.460		100,000	107,900	75,248
	BURLINGTON NORTHERN SANTA FE LLC	Mar 2055	5.500		2,000,000	1,949,200	1,967,780
	BURLINGTON NORTHERN SANTA FE LLC	Aug 2036	6.200		50,000	62,794	55,902
	CSX CORP	May 2042	4.750		125,000	138,106	115,518
	CSX CORP	May 2051	2.500		2,000,000	1,136,820	1,182,720
	CVS HEALTH CORP	Sep 2055	6.200		400,000	399,584	406,556
	DUKE ENERGY PROGRESS LLC	May 2042	4.100		60,000	55,644	51,091
	CISCO SYSTEMS INC	Feb 2035	5.100		2,000,000	2,019,700	2,056,980
	COMCAST CORP	Jan 2033	4.250		140,000	164,320	136,811
	COMCAST CORP	Nov 2063	2.987		3,000,000	1,676,460	1,623,990
	COMMONSPIRIT HEALTH	Sep 2045	5.580		191,000	191,000	186,819
	COMMONSPIRIT HEALTH	Sep 2055	5.662		116,000	116,000	112,395
	COMMONWEALTH BANK OF AUSTRALIA	Mar 2046	5.929		2,000,000	1,933,740	2,043,860
	CONOCOPHILLIPS CO	Jan 2065	5.650		2,000,000	1,847,000	1,926,600
	CONSOLIDATED EDISON COMPANY OF NEW YORK INC	Mar 2036	5.850		10,000	11,946	10,637
	CONSOLIDATED EDISON COMPANY OF NEW YORK INC	Dec 2039	5.500		24,000	28,564	24,542
	CONSOLIDATED EDISON COMPANY OF NEW YORK INC	May 2058	4.500		3,000,000	2,366,310	2,460,210
	DUKE ENERGY CAROLINAS LLC	Apr 2038	6.050		21,000	29,294	22,711
	DUKE ENERGY CAROLINAS LLC	Mar 2052	3.550		3,000,000	2,078,790	2,157,660
	DUKE UNIVERSITY	Oct 2046	3.299		700,000	523,298	514,234
	EMERSON ELECTRIC CO	Apr 2039	6.125		40,000	54,604	43,710
	META PLATFORMS INC	Aug 2052	4.450		1,500,000	1,242,300	1,221,945

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date		Rate of interest	Shares	Par	Cost	Current value
	Bonds: Corporate debt securities							
	META PLATFORMS INC	Nov	2065	5.750		$ 500,000	$ 499,440	$ 477,640
	FLORIDA POWER & LIGHT CO	Dec	2051	2.875		2,000,000	1,243,600	1,275,620
	FLORIDA POWER & LIGHT CO	Jun	2054	5.600		100,000	99,136	100,541
	GILEAD SCIENCES INC	Sep	2035	4.600		34,000	37,701	33,626
	HEALTHPEAK OP LLC	Jan	2033	4.750		711,000	705,156	706,748
	HEWLETT PACKARD ENTERPRISE CO	Oct	2034	5.000		40,000	39,631	39,698
	HOME DEPOT INC	Dec	2036	5.875		110,000	137,352	119,100
	HOME DEPOT INC	Mar	2051	2.375		3,000,000	1,669,680	1,721,130
	JPMORGAN CHASE & CO	Apr	2052	3.328		4,000,000	2,720,440	2,837,720
	JPMORGAN CHASE & CO	Jan	2035	5.336		50,000	50,000	51,849
	JPMORGAN CHASE & CO	Apr	2036	5.572		2,000,000	2,024,660	2,100,000
	KENTUCKY UTILITIES CO	Nov	2040	5.125		30,000	39,656	29,453
	ELI LILLY AND CO	May	2050	2.250		3,000,000	1,682,910	1,727,280
	LOCKHEED MARTIN CORP	Dec	2042	4.070		125,000	125,000	106,881
	LOWE'S COMPANIES INC	Oct	2036	5.800		16,000	20,761	17,142
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	Jul	2038	3.959		55,000	62,984	50,964
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	Jul	2050	2.989		275,000	275,000	185,589
	MICROSOFT CORP	Oct	2040	4.500		41,000	46,980	39,748
	MICROSOFT CORP	Mar	2062	3.041		3,000,000	1,917,720	1,868,520
	MISSISSIPPI POWER CO	Jul	2051	3.100		30,000	29,680	19,661
	MORGAN STANLEY	Jan	2052	2.802		4,000,000	2,414,200	2,543,960
	NTT FINANCE CORP	Jul	2032	5.171		700,000	700,000	718,193
	NEW YORK LIFE INSURANCE CO	Nov	2039	6.750		2,000,000	2,241,940	2,288,520
	NORFOLK SOUTHERN CORP	Feb	2048	4.150		55,000	66,257	44,824
	NORTHROP GRUMMAN CORP	Nov	2040	5.050		95,000	108,394	93,818
	NORTHWESTERN MUTUAL LIFE INSURANCE CO	Mar	2040	6.063		2,000,000	2,099,500	2,136,340
	NORTHWESTERN UNIVERSITY	Dec	2047	4.198		75,000	84,800	63,972
	NORTHWESTERN UNIVERSITY	Dec	2044	4.643		105,000	130,840	100,055
	NORTHWESTERN UNIVERSITY	Dec	2057	3.662		250,000	200,454	182,143
	NVIDIA CORP	Apr	2040	3.500		2,000,000	1,654,920	1,690,120
	ORACLE CORP	Apr	2038	6.500		62,000	87,124	63,331
	ORACLE CORP	Sep	2045	5.875		84,000	83,961	76,037
	ORACLE CORP	Sep	2055	5.950		106,000	104,961	94,102
	ORACLE CORP	Sep	2065	6.100		109,000	108,337	96,246
	DUKE ENERGY INDIANA LLC	Oct	2035	6.120		38,000	47,643	41,200
	TXNM A A2	Aug	2051	6.028		2,765,000	2,987,257	2,893,711
	PEPSICO INC	May	2047	4.000		50,000	57,685	41,006
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Oct	2040	4.875		285,000	378,235	281,520

(Continued)

Schedule 1

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Bonds: Corporate debt securities						
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Oct 2037	3.619		$ 35,000	$ 39,572	$ 31,248
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Jul 2046	3.150		23,000	24,843	16,699
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Nov 2052	3.745		500,000	439,610	381,130
	PROCTER & GAMBLE CO	Mar 2037	5.550		2,000,000	2,117,820	2,164,340
	PUGET SOUND ENERGY INC	Sep 2055	5.598		350,000	350,000	340,984
	RWE FINANCE US LLC	Sep 2055	5.875		500,000	496,790	489,930
	RTX CORP	Apr 2047	4.350		60,000	76,588	50,784
	ROPER TECHNOLOGIES INC	Sep 2035	5.100		900,000	897,278	906,696
	SHELL FINANCE US INC	Dec 2038	6.375		47,000	52,633	52,352
	SIEMENS FUNDING BV	May 2055	5.800		893,000	888,598	929,863
	VVC 2023-A A2	May 2043	5.172		1,260,000	1,235,690	1,255,149
	LELAND STANFORD JUNIOR UNIVERSITY	Jun 2044	3.563		20,000	16,093	15,265
	LELAND STANFORD JUNIOR UNIVERSITY	May 2048	3.647		370,000	424,950	291,830
	SYMETRA LIFE INSURANCE CO	Oct 2055	6.550		292,000	290,365	303,382
	TOTALENERGIES CAPITAL SA	Apr 2064	5.638		2,000,000	1,894,180	1,943,280
	TRANSCONTINENTAL GAS PIPE LINE COMPANY LLC	Mar 2056	5.750		848,000	843,022	840,648
	UNION PACIFIC CORP	Feb 2044	4.821		30,000	37,562	26,533
	UNION PACIFIC CORP	Feb 2035	3.375		45,000	41,156	40,666
	RTX CORP	Jul 2038	6.125		34,000	43,541	37,222
	UNITEDHEALTH GROUP INC	May 2060	3.125		3,000,000	1,769,940	1,814,280
	UNIVERSITY OF NOTRE DAME DU LAC	Feb 2045	3.438		285,000	290,205	222,055
	UNIVERSITY OF NOTRE DAME DU LAC	Feb 2048	3.394		135,000	146,728	101,689
	VERIZON COMMUNICATIONS INC	Nov 2055	5.875		500,000	498,035	494,310
	VIRGINIA ELECTRIC AND POWER CO	Jan 2043	4.000		55,000	65,062	45,091
	WALMART INC	Apr 2038	6.200		2,000,000	2,219,280	2,258,420
	WELLS FARGO & CO	Apr 2053	4.611		3,000,000	2,461,590	2,581,710
	WELLS FARGO & CO	Jan 2035	5.499		150,000	150,000	156,381
	WYETH LLC	Apr 2037	5.950		29,000	35,833	31,211
	XCEL ENERGY INC	Jul 2036	6.500		52,000	72,907	57,033
		Total			$ 101,477,000	$ 83,115,888	$ 83,586,384
		Total Bonds			$ 266,588,362	$ 241,301,892	$ 235,155,915
	Common stocks and exchange traded funds						
	ADMA BIOLOGICS ORD			1,069		$ 21,067	$ 19,499
	ABBOTT LABORATORIES ORD			2,454		56,205	307,462
	ABBVIE ORD			2,583		121,728	590,190
	ACUSHNET HOLDINGS ORD			5,334		236,424	425,760
	AIRBNB CL A ORD			3,121		438,584	423,582

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Common stocks and exchange traded funds						
	AIR PRODUCTS AND CHEMICALS ORD			1,223		$ 99,046	$ 302,105
	ALPHABET CL C ORD			2,613		248,861	819,959
	ALPHABET CL A ORD			9,631		500,065	3,014,503
	AMAZON COM ORD			13,735		1,252,732	3,170,313
	AMERICAN EXPRESS ORD			1,004		24,457	371,430
	AMERICAN TOWER REIT			1,576		221,512	276,698
	AMERICAN WATER WORKS ORD			2,393		290,189	312,287
	AMPHENOL CL A ORD			7,463		141,574	1,008,550
	APPLE ORD			16,268		51,700	4,422,618
	AVERY DENNISON ORD			476		91,852	86,575
	BJS WHOLESALE CLUB HOLD ORD			12,649		547,262	1,138,789
	BERKSHIRE HATHAWAY CL B ORD			3,058		552,717	1,537,104
	BLACKROCK ORD			651		436,284	696,791
	BOSTON BEER CL A ORD			320		115,254	62,442
	BROWN FORMAN CL B ORD			5,222		183,166	136,085
	BURLINGTON STORES ORD			161		40,538	46,505
	CCC INTELLIGENT SOLUTIONS HLDG ORD			2,705		20,259	21,505
	CMS ENERGY ORD			905		48,368	63,287
	CADENCE DESIGN SYSTEMS ORD			664		223,037	207,553
	CARLYLE GROUP ORD			3,086		95,311	182,413
	CELSIUS HOLDINGS ORD			5,079		197,251	232,313
	CHRLS RIVER LABS ORD			2,084		229,134	415,716
	CHARTER COMMUNICATIONS CL A ORD			1,127		362,504	235,261
	CHEMED ORD			254		127,271	108,676
	CHEVRON ORD			3,945		339,058	601,257
	CLEAN HARBORS ORD			1,921		326,373	450,436
	CONSTELLATION SOFTWARE ORD			149		347,257	357,562
	COOPER ORD			1,535		107,848	125,809
	CROWN HOLDINGS ORD			8,621		667,941	887,704
	DANAHER ORD			1,689		128,832	386,646
	DOMINOS PIZZA ORD			1,340		502,935	558,539
	DRAFTKINGS CL A ORD			2,970		118,600	102,346
	ENTEGRIS ORD			6,744		689,832	568,182
	EQUITY LIFESTYLE PROP REIT ORD			1,928		127,047	116,856
	EVERGY ORD			922		45,941	66,836
	EVERSOURCE ENERGY ORD			992		71,367	66,791
	EXXON MOBIL ORD			7,151		418,918	860,551
	META PLATFORMS CL A ORD			3,046		444,632	2,010,634

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Common stocks and exchange traded funds						
	FACTSET RESEARCH SYSTEMS ORD			116		$ 39,358	$ 33,662
	FIRSTSERVICE SUB VTG ORD			1,879		306,164	292,241
	GENERAL DYNAMICS ORD			2,758		692,562	928,508
	GRACO ORD			1,566		94,383	128,365
	GUIDEWIRE SOFTWARE ORD			513		79,176	103,118
	HAWKINS ORD			391		45,153	55,545
	HEALTHEQUITY ORD			1,153		71,919	105,626
	JACK HENRY AND ASSOCIATES ORD			4,418		681,011	806,197
	HERSHEY FOODS ORD			1,493		297,397	271,696
	HOME DEPOT ORD			1,132		23,534	389,521
	HUB GROUP CL A ORD			1,833		76,766	78,104
	HUNTINGTON INGALLS INDUSTRIES ORD			1,005		232,813	341,770
	INTUIT ORD			1,104		125,676	731,312
	INVITATION HOMES ORD			3,278		68,772	91,096
	JPMORGAN CHASE ORD			1,822		72,154	587,085
	JANUS INTERNATIONAL GROUP ORD			12,078		162,065	78,990
	JOHNSON & JOHNSON ORD			3,266		196,420	675,899
	KLA ORD			668		206,178	811,673
	KINDERCARE LEARNING COMPANIES ORD			3,350		49,165	14,472
	LAM RESEARCH ORD			5,315		16,902	909,822
	ESTEE LAUDER CL A ORD			2,958		330,559	309,762
	LAZARD ORD			17,281		685,162	839,165
	ELI LILLY ORD			1,369		330,843	1,471,237
	MANPOWERGROUP ORD			186		11,181	5,530
	MARKETAXESS HOLDINGS ORD			233		62,011	42,231
	MARTIN MARIETTA MATERIALS ORD			506		90,684	315,066
	MASTERCARD CL A ORD			2,324		47,849	1,326,725
	MCDONALD'S ORD			2,960		633,949	904,665
	MICROSOFT ORD			10,099		249,748	4,884,078
	MORGAN STANLEY ORD			2,223		36,746	394,649
	MORNINGSTAR ORD			187		44,185	40,637
	NATHANS FAMOUS ORD			1,199		82,025	112,190
	NEXTERA ENERGY ORD			8,266		467,227	663,594
	NIKE CL B ORD			3,587		313,357	228,528
	NISOURCE ORD			1,606		42,453	67,067
	NVIDIA ORD			30,676		104,050	5,721,074
	O REILLY AUTOMOTIVE ORD			2,505		46,398	228,481
	OKTA CL A ORD			256		23,603	22,136

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Common stocks and exchange traded funds						
	OSHKOSH ORD			1,107		$ 111,821	$ 139,072
	OTIS WORLDWIDE ORD			5,752		318,977	502,437
	PALO ALTO NETWORKS ORD			795		141,641	146,439
	PARKER HANNIFIN ORD			1,605		522,216	1,410,731
	PEPSICO ORD			2,790		393,863	400,421
	PFIZER ORD			14,951		397,389	372,280
	PHILIP MORRIS INTERNATIONAL ORD			8,006		670,485	1,284,162
	PRESTIGE CONSUMER HEALTHCARE ORD			1,036		60,697	63,911
	PROCTER & GAMBLE ORD			5,361		305,135	768,285
	PROSPERITY BANCSHARES ORD			12,578		708,586	869,266
	RTX ORD			3,554		293,017	651,804
	ROSS STORES ORD			3,251		437,482	585,635
	RYMAN HOSPITALITY PROP REIT ORD			1,049		95,027	99,256
	S&P GLOBAL ORD			1,185		183,951	619,269
	SPS COMMERCE ORD			614		104,588	54,726
	SAILPOINT ORD			988		19,129	19,987
	SALESFORCE ORD			3,184		486,379	843,473
	JOHN B SANFILIPPO AND SON ORD			1,064		96,090	75,118
	SERVICE CORPORATION INTERNATIONL ORD			2,006		138,122	156,408
	ARS PHARMACEUTICALS ORD			346		4,837	4,031
	SITIME ORD			443		42,833	156,463
	STOCK YARDS BANCORP ORD			1,459		68,902	94,762
	SYNOPSYS ORD			727		327,896	341,486
	TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD			2,675		185,578	812,906
	TEREX CORP			3,050		181,708	162,809
	TESLA ORD			257		31,361	115,578
	TEXAS INSTRUMENTS ORD			4,543		307,847	788,165
	TEXAS ROADHOUSE ORD			587		98,707	97,442
	TEXTRON ORD			1,880		145,633	163,880
	THERMO FISHER SCIENTIFIC ORD			1,292		57,137	748,649
	TIMKEN ORD			1,628		118,999	136,964
	TRADEWEB MARKETS CL A ORD			304		28,336	32,692
	TRANSUNION ORD			1,550		109,725	132,913
	TYLER TECHNOLOGIES ORD			1,696		706,071	769,899
	UBER TECHNOLOGIES ORD			2,990		173,221	244,313
	UL SOLUTIONS CL A ORD			208		15,651	16,403
	UNION PACIFIC ORD			4,587		610,552	1,061,065
	UNITED STATES LIME AND MINERALS ORD			334		34,686	39,993

(Continued)

Schedule 1

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Common stocks and exchange traded funds						
	UNITEDHEALTH GRP ORD			2,143		$ 596,711	$ 707,426
	VAIL RESORTS ORD			542		120,348	71,978
	VISA CL A ORD			4,185		72,734	1,467,721
	WARNER MUSIC GROUP CL A ORD			4,458		149,732	136,727
	WASTE MANAGEMENT ORD			2,964		304,227	651,220
	ZOETIS CL A ORD			3,255		480,770	409,544
	ZOOMINFO TECHNOLOGIES ORD			7,807		205,489	79,397
	ALCON ORD			9,104		627,722	717,486
	ALLEGION ORD			881		107,703	140,273
	ACCENTURE CL A ORD			2,604		248,394	698,653
	APTIV ORD			2,993		226,840	227,737
	SEADRILL ORD			3,096		147,339	107,122
	STERIS ORD			2,642		245,086	669,800
	ISHARES:US OIL E&S ETF			14,293		325,114	298,295
	ISHARES:US O&G E&P ETF			1,455		136,746	129,873
*	SS SPDR S&P SFTWRE & SVC			235		34,736	43,978
*	SS SPDR S&P METALS&MNG			339		19,447	35,137
*	SS SPDR S&P INSURANCE			2,762		124,390	166,051
*	SS SPDR S&P BIOTECH			1,413		125,811	172,287
*	SS SPDR S&P OIL&GAS EXP			1,276		170,254	161,108
*	SEL SECTOR:RE SS SPDR IN			22,527		890,866	908,852
*	SEL SECTOR:UTL SS SPDR			7,423		226,050	316,893
		Total Common stocks and exchange traded funds				$ 32,771,315	$ 76,108,288
	Cash equivalents						
	DWS GVT MM SRS INST			14,878,570		$ 14,878,570	$ 14,878,570
		Total Cash equivalents				$ 14,878,570	$ 14,878,570
	Mortgage loans						
	1155 15TH STREET	Jun 2027	5.475		$ 44,411	$ 44,411	$ 37,756
	555 TUCKAHOE ROAD	Mar 2045	3.490		150,464	150,464	126,402
	AIRPARK NASHVILLE	Jun 2047	3.990		95,995	95,995	91,178
	AIRPARK NASHVILLE 2	Jun 2047	4.533		25,206	25,206	24,530
	AIRPARK NASHVILLE 3	Jun 2047	3.598		47,909	47,909	44,705
	AUSTIN CENTRE	Jul 2027	3.740		167,411	167,411	153,511
	BOUTWELL BUSINESS CENTER	Sep 2048	4.108		90,600	90,600	84,776
	GLOBAL SELF STORAGE	Jul 2043	4.167		25,857	25,857	23,400
	GRAND AVENUE GARAGE	Jan 2049	4.637		80,603	80,603	78,169
	GRAND PLAZA	Feb 2051	4.700		262,630	262,630	216,895
	GRAND PLAZA 2	Feb 2051	4.870		13,919	13,919	11,665

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Mortgage loans						
	HAYWOOD OAKS	Dec 2051	3.425		$ 315,098	$ 315,098	$ 309,927
	HEID LOFTS	Dec 2049	3.925		196,772	196,772	180,925
	LAKE PLEASANT & CANNERY CORNER	Jun 2029	4.220		193,232	193,232	185,651
	LAUREL PROMENADE FUNDING LLC	Mar 2040	4.191		28,580	28,580	26,768
	NAPA SQUARE	Apr 2026	4.015		47,160	47,160	41,820
	NORTH COUNTY SQUARE FUNDING LLC	Dec 2048	4.236		51,569	51,569	50,947
	PEACHTREE 25th CML	Apr 2026	4.442		80,384	80,384	48,423
	PEACHTREE 25th CML 2	Apr 2026	4.380		4,967	4,967	2,992
	PEACHTREE 25th CML 3	Apr 2026	4.380		3,217	3,217	1,938
	SHEAR PORTFOLIO	Feb 2043	4.396		190,793	190,793	165,425
	SOUTHRIDGE ASHEVILLE LLC	Jun 2050	3.220		113,003	113,003	105,233
	THE EMBASSY	Jun 2054	4.208		42,091	42,091	39,089
	THE WOODS ON CHERRY CREEK	Feb 2052	3.409		259,739	259,739	242,769
	THE WOODS ON CHERRY CREEK 2	Feb 2052	4.396		9,869	9,869	9,560
	THE WOODS ON CHERRY CREEK 3	Feb 2052	6.065		12,670	12,670	12,976
	VERANDA OWNER LLC	Nov 2062	4.725		62,500	62,500	58,749
		Total Mortgage loans			$ 2,616,649	$ 2,616,649	$ 2,376,179
	U.S. Treasury futures contract						
	10Y TNOTES MAR26	Mar 2026	-		$ 333	$ 623	$ (127,871)
		Total Cash equivalents			$ 333	$ 623	$ (127,871)
	Other invested assets						
	ADAMS STREET PRIVATE CREDIT FUND, LP					$ 244,195	$ 363,052
	ADAMS STREET SENIOR PRIVATE CREDIT FUND II, LP					2,120,477	2,161,948
	AEA MEZZANINE FUND III, LP					35,466	17,239
	AQUILINE TECHNOLOGY GROWTH FUND II, LP					2,829,330	2,881,620
	BLACKSTONE CAPITAL PARTNERS VIII, LP					4,357,405	4,930,863
	CYPRIUM INVESTORS IV, LP					7,882	10,443
	CYPRIUM PARALLEL INVESTORS V LP					402,591	335,509
	FALFURRIAS CAPITAL PARTNERS VI, LP					52,500	41,818
	FIRST EAGLE DIRECT LENDING FUND IV, LLC					2,387,789	1,888,688
	FIRST EAGLE DIRECT LENDING IV CO-INVEST, LLC					956,761	828,684
	GCG INVESTORS IV, LP					17,251	27,350
	GOLDMAN SACHS PRIVATE EQUITY PARTNERS XI, LP					98,933	692,682
	GOLDPOINT MEZZANINE PARTNERS IV, LP					107,009	86,035
	GRAYCLIFF MEZZANINE II PARALLEL, LP					34,045	50,084
	GRAYCLIFF MEZZANINE III, LP					395,938	257,733
	HEARTWOOD FORESTLAND REIT III, LLC					1,085,460	3,625
	LYME CONSERVATION OPPORTUNITIES FUND, LP					751,496	652,555

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	*(b)*	*(c)*				*(d)*	*(e)*
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Other invested assets						
	LYME FOREST FUND IV LEGACY, LP					$ 256,924	$ 10,160
	LYME FOREST FUND V LEGACY, LP					1,530,854	1,551,491
	MAINSAIL PARTNERS VII, L.P.					485,758	423,066
	MIDWEST MEZZANINE FUND V SBIC, LP					234,779	231,420
	MIDWEST MEZZANINE FUND VI SBIC, LP					542,289	901,559
	MORGAN STANLEY IFHF SPV, LP					8,139	11,911
	MORGAN STANLEY PREMIUM PARTNERS FUND SPV, LP					4,451	12,120
	NAUTIC PARTNERS XI, L.P.					453,766	463,426
	PJC FUND V, LP					4,680,000	3,997,774
	POINT JUDITH VENTURE FUND IV, LP					2,403,724	4,019,407
	SAVANO CAPITAL PARTNERS II, LP					801,377	461,911
	STONEPEAK INFRASTRUCTURE FUND III, LP					2,306,824	3,089,822
		Total Other invested assets				$ 29,593,413	$ 30,403,995
		Grand Total			$ 269,205,344	$ 321,162,462	$ 358,795,076

* Party in interest

See accompanying independent auditors' report.

(Continued)

Schedule 2

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Acquired and Disposed Within Year)

Year Ended December 31, 2025

(a) Identity of issue, borrower, lessor, or similar party	*(b)* Description of investment including maturity date, rate of interest, collateral, par, or maturity value				*(c)* Cost of acquisitions	*(d)* Proceeds of dispositions
	Maturity date	Rate of interest	Shares	Par		
Bonds: Securities of the U.S. Government and Federal Agencies						
UNITED STATES TREASURY - 912810UP1	Nov 2055	4.625		$ 400,000	$ 389,813	$ 389,109
	Total Bonds			$ 400,000	$ 389,813	$ 389,109
Common stocks						
FIRST SOLAR ORD - 336433107					$ 15,035	$ (22,389)
SKECHERS USA CL A ORD - 830566105					50,877	(55,109)
	Total Common stocks				$ 65,912	$ (77,498)
U.S. Treasury futures contract						
10Y TNOTES SEP25 - TYU5	Sep 2025			$ 360	$ 529	$ 498,448
10Y TNOTES DEC25 - TYZ5	Dec 2025			346	647	349,415
	Total U.S. Treasury futures contract			$ 706	$ 1,176	$ 847,863
	Grand Total			$ 400,706	$ 456,901	$ 1,159,474

See accompanying independent auditors' report.

Schedule 3

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4j-Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of Party Involved	*(b)* Description of asset (include interest rate and maturity in case of a loan)	*(c)* Purchase price	*(d)* Selling price	*(e)* Lease rental	*(f)* Expense incurred with transaction	*(g)* Cost of asset	*(h)* Current value of asset on transaction date	*(i)* Net gain or (loss)
Single Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ 22,585,980	$ -	$ -	$ -	$ 22,585,980	$ 22,585,980	$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ -	$ 84,385,728	$ -	$ -	$ 84,385,728	$ 84,385,728	$ -
Fidelity Asset Management	United States Treasury - 912810SZ2	$ 19,173,516	$ -	$ -	$ -	$ 19,173,516	$ 19,173,516	$ -
Fidelity Asset Management	United States Treasury - 912810UG1	$ 27,279,844	$ -	$ -	$ -	$ 27,279,844	$ 27,279,844	$ -
Fidelity Asset Management	United States Treasury - 912810UJ5	$ 27,714,023	$ -	$ -	$ -	$ 27,714,023	$ 27,714,023	$ -
Fidelity Asset Management	United States Treasury - 91282CMM0	$ 28,748,262	$ -	$ -	$ -	$ 28,748,262	$ 28,748,262	$ -
Series Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ 133,018,648	$ -	$ -	$ -	$ 133,018,648	$ 133,018,648	$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ -	$ 150,767,172	$ -	$ -	$ 150,767,172	$ 150,767,172	$ -
Fidelity Asset Management	iShares Trust - iShares Core MSCI Total International Stock ETF - 46432F834	$ -	$ 18,499,656	$ -	$ -	$ 18,364,972	$ 18,499,656	$ 134,684

See accompanying independent auditors' report.

Docusign Envelope ID: 2D6A28B5-3FCB-830C-8021-F967FA3DB2E2

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 514

1c Effective date of plan 01/01/2015

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)

AMICA MUTUAL INSURANCE COMPANY

P.O. BOX 6008

PROVIDENCE RI 02940-6008

2b Employer Identification Number (EIN) 05-0348344

2c Plan Sponsor's telephone number 800-652-6422

2d Business code (see instructions) 524150

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	Scott E. Boyd	10/13/2026	SCOTT E. BOYD
	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

Docusign Envelope ID: 2D6A28B5-3FCB-830C-8021-F967FA3DB2E2

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AMICA BENEFIT PLANS COMMITTEE

P.O. BOX 6008

PROVIDENCE RI 02940-6008

3b Administrator's EIN: 05-0348344

3c Administrator's telephone number: 800-652-6422

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**	1,896
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**	1,910
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,910
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 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Docusign Envelope ID: 2D6A28B5-3FCB-830C-8021-F967FA3DB2E2

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 3

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4j-Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of Party Involved	*(b)* Description of asset (include interest rate and maturity in case of a loan)	*(c)* Purchase price	*(d)* Selling price	*(e)* Lease rental	*(f)* Expense incurred with transaction	*(g)* Cost of asset	*(h)* Current value of asset on transaction date	*(i)* Net gain or (loss)
Single Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ 22,585,980	$ -	$ -	$ -	$ 22,585,980	$ 22,585,980	$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ -	$ 84,385,728	$ -	$ -	$ 84,385,728	$ 84,385,728	$ -
Fidelity Asset Management	United States Treasury - 912810SZ2	$ 19,173,516	$ -	$ -	$ -	$ 19,173,516	$ 19,173,516	$ -
Fidelity Asset Management	United States Treasury - 912810UG1	$ 27,279,844	$ -	$ -	$ -	$ 27,279,844	$ 27,279,844	$ -
Fidelity Asset Management	United States Treasury - 912810UJ5	$ 27,714,023	$ -	$ -	$ -	$ 27,714,023	$ 27,714,023	$ -
Fidelity Asset Management	United States Treasury - 91282CMM0	$ 28,748,262	$ -	$ -	$ -	$ 28,748,262	$ 28,748,262	$ -
Series Transactions:								
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ 133,018,648	$ -	$ -	$ -	$ 133,018,648	$ 133,018,648	$ -
State Street Bank & Trust Company	DWS Government Money Market Series - Institutional - 25160K207	$ -	$ 150,767,172	$ -	$ -	$ 150,767,172	$ 150,767,172	$ -
Fidelity Asset Management	iShares Trust - iShares Core MSCI Total International Stock ETF - 46432F834	$ -	$ 18,499,656	$ -	$ -	$ 18,364,972	$ 18,499,656	$ 134,684

See accompanying independent auditors' report.

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date	Rate of interest	Shares	Par		Cost	Current value
	Bonds: Securities of the U.S. Government and Federal Agencies							
	US INTERNATIONAL DEVELOPMENT FINANCE CORP	May 2030	3.430		$ 216,720		$ 218,623	$ 213,190
	TOTE SHIPHOLDINGS LLC	Oct 2040	3.400		379,000		418,795	336,624
	UNITED STATES TREASURY	Nov 2042	2.750		78,000		63,683	59,999
	UNITED STATES TREASURY	Feb 2044	3.625		150,000		161,127	128,930
	UNITED STATES TREASURY	Aug 2044	3.125		70,000		71,534	55,486
	UNITED STATES TREASURY	Feb 2045	2.500		48,000		44,357	34,028
	UNITED STATES TREASURY	Feb 2048	3.000		400,000		348,125	298,063
	UNITED STATES TREASURY	Aug 2051	2.000		30,900,000		17,791,641	17,738,531
	UNITED STATES TREASURY	Feb 2055	4.625		12,260,000		11,735,119	11,834,731
	UNITED STATES TREASURY	Feb 2045	4.750		15,900,000		15,461,508	15,837,891
	UNITED STATES TREASURY	May 2035	4.250		5,000,000		4,940,039	5,045,313
	UNITED STATES TREASURY	Aug 2035	4.250		1,500,000		1,527,188	1,511,953
	UNITED STATES TREASURY	Sep 2030	3.625		4,000,000		3,999,688	3,985,313
	UNITED STATES TREASURY	Nov 2035	4.000		400,000		397,703	394,563
	GN 794556	Jan 2042	3.500		47,827		48,828	45,034
	G2 MA0387	Sep 2042	3.500		47,454		50,049	44,389
	G2 MA2335	Nov 2029	3.000		17,303		17,736	17,112
	G2 MA6649	May 2050	4.500		17,109		17,676	16,776
	G2 MA6650	May 2050	5.000		25,188		26,038	25,240
	G2 BN5590	Jul 2049	4.500		43,766		47,103	43,305
	G2 BN5576	Jun 2049	4.500		56,790		61,244	56,279
	G2 BO9168	Jul 2049	4.500		14,009		15,164	13,883
	G2 002602	Jun 2028	6.000		984		998	999
	G2 002659	Oct 2028	7.000		532		555	547
	G2 002687	Dec 2028	6.000		492		498	501
	G2 003544	Apr 2034	5.500		5,076		5,063	5,281
	G2 003556	May 2034	5.500		7,919		7,842	8,239
	G2 002740	Apr 2029	6.000		3,473		3,522	3,549
	G2 003132	Sep 2031	6.000		3,884		3,938	4,011
	G2 003346	Feb 2033	5.500		7,866		7,927	8,183
	G2 003747	Aug 2035	5.000		4,135		4,031	4,230
	G2 004649	Mar 2040	4.500		3,032		3,188	3,039
	G2 004691	May 2040	4.500		233		243	233
	G2 004671	Apr 2040	4.500		7,647		7,985	7,666
	G2 004835	Oct 2040	5.000		28,899		30,633	29,593
	G2 005246	Nov 2026	3.000		2,387		2,443	2,372
	GN 736617	Dec 2035	4.000		97,764		104,210	97,167
	GN 740981	Oct 2040	4.500		23,351		24,807	23,409

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date		Rate of interest	Shares	Par	Cost	Current value
	Bonds: Securities of the U.S. Government and Federal Agencies							
	G2 742253	May	2030	4.500		$ 32,688	$ 33,607	$ 32,881
	GN 749248	May	2031	4.000		127,518	132,539	127,411
	GN 542820	May	2031	7.000		765	796	806
	GN 554855	May	2031	7.000		1,981	2,066	2,019
	GN 616866	Feb	2027	3.000		2,302	2,355	2,286
	GN 692196	Nov	2038	6.000		17,722	17,980	18,387
	GN 697490	Sep	2038	6.500		14,137	14,265	15,002
	GNR 2013-068 B	Aug	2043	2.500		51,705	51,783	50,841
	GNR 2014-172 AD	Jan	2046	2.200		53,916	53,672	52,009
	GNR 2014-135 AK	Aug	2055	3.000		59,312	61,509	52,389
	GNR 2009-076 MB	Sep	2039	5.000		40,722	44,540	41,760
	GNR 2009-106 HA	Nov	2039	4.000		54,003	56,703	53,084
	GNR 2013-012 B	Nov	2052	2.062		276,550	279,748	264,972
	GNR 2013-053 KA	Oct	2041	3.000		77,467	79,936	76,238
	GNR 2013-100 MA	Feb	2043	3.500		3,665	3,818	3,636
	GNR 2013-071 LA	Oct	2042	3.000		15,998	16,143	15,651
	GNR 2021-056 PE	Mar	2051	1.500		296,229	297,386	231,064
	GNR 2021-027 DC	Feb	2051	1.250		233,969	235,249	182,164
	FH G30359	Aug	2027	5.000		281	274	281
	FH H02005	Dec	2037	6.000		1,272	1,279	1,354
	FH ZT1951	May	2049	3.500		23,215	23,825	21,688
	FH SD1533	Sep	2052	4.500		123,841	118,887	121,960
	FH SD2856	May	2053	5.500		227,580	222,833	231,445
	FH SD8324	May	2053	5.500		305,595	298,338	310,812
	FH QA9793	May	2050	3.000		35,431	37,233	31,714
	FH QB6585	Dec	2050	2.500		43,613	45,930	37,708
	FH QB6580	Dec	2050	2.500		28,637	30,141	24,740
	FH QB7050	Dec	2050	2.500		46,531	49,286	40,319
	FH QB7304	Jan	2051	2.500		448,393	417,496	386,306
	FH QD2254	Nov	2051	3.500		91,089	81,866	84,502
	FH QA4861	Dec	2049	4.500		45,023	48,864	44,653
	FN 555592	Jul	2033	5.500		2,678	2,661	2,763
	FN AN8199	Jan	2036	3.500		461,512	544,242	425,561
	FN AS8796	Feb	2047	3.000		70,345	74,203	63,862
	FN 735227	Feb	2035	5.500		7,719	7,668	8,023
	FN 781606	Oct	2034	5.000		9,153	8,894	9,347
	FN 813842	Jan	2035	5.981		1,254	1,248	1,269
	FN BD0676	Jan	2047	3.500		11,036	11,427	10,423

See accompanying independent auditors' report.

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Bonds: Securities of the U.S. Government and Federal Agencies						
	FN BD4800	Sep 2046	3.500		$ 30,096	$ 31,098	$ 28,383
	FN BE0252	Sep 2046	4.000		36,443	38,516	35,227
	FN BE8500	Feb 2047	3.500		27,729	28,670	26,189
	FN BE9242	Mar 2047	4.500		39,265	42,185	38,986
	FN BH5663	Jun 2047	3.500		113,663	117,535	106,698
	FN BJ5829	Jun 2048	4.500		48,651	49,873	48,289
	FN BL2542	May 2039	3.830		447,675	520,842	413,133
	FN BM6312	Aug 2046	3.500		70,354	74,070	65,948
	FN BP7157	Jun 2050	3.000		59,257	62,317	53,042
	FN BP6370	May 2050	3.000		47,879	50,318	42,857
	FN BP6792	May 2050	3.000		91,683	96,368	82,095
	FN BQ8502	Dec 2050	2.500		30,536	32,158	26,403
	FN BQ9317	Dec 2050	2.500		35,501	37,603	30,761
	FN BQ9294	Dec 2050	2.500		45,397	48,036	39,336
	FN BW0777	Aug 2052	4.500		88,361	85,047	87,033
	FN CB4600	Sep 2052	3.500		103,527	93,078	96,423
	FN MA3942	Feb 2050	3.000		38,379	39,002	33,969
	FN MA3971	Mar 2050	3.000		50,436	51,255	44,075
	FN MA4025	May 2050	2.500		207,035	210,593	173,192
	FN MA4085	Jul 2050	2.500		39,787	40,489	33,283
	FN MA4918	Feb 2053	5.000		207,172	200,309	207,746
	FNR 2021-024 AD	Nov 2049	2.250		1,291,874	1,304,792	994,614
		Total			$ 78,264,387	$ 64,335,695	$ 63,724,664
	Bonds: States, political subdivisions and special revenue						
	ALPINE UTAH SCH DIST	Mar 2030	5.000		$ 25,000	$ 29,563	$ 25,629
	ARLINGTON CNTY VA	Aug 2037	4.000		1,500,000	1,825,620	1,553,093
	AUSTIN TEX WTR & WASTEWATER SYS REV	Nov 2049	5.000		1,000,000	1,039,970	1,052,450
	BIRDVILLE TEX INDPT SCH DIST	Feb 2048	5.000		500,000	532,965	520,196
	CACHE CNTY UTAH SCH DIST	Jun 2028	4.000		40,000	46,630	40,218
	CALIFORNIA EDL FACS AUTH REV	Jun 2046	5.000		1,000,000	1,244,410	1,146,453
	CALIFORNIA EDL FACS AUTH REV	Apr 2051	5.000		1,000,000	1,257,960	1,127,412
	CHANNELVIEW TEX INDPT SCH DIST	Aug 2035	5.926		10,000	10,835	10,015
	CHARLOTTE N C STORM WTR FEE REV	Dec 2054	4.000		1,750,000	1,741,850	1,638,471
	CHESTERFIELD CNTY VA	Jan 2043	4.000		1,000,000	1,015,000	1,007,183
	CLARK CNTY WASH SCH DIST NO 122 RIDGEFIELD	Dec 2030	5.000		20,000	24,542	20,577
	COLORADO HSG & FIN AUTH	May 2050	3.500		165,000	181,823	164,294
	COLORADO HSG & FIN AUTH	May 2026	1.466		225,000	225,000	223,403
	COLORADO ST BRD GOVERNORS UNIV ENTERPRISE SYS REV	Mar 2050	5.250		1,840,000	1,918,697	1,968,822

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

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(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Bonds: States, political subdivisions and special revenue						
	CONROE TEX INDPT SCH DIST	Feb 2038	4.000		$ 130,000	$ 148,842	$ 131,117
	CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT	Aug 2040	4.000		510,000	510,000	515,715
	CROWLEY TEX INDPT SCH DIST	Feb 2053	5.250		400,000	431,792	419,267
	CURATORS UNIV MO SYS FACS REV	Nov 2035	5.000		500,000	589,095	581,918
	DAVIS CNTY UTAH SCH DIST	Jun 2039	5.000		1,000,000	1,157,510	1,126,708
	DELAWARE ST	Jan 2027	5.000		8,000	9,670	8,199
	DELAWARE ST	May 2044	4.000		1,500,000	1,481,670	1,489,340
	DENTON TEX INDPT SCH DIST	Aug 2053	5.000		610,000	654,922	632,550
	DENVER COLO CITY & CNTY BRD WTR COMMRS WTR REV	Sep 2054	5.000		1,000,000	1,106,360	1,042,753
	DICKINSON TEX INDPT SCH DIST	Feb 2035	5.941		15,000	16,125	15,021
	DISTRICT COLUMBIA HSG FIN AGY MULTIFAMILY HSG REV	Mar 2049	3.236		462,862	462,862	431,786
	EAGLE MTN & SAGINAW TEX INDPT SCH DIST	Feb 2026	5.000		15,000	16,718	15,039
	EAGLE MTN & SAGINAW TEX INDPT SCH DIST	Aug 2033	2.022		325,000	325,000	278,246
	ENERGY NORTHWEST WASH ELEC REV	Jul 2043	5.000		1,000,000	1,063,610	1,089,751
	ESCAMBIA CNTY FLA HSG FIN AUTH SINGLE FAMILY MTG R	Apr 2026	1.950		70,000	69,913	69,695
	FAIRFAX CNTY VA	Oct 2043	4.000		510,000	506,578	511,247
	FAIRFAX CNTY VA WTR AUTH WTR REV	Apr 2050	4.000		155,000	153,518	147,059
	FLORIDA HOUSING FINANCE CORPORATION	Jul 2048	4.000		45,000	48,429	45,000
	FLORIDA ST	Jul 2044	4.000		105,000	106,167	103,653
	FLORIDA ST	Jul 2053	4.125		1,000,000	982,390	947,535
	FLORIDA ST BRD ED PUB ED	Jun 2027	5.000		25,000	27,106	25,240
	FLORIDA ST BRD ED PUB ED	Jun 2029	5.000		15,000	17,009	15,134
	FORT BEND TEX INDPT SCH DIST	Aug 2050	4.000		500,000	597,125	453,283
	FORT WORTH TEX INDPT SCH DIST	Feb 2049	5.000		1,370,000	1,417,114	1,422,224
	FRISCO TEX INDPT SCH DIST	Aug 2049	4.000		100,000	118,233	90,466
	GARLAND TEX INDPT SCH DIST	Feb 2039	5.000		500,000	559,385	552,443
	GEORGIA ST	Feb 2031	4.600		250,000	251,300	250,100
	GREGORY PORTLAND TEX INDPT SCH DIST	Feb 2039	5.000		500,000	553,350	548,158
	GUILFORD CNTY N C	Aug 2030	5.461		100,000	121,125	106,308
	HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	Feb 2048	5.000		500,000	529,365	516,122
	HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT	Feb 2029	5.000		5,000	5,910	5,117
	HOUSTON CITY	Mar 2049	5.250		1,030,000	1,081,047	1,087,580
	ILLINOIS HSG DEV AUTH REV	Oct 2048	4.000		220,000	236,047	220,448
	ILLINOIS HSG DEV AUTH REV	Oct 2048	4.500		125,000	139,985	126,199
	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV	Jul 2048	6.370		300,000	300,000	307,196
	INDIANA ST HSG & CMNTY DEV AUTH SINGLE FAMILY REV	Jul 2053	6.400		320,000	320,000	326,016
	INDIANA UNIV REVS	Jun 2060	3.067		275,000	173,148	167,225
	IOWA FINANCE AUTHORITY	Jul 2047	4.000		90,000	95,591	90,142

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	Identity of issue, borrower, lessor, or similar party	Maturity date		Rate of interest	Shares	Par	Cost	Current value
	Bonds: States, political subdivisions and special revenue							
	KATY TEX INDPT SCH DIST	Feb	2047	4.000		$ 100,000	$ 116,213	$ 92,526
	KING & PIERCE CNTY WASH SCH DIST NO 408 AUBURN	Dec	2032	5.000		10,000	11,460	10,378
	KING CNTY WASH SCH DIST NO 403 RENTON	Dec	2031	5.000		25,000	28,427	25,977
	LEWIS & THURSTON CNTYS WASH SCH DIST NO 401 CENTRA	Dec	2030	5.000		25,000	29,428	25,451
	LOUISIANA HSG CORP SINGLE FAMILY MTG REV	Sep	2041	1.550		470,030	470,030	394,725
	MALAKOFF TEX INDPT SCH DIST	Feb	2026	4.620		20,000	20,099	20,013
	MARION CNTY ORE SCH DIST NO 014J JEFFERSON	Jun	2037	5.000		25,000	27,750	25,647
	MASON CNTY WASH SCH DIST NO 309 SHELTON	Dec	2029	5.000		30,000	36,044	30,908
	MASSACHUSETTS COMMONWEALTH	Aug	2031	4.500		200,000	207,636	200,155
	MASSACHUSETTS COMMONWEALTH	Apr	2047	5.000		2,010,000	2,105,857	2,135,675
	MASSACHUSETTS ST DEV FIN AGY REV	Jul	2040	5.000		1,000,000	1,414,010	1,190,114
	MASSACHUSETTS ST DEV FIN AGY REV	Jul	2050	5.000		240,000	296,148	269,844
	METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct	2054	5.000		250,000	271,790	262,859
	METROPOLITAN GOVT NASHVILLE & DAVIDSON CNTY TENN H	Oct	2054	4.000		1,930,000	1,883,589	1,775,807
	MINNESOTA ST	Aug	2037	5.000		10,000	12,773	10,494
	MINNESOTA ST	Aug	2043	4.000		1,000,000	1,035,720	1,001,770
	MINNESOTA ST HSG FIN AGY HOMEOWNERSHIP FIN	Feb	2051	1.580		596,049	596,049	456,977
	MINNESOTA HOUSING FINANCE AGENCY	Jan	2048	4.000		215,000	231,226	215,576
	MINNESOTA HOUSING FINANCE AGENCY	Jul	2051	3.000		635,000	695,128	624,078
	MINNESOTA HOUSING FINANCE AGENCY	Jul	2053	5.591		480,000	480,000	477,065
	MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec	2043	5.458		150,000	150,000	145,597
	MISSISSIPPI HOME CORP SINGLE FAMILY MTG REV	Dec	2048	5.508		400,000	400,000	380,220
	MISSISSIPPI ST	Nov	2034	5.245		350,000	332,892	360,581
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Oct	2044	4.072		255,000	297,710	219,021
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Jan	2046	3.651		250,000	300,783	201,392
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV	Aug	2057	3.652		110,000	81,406	80,015
	MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Aug	2036	2.970		74,256	74,256	71,586
	MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	May	2047	4.000		150,000	160,677	150,261
	MISSOURI ST HSG DEV COMMN SINGLE FAMILY MTG REV	Nov	2043	2.625		101,153	103,119	89,246
	NEBRASKA INVESTMENT FINANCE AUTHORITY	Sep	2045	3.500		30,000	32,102	30,096
	NEBRASKA INVESTMENT FINANCE AUTHORITY	Sep	2048	4.000		175,000	186,170	175,797
	NEVADA HSG DIV SINGLE FAMILY MTG REV	Nov	2044	1.900		316,832	316,832	277,788
	NEW JERSEY ST EDL FACS AUTH REV	Mar	2053	4.000		1,860,000	1,819,065	1,781,443
	NEW JERSEY ST TPK AUTH TPK REV	Jan	2050	5.250		1,000,000	1,039,570	1,075,120
	NEW MEXICO MORTGAGE FINANCE AUTHORITY	Mar	2045	3.250		50,000	53,039	49,977
	NEW MEXICO MORTGAGE FINANCE AUTHORITY	Jul	2050	3.500		190,000	204,649	189,149
	NEW MEXICO MORTGAGE FINANCE AUTHORITY	May	2042	1.620		826,921	826,921	706,460
	NEW YORK CITY	Sep	2045	5.250		1,000,000	1,070,730	1,068,026

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	Bonds: States, political subdivisions and special revenue							
	NEW YORK CITY TRANSITIONAL FINANCE AUTHORITY	May 2035	5.250		$ 1,000,000		$ 1,074,850	$ 1,084,175
	NEW YORK CITY TRANSITIONAL FINANCE AUTHORITY	Nov 2050	5.000		1,000,000		1,033,320	1,033,402
	NEW YORK STATE DORMITORY AUTHORITY	Oct 2050	5.000		1,190,000		1,465,842	1,328,710
	NEW YORK ST DORM AUTH ST PERS INCOME TAX REV	Mar 2053	5.500		540,000		569,322	582,503
	NORTH DAKOTA PUB FIN AUTH	Oct 2044	5.000		1,000,000		1,131,140	1,073,641
	NORTHWEST TEX INDPT SCH DIST	Feb 2048	5.000		305,000		326,515	314,394
	OHIO ST	Mar 2040	5.000		1,000,000		1,355,500	1,090,930
	OHIO HOUSING FINANCE AGENCY	Sep 2046	3.500		140,000		150,489	141,996
	OHIO HOUSING FINANCE AGENCY	Mar 2028	2.550		135,000		137,488	133,951
	OHIO HOUSING FINANCE AGENCY	Sep 2028	2.600		110,000		112,023	109,052
	OHIO ST WTR DEV AUTH WTR POLLUTN CTL REV	Dec 2046	4.000		1,500,000		1,499,925	1,435,364
	OKLAHOMA ST WTR RES BRD REVOLVING FD REV	Apr 2049	5.000		500,000		548,745	521,611
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2039	5.000		400,000		452,660	444,642
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.375		650,000		633,438	640,791
	OKLAHOMA ST WTR RES BRD ST LN PROGRAM REV	Oct 2054	4.000		275,000		271,681	251,563
	ORANGE CNTY FLA HSG FIN AUTH HOMEOWNER REV	Sep 2050	1.650		246,308		246,308	231,637
	OREGON	Aug 2039	5.382		35,000		38,618	35,707
	OREGON	Aug 2026	5.011		10,000		12,138	10,070
	OREGON	Nov 2031	5.000		20,000		22,583	20,541
	OREGON	Nov 2041	2.765		390,000		390,000	306,728
	ORLANDO FLA UTILS COMMN UTIL SYS REV	Oct 2045	5.000		1,140,000		1,196,624	1,209,279
	OWYHEE & CANYON CNTYS IDAHO JT SCH DIST NO 370	Sep 2036	4.000		2,020,000		2,461,693	2,108,284
	PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORI	Aug 2039	2.942		125,000		123,523	102,399
	PHILADELPHIA PA WTR & WASTEWTR REV	Sep 2049	5.250		1,000,000		1,055,000	1,061,257
	PIERCE & KING CNTYS WASH SCH DIST NO 417 FIFE	Dec 2039	4.000		225,000		262,618	226,769
	PIERCE CNTY WASH SCH DIST NO 010 TACOMA	Dec 2039	4.000		1,000,000		1,206,060	1,014,375
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Mar 2046	3.500		90,000		96,112	89,953
	PINELLAS CNTY FLA HSG FIN AUTH SINGLE FAMILY HSG R	Jun 2051	2.000		1,735,602		1,735,602	1,528,345
	PORT ARTHUR TEX INDPT SCH DIST	Feb 2045	4.000		140,000		156,471	130,140
	PORT HOUSTON AUTH TEX HARRIS CNTY	Oct 2036	4.000		800,000		979,529	819,876
	PROSPER TEX INDPT SCH DIST	Feb 2026	5.000		5,000		6,040	5,013
	PURDUE UNIV IND UNIV REVS	Jul 2050	5.250		1,000,000		1,025,200	1,069,947
	RHODE ISLAND HSG & MTG FIN CORP	Oct 2054	6.250		95,000		100,511	100,020
	RHODE IS INFRASTRUCTURE BK ST REVOLVING FD REV	Oct 2053	4.125		2,000,000		1,975,600	1,858,898
	ROCKWALL TEX INDPT SCH DIST	Feb 2036	1.976		250,000		250,000	198,830
	SALT RIV PROJ AGRIC IMPT & PWR DIST ARIZ ELEC SYS	Jan 2042	5.000		1,000,000		1,075,780	1,103,731
	SAN ANTONIO TEX ELEC & GAS REV	Feb 2049	5.250		1,000,000		1,055,330	1,056,241
	SAN ANTONIO TEX ELEC & GAS REV	Feb 2049	5.500		1,000,000		1,063,860	1,077,952

(Continued)

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	Bonds: States, political subdivisions and special revenue						
	SANTA FE TEX INDPT SCH DIST	Feb 2027	5.000		$ 5,000	$ 5,738	$ 5,136
	SOUTH DAKOTA CONSERVANCY DIST REV	Aug 2054	5.000		1,250,000	1,367,413	1,302,898
	SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY	Nov 2048	4.000		185,000	195,617	185,146
	TAMPA FLA WTR & WASTEWATER SYS REV	Oct 2054	5.000		500,000	551,955	521,559
	TENNESSEE HOUSING DEVELOPMENT AGENCY	Jul 2050	3.500		430,000	457,275	422,994
	TEXAS A & M UNIV PERM UNIV FD	Jul 2047	3.660		320,000	347,615	260,033
	BOARD OF REGENTS TEXAS A & M UNIVERSITY SYSTEM	May 2054	4.125		1,500,000	1,436,250	1,400,202
	TNGUTL 23 A2	Apr 2039	5.169		2,050,000	2,053,050	2,104,799
	TEXAS STATE	Apr 2039	5.517		562,386	694,587	577,845
	TEXAS STATE	Apr 2040	4.681		635,000	771,791	621,461
	TEXAS STATE	Oct 2039	3.228		300,000	229,953	258,740
	TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Sep 2038	2.750		440,919	440,919	397,325
	TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLE FAMILY RE	Mar 2036	2.000		120,657	120,657	111,149
	TOMBALL TEX INDPT SCH DIST	Feb 2044	4.000		100,000	114,715	94,986
	UNIV PITTSBURGH OF THE COMWLTH SYS OF HIGHER ED PA	Sep 2041	3.005		125,000	124,623	101,268
	UNIVERSITY COLO ENTERPRISE SYS REV	Jun 2039	4.000		1,500,000	1,788,120	1,523,700
	UNIVERSITY MICH UNIV REVS	Apr 2052	3.504		250,000	248,663	183,161
	UNIVERSITY TEXAS PERMANENT UNIVERSITY FUND	Jul 2053	4.000		1,000,000	971,370	913,834
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2039	5.000		55,000	67,766	58,583
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2049	5.000		1,395,000	2,031,999	1,540,617
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2050	5.000		650,000	1,059,360	718,343
	BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM	Aug 2054	4.000		500,000	488,885	455,456
	STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug 2053	5.250		400,000	438,040	421,334
	STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug 2044	5.000		500,000	542,115	534,435
	STATE BOARD OF REGENTS OF THE STATE OF UTAH UNIVER	Aug 2046	5.000		300,000	320,107	310,707
	VAN TEX INDPT SCH DIST	Feb 2030	4.000		20,000	21,679	20,013
	VIRGINIA BEACH VA	Feb 2044	4.000		1,000,000	999,950	994,509
	VIRGINIA ST HSG DEV AUTH	Jun 2035	2.850		250,000	257,923	224,911
	VIRGINIA ST HSG DEV AUTH	Nov 2040	2.980		250,000	250,000	203,232
	WASHINGTON STATE	Feb 2035	5.000		15,000	17,100	15,576
	WASHINGTON STATE	Jul 2028	5.000		15,000	17,966	15,000
	WASHINGTON STATE	Feb 2026	5.000		10,000	12,040	10,018
	WAXAHACHIE TEX INDPT SCH DIST	Feb 2048	5.000		500,000	543,510	520,159
	WESTMINSTER COLO PUB SCHS	Dec 2049	5.000		1,000,000	1,040,900	1,043,699
	WHITMAN CNTY WASH REORG SCH DIST NO 300 COLFAX	Dec 2029	5.000		10,000	11,797	10,539
	WISCONSIN ST	May 2043	5.000		1,000,000	1,135,310	1,089,403
	WISCONSIN ST	May 2040	4.000		380,000	443,072	381,447

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	YAKIMA & BENTON CNTYS WASH SCH DIST NO 116-200 GRA	Dec 2029	5.000		$ 30,000	$ 34,167	$ 30,903
	Total				$ 86,846,975	$ 93,850,309	$ 87,844,867
	Bonds: Corporate debt securities						
	ABBVIE INC	Mar 2064	5.500		$ 2,000,000	$ 1,902,880	$ 1,944,840
	ALABAMA POWER CO	Aug 2044	4.150		14,000	14,112	11,723
	ALABAMA POWER CO	Mar 2052	3.000		4,000,000	2,514,280	2,594,920
	ALPHABET INC	May 2065	5.300		2,000,000	1,973,760	1,881,820
	ALPHABET INC	Nov 2055	5.450		400,000	397,360	392,724
	ALPHABET INC	Nov 2075	5.700		360,000	357,340	354,751
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	Jan 2059	5.800		3,000,000	3,012,480	3,059,880
	APPLE INC	Feb 2051	2.650		3,000,000	1,830,480	1,858,140
	APPLE INC	Feb 2061	2.800		3,000,000	1,762,890	1,760,010
	ARIZONA PUBLIC SERVICE CO	Sep 2035	5.500		50,000	66,088	51,621
	BALTIMORE GAS AND ELECTRIC CO	Oct 2036	6.350		17,000	21,498	18,847
	BALTIMORE GAS AND ELECTRIC CO	Jun 2054	5.650		3,000,000	2,891,340	2,980,050
	BANK OF AMERICA CORP	Oct 2051	2.831		4,000,000	2,432,120	2,541,080
	BEIGNET INVESTOR LLC	May 2049	6.581		850,000	902,020	899,870
	LELAND STANFORD JUNIOR UNIVERSITY	May 2047	3.460		100,000	107,900	75,248
	BURLINGTON NORTHERN SANTA FE LLC	Mar 2055	5.500		2,000,000	1,949,200	1,967,780
	BURLINGTON NORTHERN SANTA FE LLC	Aug 2036	6.200		50,000	62,794	55,902
	CSX CORP	May 2042	4.750		125,000	138,106	115,518
	CSX CORP	May 2051	2.500		2,000,000	1,136,820	1,182,720
	CVS HEALTH CORP	Sep 2055	6.200		400,000	399,584	406,556
	DUKE ENERGY PROGRESS LLC	May 2042	4.100		60,000	55,644	51,091
	CISCO SYSTEMS INC	Feb 2035	5.100		2,000,000	2,019,700	2,056,980
	COMCAST CORP	Jan 2033	4.250		140,000	164,320	136,811
	COMCAST CORP	Nov 2063	2.987		3,000,000	1,676,460	1,623,990
	COMMONSPIRIT HEALTH	Sep 2045	5.580		191,000	191,000	186,819
	COMMONSPIRIT HEALTH	Sep 2055	5.662		116,000	116,000	112,395
	COMMONWEALTH BANK OF AUSTRALIA	Mar 2046	5.929		2,000,000	1,933,740	2,043,860
	CONOCOPHILLIPS CO	Jan 2065	5.650		2,000,000	1,847,000	1,926,600
	CONSOLIDATED EDISON COMPANY OF NEW YORK INC	Mar 2036	5.850		10,000	11,946	10,637
	CONSOLIDATED EDISON COMPANY OF NEW YORK INC	Dec 2039	5.500		24,000	28,564	24,542
	CONSOLIDATED EDISON COMPANY OF NEW YORK INC	May 2058	4.500		3,000,000	2,366,310	2,460,210
	DUKE ENERGY CAROLINAS LLC	Apr 2038	6.050		21,000	29,294	22,711
	DUKE ENERGY CAROLINAS LLC	Mar 2052	3.550		3,000,000	2,078,790	2,157,660
	DUKE UNIVERSITY	Oct 2046	3.299		700,000	523,298	514,234
	EMERSON ELECTRIC CO	Apr 2039	6.125		40,000	54,604	43,710
	META PLATFORMS INC	Aug 2052	4.450		1,500,000	1,242,300	1,221,945

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date		Rate of interest	Shares	Par	Cost	Current value
	Bonds: Corporate debt securities							
	META PLATFORMS INC	Nov	2065	5.750		$ 500,000	$ 499,440	$ 477,640
	FLORIDA POWER & LIGHT CO	Dec	2051	2.875		2,000,000	1,243,600	1,275,620
	FLORIDA POWER & LIGHT CO	Jun	2054	5.600		100,000	99,136	100,541
	GILEAD SCIENCES INC	Sep	2035	4.600		34,000	37,701	33,626
	HEALTHPEAK OP LLC	Jan	2033	4.750		711,000	705,156	706,748
	HEWLETT PACKARD ENTERPRISE CO	Oct	2034	5.000		40,000	39,631	39,698
	HOME DEPOT INC	Dec	2036	5.875		110,000	137,352	119,100
	HOME DEPOT INC	Mar	2051	2.375		3,000,000	1,669,680	1,721,130
	JPMORGAN CHASE & CO	Apr	2052	3.328		4,000,000	2,720,440	2,837,720
	JPMORGAN CHASE & CO	Jan	2035	5.336		50,000	50,000	51,849
	JPMORGAN CHASE & CO	Apr	2036	5.572		2,000,000	2,024,660	2,100,000
	KENTUCKY UTILITIES CO	Nov	2040	5.125		30,000	39,656	29,453
	ELI LILLY AND CO	May	2050	2.250		3,000,000	1,682,910	1,727,280
	LOCKHEED MARTIN CORP	Dec	2042	4.070		125,000	125,000	106,881
	LOWE'S COMPANIES INC	Oct	2036	5.800		16,000	20,761	17,142
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	Jul	2038	3.959		55,000	62,984	50,964
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	Jul	2050	2.989		275,000	275,000	185,589
	MICROSOFT CORP	Oct	2040	4.500		41,000	46,980	39,748
	MICROSOFT CORP	Mar	2062	3.041		3,000,000	1,917,720	1,868,520
	MISSISSIPPI POWER CO	Jul	2051	3.100		30,000	29,680	19,661
	MORGAN STANLEY	Jan	2052	2.802		4,000,000	2,414,200	2,543,960
	NTT FINANCE CORP	Jul	2032	5.171		700,000	700,000	718,193
	NEW YORK LIFE INSURANCE CO	Nov	2039	6.750		2,000,000	2,241,940	2,288,520
	NORFOLK SOUTHERN CORP	Feb	2048	4.150		55,000	66,257	44,824
	NORTHROP GRUMMAN CORP	Nov	2040	5.050		95,000	108,394	93,818
	NORTHWESTERN MUTUAL LIFE INSURANCE CO	Mar	2040	6.063		2,000,000	2,099,500	2,136,340
	NORTHWESTERN UNIVERSITY	Dec	2047	4.198		75,000	84,800	63,972
	NORTHWESTERN UNIVERSITY	Dec	2044	4.643		105,000	130,840	100,055
	NORTHWESTERN UNIVERSITY	Dec	2057	3.662		250,000	200,454	182,143
	NVIDIA CORP	Apr	2040	3.500		2,000,000	1,654,920	1,690,120
	ORACLE CORP	Apr	2038	6.500		62,000	87,124	63,331
	ORACLE CORP	Sep	2045	5.875		84,000	83,961	76,037
	ORACLE CORP	Sep	2055	5.950		106,000	104,961	94,102
	ORACLE CORP	Sep	2065	6.100		109,000	108,337	96,246
	DUKE ENERGY INDIANA LLC	Oct	2035	6.120		38,000	47,643	41,200
	TXNM A A2	Aug	2051	6.028		2,765,000	2,987,257	2,893,711
	PEPSICO INC	May	2047	4.000		50,000	57,685	41,006
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Oct	2040	4.875		285,000	378,235	281,520

(Continued)

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Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

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(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date	Rate of interest	Shares	Par	Cost	Current value
	Bonds: Corporate debt securities						
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Oct 2037	3.619		$ 35,000	$ 39,572	$ 31,248
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Jul 2046	3.150		23,000	24,843	16,699
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	Nov 2052	3.745		500,000	439,610	381,130
	PROCTER & GAMBLE CO	Mar 2037	5.550		2,000,000	2,117,820	2,164,340
	PUGET SOUND ENERGY INC	Sep 2055	5.598		350,000	350,000	340,984
	RWE FINANCE US LLC	Sep 2055	5.875		500,000	496,790	489,930
	RTX CORP	Apr 2047	4.350		60,000	76,588	50,784
	ROPER TECHNOLOGIES INC	Sep 2035	5.100		900,000	897,278	906,696
	SHELL FINANCE US INC	Dec 2038	6.375		47,000	52,633	52,352
	SIEMENS FUNDING BV	May 2055	5.800		893,000	888,598	929,863
	VVC 2023-A A2	May 2043	5.172		1,260,000	1,235,690	1,255,149
	LELAND STANFORD JUNIOR UNIVERSITY	Jun 2044	3.563		20,000	16,093	15,265
	LELAND STANFORD JUNIOR UNIVERSITY	May 2048	3.647		370,000	424,950	291,830
	SYMETRA LIFE INSURANCE CO	Oct 2055	6.550		292,000	290,365	303,382
	TOTALENERGIES CAPITAL SA	Apr 2064	5.638		2,000,000	1,894,180	1,943,280
	TRANSCONTINENTAL GAS PIPE LINE COMPANY LLC	Mar 2056	5.750		848,000	843,022	840,648
	UNION PACIFIC CORP	Feb 2044	4.821		30,000	37,562	26,533
	UNION PACIFIC CORP	Feb 2035	3.375		45,000	41,156	40,666
	RTX CORP	Jul 2038	6.125		34,000	43,541	37,222
	UNITEDHEALTH GROUP INC	May 2060	3.125		3,000,000	1,769,940	1,814,280
	UNIVERSITY OF NOTRE DAME DU LAC	Feb 2045	3.438		285,000	290,205	222,055
	UNIVERSITY OF NOTRE DAME DU LAC	Feb 2048	3.394		135,000	146,728	101,689
	VERIZON COMMUNICATIONS INC	Nov 2055	5.875		500,000	498,035	494,310
	VIRGINIA ELECTRIC AND POWER CO	Jan 2043	4.000		55,000	65,062	45,091
	WALMART INC	Apr 2038	6.200		2,000,000	2,219,280	2,258,420
	WELLS FARGO & CO	Apr 2053	4.611		3,000,000	2,461,590	2,581,710
	WELLS FARGO & CO	Jan 2035	5.499		150,000	150,000	156,381
	WYETH LLC	Apr 2037	5.950		29,000	35,833	31,211
	XCEL ENERGY INC	Jul 2036	6.500		52,000	72,907	57,033
		Total			$ 101,477,000	$ 83,115,888	$ 83,586,384
		Total Bonds			$ 266,588,362	$ 241,301,892	$ 235,155,915
	Common stocks and exchange traded funds						
	ADMA BIOLOGICS ORD			1,069		$ 21,067	$ 19,499
	ABBOTT LABORATORIES ORD			2,454		56,205	307,462
	ABBVIE ORD			2,583		121,728	590,190
	ACUSHNET HOLDINGS ORD			5,334		236,424	425,760
	AIRBNB CL A ORD			3,121		438,584	423,582

See accompanying independent auditors' report.

(Continued)

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Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

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(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date	Rate of interest	Shares	Par	Cost	Current value
	Common stocks and exchange traded funds						
	AIR PRODUCTS AND CHEMICALS ORD			1,223		$ 99,046	$ 302,105
	ALPHABET CL C ORD			2,613		248,861	819,959
	ALPHABET CL A ORD			9,631		500,065	3,014,503
	AMAZON COM ORD			13,735		1,252,732	3,170,313
	AMERICAN EXPRESS ORD			1,004		24,457	371,430
	AMERICAN TOWER REIT			1,576		221,512	276,698
	AMERICAN WATER WORKS ORD			2,393		290,189	312,287
	AMPHENOL CL A ORD			7,463		141,574	1,008,550
	APPLE ORD			16,268		51,700	4,422,618
	AVERY DENNISON ORD			476		91,852	86,575
	BJS WHOLESALE CLUB HOLD ORD			12,649		547,262	1,138,789
	BERKSHIRE HATHAWAY CL B ORD			3,058		552,717	1,537,104
	BLACKROCK ORD			651		436,284	696,791
	BOSTON BEER CL A ORD			320		115,254	62,442
	BROWN FORMAN CL B ORD			5,222		183,166	136,085
	BURLINGTON STORES ORD			161		40,538	46,505
	CCC INTELLIGENT SOLUTIONS HLDG ORD			2,705		20,259	21,505
	CMS ENERGY ORD			905		48,368	63,287
	CADENCE DESIGN SYSTEMS ORD			664		223,037	207,553
	CARLYLE GROUP ORD			3,086		95,311	182,413
	CELSIUS HOLDINGS ORD			5,079		197,251	232,313
	CHRLS RIVER LABS ORD			2,084		229,134	415,716
	CHARTER COMMUNICATIONS CL A ORD			1,127		362,504	235,261
	CHEMED ORD			254		127,271	108,676
	CHEVRON ORD			3,945		339,058	601,257
	CLEAN HARBORS ORD			1,921		326,373	450,436
	CONSTELLATION SOFTWARE ORD			149		347,257	357,562
	COOPER ORD			1,535		107,848	125,809
	CROWN HOLDINGS ORD			8,621		667,941	887,704
	DANAHER ORD			1,689		128,832	386,646
	DOMINOS PIZZA ORD			1,340		502,935	558,539
	DRAFTKINGS CL A ORD			2,970		118,600	102,346
	ENTEGRIS ORD			6,744		689,832	568,182
	EQUITY LIFESTYLE PROP REIT ORD			1,928		127,047	116,856
	EVERGY ORD			922		45,941	66,836
	EVERSOURCE ENERGY ORD			992		71,367	66,791
	EXXON MOBIL ORD			7,151		418,918	860,551
	META PLATFORMS CL A ORD			3,046		444,632	2,010,634

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Maturity date	Rate of interest	Shares	Par	Cost	Current value
	Common stocks and exchange traded funds						
	FACTSET RESEARCH SYSTEMS ORD			116		$ 39,358	$ 33,662
	FIRSTSERVICE SUB VTG ORD			1,879		306,164	292,241
	GENERAL DYNAMICS ORD			2,758		692,562	928,508
	GRACO ORD			1,566		94,383	128,365
	GUIDEWIRE SOFTWARE ORD			513		79,176	103,118
	HAWKINS ORD			391		45,153	55,545
	HEALTHEQUITY ORD			1,153		71,919	105,626
	JACK HENRY AND ASSOCIATES ORD			4,418		681,011	806,197
	HERSHEY FOODS ORD			1,493		297,397	271,696
	HOME DEPOT ORD			1,132		23,534	389,521
	HUB GROUP CL A ORD			1,833		76,766	78,104
	HUNTINGTON INGALLS INDUSTRIES ORD			1,005		232,813	341,770
	INTUIT ORD			1,104		125,676	731,312
	INVITATION HOMES ORD			3,278		68,772	91,096
	JPMORGAN CHASE ORD			1,822		72,154	587,085
	JANUS INTERNATIONAL GROUP ORD			12,078		162,065	78,990
	JOHNSON & JOHNSON ORD			3,266		196,420	675,899
	KLA ORD			668		206,178	811,673
	KINDERCARE LEARNING COMPANIES ORD			3,350		49,165	14,472
	LAM RESEARCH ORD			5,315		16,902	909,822
	ESTEE LAUDER CL A ORD			2,958		330,559	309,762
	LAZARD ORD			17,281		685,162	839,165
	ELI LILLY ORD			1,369		330,843	1,471,237
	MANPOWERGROUP ORD			186		11,181	5,530
	MARKETAXESS HOLDINGS ORD			233		62,011	42,231
	MARTIN MARIETTA MATERIALS ORD			506		90,684	315,066
	MASTERCARD CL A ORD			2,324		47,849	1,326,725
	MCDONALD'S ORD			2,960		633,949	904,665
	MICROSOFT ORD			10,099		249,748	4,884,078
	MORGAN STANLEY ORD			2,223		36,746	394,649
	MORNINGSTAR ORD			187		44,185	40,637
	NATHANS FAMOUS ORD			1,199		82,025	112,190
	NEXTERA ENERGY ORD			8,266		467,227	663,594
	NIKE CL B ORD			3,587		313,357	228,528
	NISOURCE ORD			1,606		42,453	67,067
	NVIDIA ORD			30,676		104,050	5,721,074
	O REILLY AUTOMOTIVE ORD			2,505		46,398	228,481
	OKTA CL A ORD			256		23,603	22,136

See accompanying independent auditors' report.

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AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Common stocks and exchange traded funds						
	OSHKOSH ORD			1,107		$ 111,821	$ 139,072
	OTIS WORLDWIDE ORD			5,752		318,977	502,437
	PALO ALTO NETWORKS ORD			795		141,641	146,439
	PARKER HANNIFIN ORD			1,605		522,216	1,410,731
	PEPSICO ORD			2,790		393,863	400,421
	PFIZER ORD			14,951		397,389	372,280
	PHILIP MORRIS INTERNATIONAL ORD			8,006		670,485	1,284,162
	PRESTIGE CONSUMER HEALTHCARE ORD			1,036		60,697	63,911
	PROCTER & GAMBLE ORD			5,361		305,135	768,285
	PROSPERITY BANCSHARES ORD			12,578		708,586	869,266
	RTX ORD			3,554		293,017	651,804
	ROSS STORES ORD			3,251		437,482	585,635
	RYMAN HOSPITALITY PROP REIT ORD			1,049		95,027	99,256
	S&P GLOBAL ORD			1,185		183,951	619,269
	SPS COMMERCE ORD			614		104,588	54,726
	SAILPOINT ORD			988		19,129	19,987
	SALESFORCE ORD			3,184		486,379	843,473
	JOHN B SANFILIPPO AND SON ORD			1,064		96,090	75,118
	SERVICE CORPORATION INTERNATIONL ORD			2,006		138,122	156,408
	ARS PHARMACEUTICALS ORD			346		4,837	4,031
	SITIME ORD			443		42,833	156,463
	STOCK YARDS BANCORP ORD			1,459		68,902	94,762
	SYNOPSYS ORD			727		327,896	341,486
	TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD			2,675		185,578	812,906
	TEREX CORP			3,050		181,708	162,809
	TESLA ORD			257		31,361	115,578
	TEXAS INSTRUMENTS ORD			4,543		307,847	788,165
	TEXAS ROADHOUSE ORD			587		98,707	97,442
	TEXTRON ORD			1,880		145,633	163,880
	THERMO FISHER SCIENTIFIC ORD			1,292		57,137	748,649
	TIMKEN ORD			1,628		118,999	136,964
	TRADEWEB MARKETS CL A ORD			304		28,336	32,692
	TRANSUNION ORD			1,550		109,725	132,913
	TYLER TECHNOLOGIES ORD			1,696		706,071	769,899
	UBER TECHNOLOGIES ORD			2,990		173,221	244,313
	UL SOLUTIONS CL A ORD			208		15,651	16,403
	UNION PACIFIC ORD			4,587		610,552	1,061,065
	UNITED STATES LIME AND MINERALS ORD			334		34,686	39,993

(Continued)

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Common stocks and exchange traded funds						
	UNITEDHEALTH GRP ORD			2,143		$ 596,711	$ 707,426
	VAIL RESORTS ORD			542		120,348	71,978
	VISA CL A ORD			4,185		72,734	1,467,721
	WARNER MUSIC GROUP CL A ORD			4,458		149,732	136,727
	WASTE MANAGEMENT ORD			2,964		304,227	651,220
	ZOETIS CL A ORD			3,255		480,770	409,544
	ZOOMINFO TECHNOLOGIES ORD			7,807		205,489	79,397
	ALCON ORD			9,104		627,722	717,486
	ALLEGION ORD			881		107,703	140,273
	ACCENTURE CL A ORD			2,604		248,394	698,653
	APTIV ORD			2,993		226,840	227,737
	SEADRILL ORD			3,096		147,339	107,122
	STERIS ORD			2,642		245,086	669,800
	ISHARES:US OIL E&S ETF			14,293		325,114	298,295
	ISHARES:US O&G E&P ETF			1,455		136,746	129,873
*	SS SPDR S&P SFTWRE & SVC			235		34,736	43,978
*	SS SPDR S&P METALS&MNG			339		19,447	35,137
*	SS SPDR S&P INSURANCE			2,762		124,390	166,051
*	SS SPDR S&P BIOTECH			1,413		125,811	172,287
*	SS SPDR S&P OIL&GAS EXP			1,276		170,254	161,108
*	SEL SECTOR:RE SS SPDR IN			22,527		890,866	908,852
*	SEL SECTOR:UTL SS SPDR			7,423		226,050	316,893
		Total Common stocks and exchange traded funds				$ 32,771,315	$ 76,108,288
	Cash equivalents						
	DWS GVT MM SRS INST			14,878,570		$ 14,878,570	$ 14,878,570
		Total Cash equivalents				$ 14,878,570	$ 14,878,570
	Mortgage loans						
	1155 15TH STREET	Jun 2027	5.475		$ 44,411	$ 44,411	$ 37,756
	555 TUCKAHOE ROAD	Mar 2045	3.490		150,464	150,464	126,402
	AIRPARK NASHVILLE	Jun 2047	3.990		95,995	95,995	91,178
	AIRPARK NASHVILLE 2	Jun 2047	4.533		25,206	25,206	24,530
	AIRPARK NASHVILLE 3	Jun 2047	3.598		47,909	47,909	44,705
	AUSTIN CENTRE	Jul 2027	3.740		167,411	167,411	153,511
	BOUTWELL BUSINESS CENTER	Sep 2048	4.108		90,600	90,600	84,776
	GLOBAL SELF STORAGE	Jul 2043	4.167		25,857	25,857	23,400
	GRAND AVENUE GARAGE	Jan 2049	4.637		80,603	80,603	78,169
	GRAND PLAZA	Feb 2051	4.700		262,630	262,630	216,895
	GRAND PLAZA 2	Feb 2051	4.870		13,919	13,919	11,665

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Mortgage loans						
	HAYWOOD OAKS	Dec 2051	3.425		$ 315,098	$ 315,098	$ 309,927
	HEID LOFTS	Dec 2049	3.925		196,772	196,772	180,925
	LAKE PLEASANT & CANNERY CORNER	Jun 2029	4.220		193,232	193,232	185,651
	LAUREL PROMENADE FUNDING LLC	Mar 2040	4.191		28,580	28,580	26,768
	NAPA SQUARE	Apr 2026	4.015		47,160	47,160	41,820
	NORTH COUNTY SQUARE FUNDING LLC	Dec 2048	4.236		51,569	51,569	50,947
	PEACHTREE 25th CML	Apr 2026	4.442		80,384	80,384	48,423
	PEACHTREE 25th CML 2	Apr 2026	4.380		4,967	4,967	2,992
	PEACHTREE 25th CML 3	Apr 2026	4.380		3,217	3,217	1,938
	SHEAR PORTFOLIO	Feb 2043	4.396		190,793	190,793	165,425
	SOUTHRIDGE ASHEVILLE LLC	Jun 2050	3.220		113,003	113,003	105,233
	THE EMBASSY	Jun 2054	4.208		42,091	42,091	39,089
	THE WOODS ON CHERRY CREEK	Feb 2052	3.409		259,739	259,739	242,769
	THE WOODS ON CHERRY CREEK 2	Feb 2052	4.396		9,869	9,869	9,560
	THE WOODS ON CHERRY CREEK 3	Feb 2052	6.065		12,670	12,670	12,976
	VERANDA OWNER LLC	Nov 2062	4.725		62,500	62,500	58,749
		Total Mortgage loans			$ 2,616,649	$ 2,616,649	$ 2,376,179
	U.S. Treasury futures contract						
	10Y TNOTES MAR26	Mar 2026	-		$ 333	$ 623	$ (127,871)
		Total Cash equivalents			$ 333	$ 623	$ (127,871)
	Other invested assets						
	ADAMS STREET PRIVATE CREDIT FUND, LP					$ 244,195	$ 363,052
	ADAMS STREET SENIOR PRIVATE CREDIT FUND II, LP					2,120,477	2,161,948
	AEA MEZZANINE FUND III, LP					35,466	17,239
	AQUILINE TECHNOLOGY GROWTH FUND II, LP					2,829,330	2,881,620
	BLACKSTONE CAPITAL PARTNERS VIII, LP					4,357,405	4,930,863
	CYPRIUM INVESTORS IV, LP					7,882	10,443
	CYPRIUM PARALLEL INVESTORS V LP					402,591	335,509
	FALFURRIAS CAPITAL PARTNERS VI, LP					52,500	41,818
	FIRST EAGLE DIRECT LENDING FUND IV, LLC					2,387,789	1,888,688
	FIRST EAGLE DIRECT LENDING IV CO-INVEST, LLC					956,761	828,684
	GCG INVESTORS IV, LP					17,251	27,350
	GOLDMAN SACHS PRIVATE EQUITY PARTNERS XI, LP					98,933	692,682
	GOLDPOINT MEZZANINE PARTNERS IV, LP					107,009	86,035
	GRAYCLIFF MEZZANINE II PARALLEL, LP					34,045	50,084
	GRAYCLIFF MEZZANINE III, LP					395,938	257,733
	HEARTWOOD FORESTLAND REIT III, LLC					1,085,460	3,625
	LYME CONSERVATION OPPORTUNITIES FUND, LP					751,496	652,555

See accompanying independent auditors' report.

(Continued)

Schedule 1

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value				Cost	Current value
		Maturity date	Rate of interest	Shares	Par		
	Other invested assets						
	LYME FOREST FUND IV LEGACY, LP					$ 256,924	$ 10,160
	LYME FOREST FUND V LEGACY, LP					1,530,854	1,551,491
	MAINSAIL PARTNERS VII, L.P.					485,758	423,066
	MIDWEST MEZZANINE FUND V SBIC, LP					234,779	231,420
	MIDWEST MEZZANINE FUND VI SBIC, LP					542,289	901,559
	MORGAN STANLEY IFHF SPV, LP					8,139	11,911
	MORGAN STANLEY PREMIUM PARTNERS FUND SPV, LP					4,451	12,120
	NAUTIC PARTNERS XI, L.P.					453,766	463,426
	PJC FUND V, LP					4,680,000	3,997,774
	POINT JUDITH VENTURE FUND IV, LP					2,403,724	4,019,407
	SAVANO CAPITAL PARTNERS II, LP					801,377	461,911
	STONEPEAK INFRASTRUCTURE FUND III, LP					2,306,824	3,089,822
		Total Other invested assets				$ 29,593,413	$ 30,403,995
		Grand Total			$ 269,205,344	$ 321,162,462	$ 358,795,076

* Party in interest

See accompanying independent auditors' report.

(Continued)

Schedule 2

AMICA MUTUAL INSURANCE COMPANY RETIREE MEDICAL PLAN

Schedule H, Line 4i-Schedule of Assets (Acquired and Disposed Within Year)

Year Ended December 31, 2025

(a) Identity of issue, borrower, lessor, or similar party	*(b)* Description of investment including maturity date, rate of interest, collateral, par, or maturity value				*(c)* Cost of acquisitions	*(d)* Proceeds of dispositions
	Maturity date	Rate of interest	Shares	Par		
Bonds: Securities of the U.S. Government and Federal Agencies						
UNITED STATES TREASURY - 912810UP1	Nov 2055	4.625		$ 400,000	$ 389,813	$ 389,109
	Total Bonds			$ 400,000	$ 389,813	$ 389,109
Common stocks						
FIRST SOLAR ORD - 336433107					$ 15,035	$ (22,389)
SKECHERS USA CL A ORD - 830566105					50,877	(55,109)
	Total Common stocks				$ 65,912	$ (77,498)
U.S. Treasury futures contract						
10Y TNOTES SEP25 - TYU5	Sep 2025			$ 360	$ 529	$ 498,448
10Y TNOTES DEC25 - TYZ5	Dec 2025			346	647	349,415
	Total U.S. Treasury futures contract			$ 706	$ 1,176	$ 847,863
	Grand Total			$ 400,706	$ 456,901	$ 1,159,474

See accompanying independent auditors' report.