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October 30, 2025

The Honorable Debbie-Ann Reese
Secretary
Federal Energy Regulatory Commission
888 First Street, N.E.
Washington, D.C. 20426

**Re: San Diego Gas & Electric Company's Annual Filing of Revised Costs and
Accruals for Post-Employment Benefits Other than Pensions,
Docket No. ER26-____-000**

Dear Secretary Reese:

Pursuant to Section 205 of the Federal Power Act,¹ Section 35.13 of the Federal Energy Regulatory Commission's ("FERC" or "Commission") regulations,² and San Diego Gas & Electric Company's ("SDG&E") Sixth Transmission Owner ("TO") Formula rate mechanism ("TO6" or "TO6 Formula"), SDG&E submits this "single-issue" Post-Employment Benefits Other than Pensions ("PBOP") filing ("Filing") to the Commission for approval of its 2024 costs and accruals for PBOP, as recorded in FERC Uniform System of Accounts No. 926 ("Employee Pensions and Benefits") ("Account No. 926").

This Filing updates SDG&E's change in PBOP expense from 2023 (contained in SDG&E's TO6 Cycle 1³ informational filing) to 2024.

The impact of the change in PBOP expense on SDG&E's Base Transmission Revenue Requirement ("BTRR") will be contained in SDG&E's TO6 Cycle 2 informational filing, which will be filed by December 1, 2025 for a January 1, 2026 effective date.

¹ 16 U.S.C. § 824d.

² 18 C.F.R. § 35.13.

³ The term "Cycle" refers to the specific Information Filing (or annual filing) submitted under SDG&E's TO6 Formula. The term "TO6 Cycle 1" refers to the first Informational Filing submitted in the TO6 Formula. The capitalized terms have the meaning ascribed to them in SDG&E's TO Tariff or in this Filing.

I. NATURE AND PURPOSE OF FILING

SDG&E is making this single-issue filing under Section D.1 of its TO6 Formula Rate Protocols. Section D.1 provides that SDG&E may make a single-issue filing under FPA Section 205 if SDG&E's PBOP expense levels change.

As noted, the changed PBOP costs will be reflected in SDG&E's TO6 Cycle 2 filing. This approach to PBOP is consistent with Commission precedent that transmission owners providing service under formulaic "cost of service" rates must file PBOP costs, accrual estimates, and funding commitments for Commission review prior to including those amounts in their formula rates.⁴

II. LIST OF DOCUMENTS SUBMITTED

This filing consists of the following documents:

1. Transmittal Letter;
2. Exhibit No. SDG-1 – Willis Towers Watson Actuarial Valuation Report ("Willis Towers Report") Dated January 2025 for 2024 recorded PBOP costs;
3. Exhibit No. SDG-1-1 – "Section 1: Summary of Key Results – Benefit Cost, Assets, & Obligations" – (Excerpt from Exhibit No. SDG-1);
4. Exhibit No. SDG-2 – Calculation of 2024 Costs Used to Support the Annual FERC PBOP Costs for the TO6 Cycle 2 Informational Filing; and
5. Exhibit No. SDG-2-1 – Work papers for Exhibit SDG-2.

III. SDG&E'S 2024 PBOP FILING

The Willis Towers Report reflects SDG&E's recorded PBOP employer contribution costs for 2024. Employer contributions are the amounts SDG&E paid to provide postretirement benefits, after subtracting participant contributions. SDG&E contributes to the trusts an amount equal to the postretirement benefit cost minus contributions made on behalf of key employees, not to exceed the maximum tax-deductible limit. The standard rule is that the allowable recoverable PBOP funding is the lesser of the Net Periodic Cost ("NPC") or the IRS Maximum Tax-Deductible Contribution ("Max Tax"). As shown in Exhibit No. SDG-1-1, in 2024 SDG&E's NPC was positive, which reflects an expense position rather than income in the amount of \$220,461 compared to the Max Tax of \$12,581,661. SDG&E's total company contribution cost to PBOP in 2024 is \$220,461.

Moreover, Exhibit No. SDG-2 demonstrates how PBOP costs are normally calculated and assigned to SDG&E's electric transmission division. To illustrate, after adjusting for capitalized costs and billings to others, PBOP costs, shown on line 13, are charged to Account No. 926 to

⁴ See *Boston Edison Co.*, 70 FERC ¶61,222 (1995); *Maine Yankee Atomic Power Co.*, 68 FERC ¶ 61,375, pp. 62,252-53, *Order on Clarification*, 68 FERC ¶ 61,190, pp. 61,958-59 (1994).

support both electric and gas operations. From this total, costs are allocated to the electric division, as shown on line 15. The electric portion of PBOP costs is then multiplied by the Transmission Wages and Salaries Allocation Factor of 20.68% to calculate the amount applicable to the transmission function shown on line 19. Footnote 1 of work paper AH-2 in the TO6 Cycle 2 Informational Filing provides both the expense amount specific to the electric division and the amount allocated to transmission service. As noted, this amount is \$15,420 for 2024.

IV. REQUEST FOR WAIVER OF FILING AND NOTICE REQUIREMENTS

SDG&E submits this filing for the limited purpose of securing Commission approval of funded and projected PBOP costs. SDG&E does not propose, by this filing, to amend, supersede, or in any manner change the provisions of SDG&E's TO6 Formula. This filing does not in and of itself change, in any respect, SDG&E's transmission rates. Given the limited scope of this filing, SDG&E does not believe Part 35 of the Commission's regulations,⁵ including Section 35.13,⁶ is applicable. In the event the Commission disagrees, however, SDG&E respectfully requests waiver of such requirements and other relief as may be necessary.

V. SERVICE

Electronic copies are being served on the Docket No. ER25-270 service list. Electronic copies are also being served on the California Public Utilities Commission and the CAISO.

VI. CORRESPONDENCE

Correspondence and other communications concerning this filing should be addressed to the following individuals:

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⁵ 18 C.F.R. Part 35.

⁶ *Id.* at §35.13.

Debbie Ann Reese, Secretary

October 30, 2025

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VII. CONCLUSION

SDG&E respectfully requests that the Commission review and approve the funded and projected PBOP costs reflected in this filing, consistent with SDG&E's TO6 Formula. SDG&E will include the approved 2024 PBOP costs in SDG&E's TO6 Cycle 2 Informational Filing on or before December 1, 2025, to become effective January 1, 2026.

Respectfully submitted,

/s/ Ross R. Fulton

Ross R. Fulton

Attorney for

San Diego Gas & Electric Company

October 30, 2025

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San Diego Gas & Electric Company

Exhibit No. SDG-1

**Willis Towers Watson Actuarial
Valuation Report Dated January
2025 for 2024 recorded PBOP costs**



San Diego Gas & Electric Company (SDG&E)

Retiree Combined Group Health and Welfare Program

Actuarial Valuation Report Postretirement
Welfare Cost for Fiscal Year Ending December
31, 2024 and Employer Contributions for Plan
Year Beginning January 1, 2024

January 2025

wtwco.com

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Purposes of valuation

Sempra (the Company) engaged Willis Towers Watson US LLC ("WTW") to value the Company's other postretirement benefit plan.

As requested by the Company, this report documents the results of an actuarial valuation of the SDG&E Retiree Combined Group Health and Welfare Program for U.S. employees of Sempra (the Plan):

The primary purpose of this valuation is to provide:

1. The value of benefit obligations as of January 1, 2024 and Net Periodic Postretirement Benefit Cost/(Income) (Benefit Cost), in accordance with FASB Accounting Standards Codification Topic 715 (ASC 715) for the fiscal year beginning January 1, 2024. It is anticipated that a separate report will be prepared for year-end financial reporting and disclosure purposes.
2. Plan reporting information in accordance with FASB Accounting Standards Codification Topic 965 (ASC 965).
3. Expected contributions under the plan sponsor's funding policy for the 2024 plan year.
4. The estimated maximum tax-deductible contribution for the tax year in which the 2024 plan year ends as allowed by the Internal Revenue Code. The maximum tax deductible contribution should be finalized in consultation with Sempra's tax advisor.

Limitations

This valuation has been conducted for the purposes described above and may not be suitable for any other purpose. In particular, please note the following:

1. The expected contribution to the other postretirement benefits plan(s) has been set as described in this report. Note that any significant change in the amounts contributed or expected to be contributed in 2024 from what is disclosed at December 31, 2023 may require disclosure in the interim financial statements, but should not affect the expected return on plan assets absent a remeasurement for another purpose.
2. There may be certain events that have occurred since the valuation date that are not reflected in the current valuation. See Subsequent Events in the Basis for Valuation section below for more information.
3. This report does not present liabilities on a plan termination basis, for which a separate extensive analysis would be required. No funded status measure included in this report is intended to assess, and none may be appropriate for assessing, the sufficiency of plan assets to cover the estimated cost of settling benefit obligations, as all such measures differ in some way from plan termination obligations. In addition, funded status measures shown in this report do not reflect the current costs of settling obligations by offering immediate lump sum payments to participants and/or purchasing annuity contracts for the remaining participants (e.g., insurer profit, insurer pricing of contingent benefits and/or provision for anti-selection in the choice of a lump sum vs. an annuity).

4. The comparisons of plan obligations as determined for accounting and financial reporting purposes to plan assets presented in this report cannot be relied upon to determine the need for nor the amount of required future plan contributions. Nevertheless, such comparisons may be useful to assess the need for future contributions because they reflect current interest rates at the measurement date in determining benefit obligations. However, asset gains and losses, demographic experience different from assumed, changes in interest rates, future benefit accruals, if any, and other factors will all affect the need for and amount of future contributions. In addition, if a plan is not required by law to be funded, benefit payments may also be paid directly by the plan sponsor as they come due.

Section 1 : Summary of key results

1.1 Benefit cost, plan assets & obligations

All monetary amounts shown in US Dollars

Fiscal Year Beginning		01/01/2024	01/01/2023
Benefit Cost/ (Income)	Net Periodic Postretirement Benefit Cost/(Income)	220,461	734,619
	Benefit Cost/(Income) due to Special Events	0	0
	Total Benefit Cost/(Income)	220,461	734,619
Measurement Date		01/01/2024	01/01/2023
Plan Assets	Fair Value of Plan Assets (FVA)	152,600,137	149,202,689
	Market-Related Value of Assets (MRVA)	152,600,137	149,202,689
Benefit Obligations	Accumulated Postretirement Benefit Obligation (APBO)	(140,633,298)	(135,859,644)
Funded Ratio	Fair Value of Plan Assets to APBO	108.5%	109.8%
Accumulated Other Comprehensive (Income)/Loss (Pre-tax)	Net Prior Service Cost/(Credit)	81,786	157,251
	Net Loss/(Gain)	(42,223,470)	(43,483,033)
	Total Accumulated Other Comprehensive (Income)/Loss (pre-tax)	(42,141,684)	(43,325,782)
Assumptions	Discount rate	5.30%	5.65%
	Expected Long-Term Rate of Return on Plan Assets	5.88% ¹	5.52% ²
		<u>Pre-65</u> <u>Post-65</u>	<u>Pre-65</u> <u>Post-65</u>
	Current Health Care Cost Trend Rate	6.00% 4.50%	6.00% 4.50%
	Ultimate Health Care Cost Trend Rate	4.75% 4.50%	4.75% 4.50%
	Year of Ultimate Trend Rate	2028 2024	2028 2023
Participant Data	Census Date	01/01/2024	01/01/2023

¹ Sempra selected an expected return on plan assets (EROA) of 6.00% for 401(h) trusts and 5.75% for VEBAs, resulting in a weighted average EROA of 5.88% as of 1/1/2024

² Sempra selected an expected return on plan assets (EROA) of 5.75% for 401(h) trusts and 5.25% for VEBAs, resulting in a weighted average EROA of 5.52% as of 1/1/2023

Plan Reporting (ASC 965) for Plan Year Ending		12/31/2023	12/31/2022
	Present value of accumulated benefits	140,633,298	135,859,644
	Market value of assets	152,600,137	149,202,689
	Plan reporting discount rate	5.30%	5.65%
	Census Date	January 1, 2024	January 1, 2023
Employer Contributions		Plan Year 2024	Plan Year 2023
Cash Flow ¹	Funding policy contributions before applying maximum tax-deductible limit	379,454 ²	542,511
	Maximum tax-deductible contributions		
	Pay-as-you-go (PAYGO)	379,454 ²	542,511
	Non-Union VEBA	1,008,973	1,084,762
	Union VEBA (pre 7/1/2008)	203,311	284,095
	Union VEBA (post 7/1/2008)	0	0
	401(h)	10,989,923	11,315,785
	Total	12,581,661	13,227,153
	Expected benefit payments and expenses net of participant contributions	10,153,068	10,386,993

¹ 401(h) trust is designated to fund non-union retiree health benefits, union health benefits for pre 7/1/2008 retirees, and Non-Union VREP HRA benefits, excluding key employee benefits, if any. The Union VEBA (post 7/1/2008) is designated to fund union health benefits for retirees on and after 7/1/2008 and HRA and Union VREP HRA benefits, excluding key employee benefits, if any. The Non-Union VEBA is designated to fund non-union life insurance benefits up to \$50k, excluding key employee benefits, if any, until the trust is exhausted. The Union VEBA (pre 7/1/2008) is designated to fund union life insurance benefits up to \$50k, excluding key employee benefits, if any, until the trust is exhausted.

² Actual benefits paid from Company assets as provided by Semptra.

1.2 Employer contributions

Employer contributions are the amounts paid by Sempra to provide for postretirement benefits, net of participant contributions. Sempra's funding policy is to contribute to the trusts an amount equal to the postretirement benefit cost less plan benefit costs paid directly by the Company (such as, benefits paid to key employees), not to exceed the maximum tax-deductible contributions. Sempra maximizes its contribution to the 401(h) account and Union post 7/1/2008 VEBA, then contributes the remainder, if any, to the Non-Union VEBA and Union pre 7/1/2008 VEBA. Sempra may deviate from this policy, as permitted by its terms, based on cash, tax or other considerations. The actual contributions to be made during Fiscal 2024 per the funding policy are \$379,454, which is comprised of \$0 to the trusts with the remainder being benefits paid from Company assets.

1.3 Comments on results

The actuarial gains/(losses) due to demographic experience, including any assumption changes, and investment return different from assumed during the prior year were \$(6,020,003) and \$6,273,984 respectively.

Change in net periodic cost and funded position

The net periodic cost declined from \$734,619 in fiscal 2023 to \$220,461 in fiscal 2024 and the funded position declined from \$13,343,045 to \$11,966,839.

Significant reasons for these changes include the following:

- Asset gains that occurred during Fiscal 2023, which decreased the postretirement welfare cost and improved the funded position.
- The expected long term rate of return on plan assets increased 36 basis points as of January 1, 2024 compared to the prior year, which decreased the postretirement welfare cost.
- The discount rate decreased 35 basis points as of January 1, 2024 compared to the prior year, which deteriorated the funded position.
- A prior service cost base has only a partial amortization period remaining in 2024, which decreased the postretirement welfare cost.
- Expected future medical claims costs as of January 1, 2024 are lower than expected compared to January 1, 2023 valuation, which decreased the postretirement welfare cost and improved the funded position.

1.4 Basis for valuation

Appendix A summarizes the assumptions, methods and models used in the valuation. Appendix B summarizes our understanding of the principal provisions of the plan being valued. Both of these appendices include a summary of any changes since the prior valuation. Unless otherwise described below under Subsequent Events, assumptions were selected based on information known as of the measurement date.

Subsequent events

In September 2024, Sempra finalized its 2025 Medicare Advantage renewal with UHC. The rate increases for the Medicare Advantage HMO, Medicare Advantage PPO Plan F and Medicare Advantage PPO Plan N are about 30%, 27% and 25%, respectively. These increases in Medicare Advantage premiums will increase liabilities in future valuations.

Additional information

The Inflation Reduction Act (IRA) was signed on August 16, 2022. This law includes health care provisions related to Medicare and healthcare financing. While guidance is still forthcoming, the potential effect of the new legislation has been considered in preparing these results. Based on the information available, changes were not made to assumptions. Additional changes may be reflected in future valuations as additional guidance becomes available and actual plan experience is used to inform future expectations.

To our knowledge, there were no material issues (e.g. settlements, curtailments, plan mergers, acquisitions, divestitures UCEBs) to be reflected in this valuation other than those described in the Subsequent events section above.

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Actuarial certification

This valuation has been conducted in accordance with generally accepted actuarial principles and practices. However, please note the information described below regarding this valuation.

Reliances

In preparing the results presented in this report, we have relied on information regarding plan provisions, participants, assets, and sponsor accounting policies and methods provided by the Company and other persons or organizations designated by the Company. See the Sources of Data and Other Information section of Appendix A for further details. We have relied on all the data and information provided as complete and accurate. We have reviewed this information for overall reasonableness and consistency, but have neither audited nor independently verified this information. Based on discussions with and concurrence by the plan sponsor, assumptions or estimates may have been made if data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. The results presented in this report are directly dependent upon the accuracy and completeness of the underlying data and information. Any material inaccuracy in the data, assets, plan provisions or other information provided to us may have produced results that are not suitable for the purposes of this report and such inaccuracies, as corrected by the Company, may produce materially different results that could require that a revised report be issued.

Measurement of benefit obligations, plan assets and balance sheet adjustments

Census date/measurement date

The measurement date is January 1, 2024. The benefit obligations were measured as of January 1, 2024 and are based on participant data as of the census date, January 1, 2024.

Plan assets and balance sheet adjustments

Information about the fair value of plan assets and the general ledger account balances for the other postretirement benefit plan cost at December 31, 2023, which reflect the expected funded status of the plan before adjustment to reflect the funded status based on the year-end measurements, was reviewed for reasonableness and consistency, but no audit was performed.

Accumulated other comprehensive (income)/loss amounts shown in the report are shown prior to adjustment for tax effects. Any tax effects in AOCI should be determined by the Company in consultation with its tax advisors and independent accountants.

Plan contributions are assumed to be pre-tax because the plan sponsor's funding policy is to only contribute up to the maximum tax deductible limit. The expected return on assets, as shown in this report, has been adjusted to reflect tax effect on taxable trusts.

Assumptions and methods under U.S. GAAP

As required by U.S. GAAP, the actuarial assumptions and methods employed in the development of the other postretirement benefit cost and other financial reporting have been selected by the Company. WTW has evaluated the assumptions used and believes that they do not significantly conflict with what would be reasonable. In addition, we believe that the combined effect of assumptions is expected to have no significant bias. See Appendix A for a description of each significant assumption used and our rationale for concluding that it does not significantly conflict with what would be reasonable.

U.S. GAAP requires that each significant assumption “individually represent the best estimate of the plan’s future experience solely with respect to that assumption.”

The results shown in this report have been developed based on actuarial assumptions that, to the extent evaluated by WTW, we believe do not significantly conflict with what would be reasonable. Other actuarial assumptions could also be considered to not significantly conflict with what would be reasonable. Thus, reasonable results differing from those presented in this report could have been developed by selecting different reasonable assumptions.

A summary of the assumptions, methods and sources of data and other information used is provided in Appendix A. Note that any subsequent changes in methods or assumptions for the January 1, 2024 measurement date will change the results shown in this report.

Certain models (as described in ASOP No. 56) were used in preparing the information presented herein. Further information on these models can be found in Appendix A.

Nature of actuarial calculations

The results shown in this report are estimates based on data that may be imperfect and on assumptions about future events that cannot be predicted with any certainty. The effects of certain plan provisions may be approximated, or determined to be insignificant and therefore not valued. Reasonable efforts were made in preparing this valuation to confirm that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and are not excluded or included inappropriately. Any rounding (or lack thereof) used for displaying numbers in this report is not intended to imply a degree of precision, which is not a characteristic of actuarial calculations.

If overall future plan experience produces higher benefit payments or lower investment returns than assumed, the relative level of plan costs reported in this valuation will likely increase in future valuations (and vice versa). Future actuarial measurements may differ significantly from the current measurements presented in this report due to many factors, including: plan experience differing from that anticipated by the economic or demographic assumptions, changes in economic or demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period), and changes in plan provisions or applicable law. Due to the limited scope of our assignment, we did not perform an analysis of the potential range of such future measurements. Retiree group benefits models necessarily rely on the use of approximations and estimates, and are sensitive to changes in these approximations and estimates. Small variations in these approximations and estimates may lead to significant changes in actuarial measurements.

See Basis for Valuation in Section 1 above for a discussion of any material events that have occurred after the valuation date that are not reflected in this valuation.

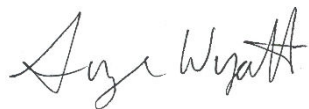
Limitations on use

This report is provided subject to the terms set out herein and in our engagement letter dated December 14, 2015 and any accompanying or referenced terms and conditions.

The information contained in this report was prepared for the internal use of the Company and its independent accountants in connection with our actuarial valuation of the other postretirement benefit plan as described in Purposes of Valuation above. It is not intended for and may not be used for other purposes, and we accept no responsibility or liability in this regard. The Company may distribute this actuarial valuation report to the appropriate authorities who have the legal right to require the Company to provide them this report, in which case the Company will use best efforts to notify WTW in advance of this distribution. Further distribution to, or use by, other parties of all or part of this report is expressly prohibited without WTW's prior written consent. WTW accepts no responsibility for any consequences arising from any party other than Sempra relying on this report or any advice relating to its contents.

Professional qualifications

The undersigned are members of the Society of Actuaries and meet the "Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States" relating to other postretirement benefit plans. Our objectivity is not impaired by any relationship between the plan sponsor and our employer, Willis Towers Watson US LLC.



Suzanne C. Wyatt, FSA, EA
Valuation Actuary



Bayan Suleman, ASA, EA
Valuation Actuary



Kristen Tanaka, FSA
Pricing Specialist



Cory Misterek, ASA
Pricing Specialist

The Pricing Specialist is responsible for developing and/or determining the reasonableness of retiree welfare plan trend and participation assumptions as well as assumed per capita claims costs (including the aging/morbidity assumption if applicable). The Valuation Actuary is responsible for other aspects of the valuation (e.g., developing and/or reviewing the reasonableness of other valuation assumptions and methods, ensuring that the valuation model reasonably reflects the substantive plan, preparing demographic data, performing the valuation, implementing the appropriate accounting or funding calculations, etc.).

Section 2 : Accounting exhibits

2.1 Balance sheet asset/(liability)

All monetary amounts shown in US Dollars

Measurement Date	01/01/2024	01/01/2023
A Development of Balance Sheet Asset/(Liability)¹		
1 Accumulated postretirement benefit obligation (APBO)	(140,633,298)	(135,859,644)
2 Fair value of plan assets (FVA) ²	152,600,137	149,202,689
3 Net balance sheet asset/(liability)	11,966,839	13,343,045
B Current and Noncurrent Classification³		
1 Noncurrent asset	11,966,839	13,343,045
2 Current liability	0	0
3 Noncurrent liability	0	0
4 Net balance sheet asset/(liability)	11,966,839	13,343,045
C Accumulated Other Comprehensive (Income)/Loss		
1 Net prior service cost/(credit)	81,786	157,251
2 Net loss/(gain)	(42,223,470)	(43,483,033)
3 Accumulated other comprehensive (income)/loss ⁴	(42,141,684)	(43,325,782)
D Assumptions and Dates		
1 Discount rate	5.30%	5.65%
2 Current health care cost trend rate (pre-65)	6.00%	6.00%
3 Current health care trend rate (post-65)	4.50%	4.50%
4 Ultimate health care cost trend rate (pre-65)	4.75%	4.75%
5 Ultimate health care cost trend rate (post-65)	4.50%	4.50%
6 Year of ultimate trend rate (pre-65/post-65)	2028/2024	2028/2023
7 Census date	01/01/2024	01/01/2023

¹ Whether any amounts in this table that differ from those disclosed at year-end must be disclosed in subsequent interim financial statements should be determined.

² Excludes receivable contributions.

³ The current liability (for each underfunded plan) was measured as the discounted value of benefits expected to be paid over the next 12 months in excess of the fair value of the plan's assets at the measurement date.

⁴ Amount shown is pre-tax and should be adjusted by plan sponsor for tax effects.

2.2 Changes in plan obligations and assets

All monetary amounts shown in US Dollars

Period Beginning	01/01/2024	01/01/2023
A Change in Accumulated Postretirement Benefit Obligation (APBO)		
1 APBO at beginning of prior fiscal year	135,859,644	187,283,531
2 Employer service cost	2,795,890	5,117,713
3 Interest cost	7,544,637	5,721,357
4 Actuarial loss/(gain)	6,020,003	(51,046,063)
5 Plan participants' contributions	7,802,469	8,017,024
6 Benefits paid from plan assets ¹	(19,012,564)	(18,080,168)
7 Benefits paid from Company assets	(542,511)	(951,164)
8 Medicare Part D subsidy	0	0
9 Administrative expenses paid ²	0	0
10 Plan amendments	0	0
11 Acquisitions/(divestitures)	0	0
12 Curtailments	0	0
13 Settlements	0	0
14 Special/contractual termination benefits	0	0
15 Plan-to-plan transfers between SDG&E and SoCalGas	180,263	3,683
16 Plan-to-plan transfers between SDG&E and Sempra	(14,533)	(206,269)
17 APBO at beginning of current fiscal year	140,633,298	135,859,644
B Change in Plan Assets		
1 Fair value of plan assets at beginning of prior fiscal year	149,202,689	212,658,185
2 Actual return on plan assets	14,250,559	(53,207,972)
3 Employer contributions	542,511	951,164
4 Plan participants' contributions	0	0
5 Benefits paid ³	(11,752,606)	(11,014,308)
6 Acquisitions/(divestitures)	0	0
7 Settlements	0	0
8 Plan-to-plan transfers between SDG&E and Sempra	13,997	(223,918)
9 Plan-to-plan transfers between SDG&E and SoCalGas	342,987	39,538
10 Fair value of plan assets at beginning of current fiscal year	152,600,137	149,202,689

¹ Includes participant paid benefits

² Only if future expenses are accrued in APBO through a load on service cost.

³ Net of retiree contributions

2.3 Summary of net balances

All monetary amounts shown in US Dollars

A Summary of Prior Service Cost/(Credit) Bases

	Net Amount at 01/01/2024	Remaining Amortization Period	Amortization Amount in 2024	Effect of Curtailments	Other Events
Base 1	21,255	0.4	(21,255)	0	0
Base 2	64,617	3.5	(18,322)	0	0
Base 3	(4,086)	4.4	930	0	0
Total	81,786		(38,647)	0	0

All monetary amounts shown in US Dollars

B Summary of Net Loss/(Gain) (see Appendix A for a description of amortization method)

	Net Amount at 01/01/2024 ¹	Amortization Amount in 2024	Effect of Curtailments	Effect of Settlements	Other Events (Identify)
	(42,223,470)	1,609,477	0	0	0

¹ Before any immediate recognition on the same date.

2.4 Development of plan assets for benefit cost

All monetary amounts shown in US Dollars

	Fair Value	Market-Related Value
A Reconciliation of Plan Assets		
1 Plan assets at 01/01/2023	149,202,689	149,202,689
2 Actual return on plan assets	14,250,559	14,250,559
3 Employer contributions	542,511	542,511
4 Plan participants' contributions	7,802,469	7,802,469
5 Benefits paid	(19,555,075)	(19,555,075)
6 Administrative expenses paid	0	0
7 Acquisitions/(divestitures)	0	0
8 Settlements	0	0
9 Plan-to-plan transfers between SDG&E and Sempra	13,997	13,997
10 Plan-to-plan transfers between SDG&E and SoCalGas	342,987	342,987
11 Plan assets at 01/01/2024	152,600,137	152,600,137

2.5 Summary and comparison of benefit cost and cash flows

All monetary amounts shown in US Dollars

Fiscal Year Ending	12/31/2024	12/31/2023
A Total Benefit Cost		
1 Employer service cost	3,129,707	2,795,890
2 Interest cost	7,353,856	7,544,637
3 Expected return on plan assets	(8,692,272)	(7,976,575)
4 Subtotal	1,791,291	2,363,952
5 Net prior service cost/(credit) amortization	38,647	75,465
6 Net loss/(gain) amortization	(1,609,477)	(1,704,798)
7 Subtotal	(1,570,830)	(1,629,333)
8 Net periodic postretirement benefit cost/(income)	220,461	734,619
9 Curtailment (gain)/loss	0	0
10 Settlement (gain)/loss	0	0
11 Special/contractual termination benefits	0	0
12 Other adjustments	0	0
13 Total benefit cost	220,461	734,619
B Assumptions (See Appendix A for interim measurements, if any)		
1 Discount rate	5.30%	5.65%
2 Expected long-term rate of return on plan assets	5.88% ¹	5.52% ²
3 Current health care cost trend rate (pre-65)	6.00%	6.00%
4 Current health care cost trend rate (post-65)	4.50%	4.50%
5 Ultimate health care cost trend rate (pre-65)	4.75%	4.75%
6 Ultimate health care cost trend rate (post-65)	4.50%	4.50%
7 Year of ultimate trend rate (pre-65/post-65)	2028/2024	2028/2023
8 Census date	01/01/2024	01/01/2023
C Fair Value of Assets at Beginning of Year	152,600,137	149,202,689
D Cash Flows Net of Medicare Part D Subsidy		
	2024	2023
1 Actual Employer trust contributions	0	0
2 Actual Benefits paid by the Employer	379,454	542,511
3 Actual Benefits paid from plan assets, net of participant contributions	9,826,217	11,210,095
4 Expected Employer trust contributions	0	0
5 Expected Benefits paid by the Employer	470,000	860,000
6 Expected Benefits paid from plan assets, net of participant contributions	9,683,068	9,526,993

¹ Based on the audited trust assets as of January 1, 2024 of \$76,585,049 for the 401(h) trusts and \$76,015,087 for the VEBAs. The EROAs for those trust types were 6.00% and 5.75%, respectively

² Based on the audited trust assets as of January 1, 2023 of \$81,187,905 for the 401(h) trusts and \$68,014,784 for the VEBAs. The EROAs for those trust types were 5.75% and 5.25%, respectively

Fiscal Year Ending		12/31/2024	12/31/2023
E Amortization Period			
1	For gain/loss amortization, if applicable	16.8	16.8
2	For new prior service cost bases, if any	13.8	13.9

2.6 Detailed results for postretirement welfare cost and funded position

All monetary amounts shown in US Dollars

Detailed Results	01/01/2024	01/01/2023
A Service Cost		
1 Medical and dental	2,939,409	2,632,914
2 Life insurance	190,298	162,976
3 Total	3,129,707	2,795,890
B Accumulated Postretirement Benefit Obligation (APBO)		
1 Medical and dental		
a Participants currently receiving benefits	72,870,675	72,948,361
b Fully eligible active participants	22,025,264	21,482,313
c Other participants	31,728,192	28,614,482
d Total	126,624,131	123,045,156
2 Life insurance		
a Participants currently receiving benefits	9,358,651	8,636,892
b Fully eligible active participants	2,646,034	2,440,552
c Other participants	2,004,482	1,737,044
d Total	14,009,167	12,814,488
3 All benefits		
a Participants currently receiving benefits	82,229,326	81,585,253
b Fully eligible active participants	24,671,298	23,922,865
c Other participants	33,732,674	30,351,526
d Total	140,633,298	135,859,644
C Assets		
1 Fair value	152,600,137	149,202,689
2 Investment losses (gains) not yet in market-related value	0	0
3 Market-related value	152,600,137	149,202,689
D Funded Position		
1 Overfunded (underfunded) APBO	11,966,839	13,343,045
2 APBO funded percentage	108.5%	109.8%
E Amounts in Accumulated Other Comprehensive Income		
1 Prior service cost (credit)	81,786	157,251
2 Net actuarial loss (gain)	(42,223,470)	(43,483,003)
3 Total	(42,141,684)	(43,325,782)
F Additional Information		
1 Weighted average retirement age	63	63
2 Effect on APBO of a one-percentage-point increase in health care cost trend rate	1,576,108	1,511,484

2.7 ASC 965 (plan reporting) information

All monetary amounts shown in US Dollars

Plan Year Ending	12/31/2023
A Present Value of Benefit Obligation and Funded Status	
1 Present value of benefit obligations	
a Participants currently receiving benefits	82,229,326
b Other fully eligible participants	24,671,298
c Other participants	33,732,674
d Total	140,633,298
2 Fair value of assets	152,600,137
B Changes in Benefit Obligations	
1 At prior plan year end	135,859,644
2 Additional benefits accumulated including effects of noninvestment experience	4,907,864
3 Decrease in the discount period	7,348,620
4 Benefits paid, net of employee contributions	(11,752,606)
5 Assumption changes	4,104,046
6 Plan amendments	0
7 Special Termination Benefits	0
8 Plan-to-plan transfers between SDG&E and SoCalGas	180,263
9 Plan-to-plan transfers between SDG&E and Sempra	(14,533)
10 Net increase/(decrease)	4,773,654
11 At current plan year end	140,633,298

See postretirement cost sharing provisions in Appendix B for retirees' relative share of the plan's estimated cost of providing postretirement benefits.

Actuarial Assumptions and Methods

The key actuarial assumptions used for plan reporting calculations as of December 31, 2023 are the same as those used to measure benefit obligations for Sempra's December 31, 2023 financial reporting, refer to Appendix A. The same plan provisions shown in Appendix B were used to determine the present value of accumulated benefits.

2.8 Maximum deductible employer contributions¹

All monetary amounts shown in US Dollars

Non-Union 401(h) ²		01/01/2024
A Section 401(h) Deduction Limit – Aggregate Normal Cost		
1	Present Value of Projected Benefits (PVB) excluding key employees	111,712,937
2	Market value of assets	76,585,049
3	Present value of future normal costs: [(1)-(2)]	35,127,888
4	Present value future service	30,416
5	Normal cost accrual rate: [(3)÷(4)]	1,155
6	Number of employees, excluding key employees	3,436
7	Aggregate normal cost BOY: [(5)x(6)]	3,968,580
8	Aggregate normal cost with interest to the end of the fiscal year: [(7) x 1.0550]	4,186,852
9	10% of PVB as of the end of the fiscal year	10,989,923
10	Greater of 10% of PVB or normal cost, but not greater than the end of year unfunded PVB	10,989,923
B Section 401(h) Subordination Test		
1	Cumulative subordination limit	152,368,671
2	Cumulative 401(h) contributions through prior year	70,857,729
3	Maximum employer contribution to satisfy subordination test	81,510,942
C 401(h) Funding Discount Rate		5.50%
D Maximum Employer Contribution		
1	Amount – lesser of IRC Section 401(h) Deduction Limit and Subordination Test	10,989,923

¹ The funding discount rates have not been adjusted to reflect administrative expenses paid from the trust.

² 401(h) trust is designated to fund non-union retiree health benefits, union health benefits for pre 7/1/2008 retirees, and Non-Union VREP HRA benefits, excluding key employee benefits, if any.

VEBAs ¹	Non-Union	Union prior to 7/1/2008
A Present Value of Projected Benefits (PVB) Excluding Key Employees	12,099,940	3,553,617
B Actuarial Value of Plan Assets	3,604,152	1,689,884
C Present Value of Future Normal Costs: [(A)-(B)]	8,495,788	1,863,733
D Present Value of Future Service	30,416	13,581
E Normal Cost Accrual Rate: [(C)÷(D)]	279	137
F Number of Employees, Excluding Key Employees	3,436	1,410
G Aggregate Normal Cost BOY: [(E)x(F)]	958,644	193,170
H VEBA Funding Discount Rate	5.25%	5.25%
I Maximum Deductible VEBA Contribution EOY: [(G)x(1+H)]	1,008,973	203,311

VEBAs ¹	Union post 7/1/2008
A Present Value of Projected Benefits (PVB) Excluding Key Employees	41,012,464
B Market Value of Plan Assets	70,721,051
C Unfunded PVB – Maximum Tax Deductible Contribution: [(A)-(B)]	0
D VEBA Funding Discount Rate	5.25%

¹ The Union VEBA (post 7/1/2008) is designated to fund union health benefits for retirees on and after 7/1/2008 and HRA and Union VREP HRA benefits, excluding key employee benefits, if any. The Non-Union VEBA is designated to fund non-union life insurance benefits up to \$50k, excluding key employee benefits, if any, until the trust is exhausted. The Union VEBA (pre 7/1/2008) is designated to fund union life insurance benefits up to \$50k, excluding key employee benefits, if any, until the trust is exhausted.

Section 3 : Participant data

3.1 Summary of participant data

All monetary amounts shown in US Dollars

Census Date		1/1/2024		
		Represented	Non-Represented	Total
A Participating Employees				
1	Number			
a	Fully eligible	139	631	770
b	Other	1,271	2,815	4,086
c	Total participating employees	1,410	3,446	4,856
2	Average age	43.1	45.3	44.7
3	Average credited service	13.0	11.6	12.0
4	Average future working life			
a	to full retirement age	18.0	16.2	16.8
b	to full eligibility age	16.7	12.4	13.8
B Retirees and Surviving Spouses				
1	Retirees			
a	Number under 65	84	319	403
b	Number 65 and older	583	1,595	2,178
c	Total	667	1,914	2,581
d	Average age	72.8	72.3	72.5
e	Number with married/family health care coverage	250	637	887
f	Number with single health care coverage	237	623	860
g	Number with life insurance	401	1,605	2,006

Employee data was supplied by the employer as of the census date. Data on persons receiving benefits was supplied by the plan administrator.

Census Date		1/1/2023		
		Represented	Non-Represented	Total
Participating Employees				
1	Number			
a	Fully eligible	140	629	769
b	Other	1,258	2,679	3,937
c	Total participating employees	1,398	3,308	4,706
2	Average age	43.0	45.4	44.7
3	Average credited service	12.9	11.6	12.0
4	Average future working life			
a	to full retirement age	18.1	16.2	16.8
b	to full eligibility age	16.9	12.5	13.9
Retirees and Surviving Spouses				
1	Retirees and surviving spouses			
a	Number under 65	93	303	396
b	Number 65 and older	564	1,554	2,118
c	Total	657	1,857	2,514
d	Average age	72.5	72.0	72.2
e	Number with married/family health care coverage	251	651	902
f	Number with single health care coverage	256	606	862
g	Number with life insurance	390	1,549	1,939

Employee data was supplied by the employer as of the census date. Data on persons receiving benefits was supplied by the plan administrator.

3.2 Age and service distribution of active participants

All monetary amounts shown in US Dollars

Attained Age	Attained Years of Credited Service ¹								Total
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	Over 34	
Under 25	89	1							90
25-29	338	40							378
30-34	444	182	38	3					667
35-39	354	161	102	107	4				728
40-44	227	129	105	192	93	1			747
45-49	137	87	73	160	194	19			670
50-54	95	48	71	122	148	49	12		545
55-59	63	31	38	89	107	52	42	14	436
60-64	34	28	41	56	99	29	40	62	389
65-69	6	6	17	22	35	17	10	47	160
70 & over	3	3	5	6	8	2	4	15	46
Total	1,790	716	490	757	688	169	108	138	4,856
Average:	Age	45							770
	Service	12							4,086
Census data as of January 1, 2024									

¹ Ages and service totals for purposes of determining category are based on exact (not rounded) values.

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Appendix A : Statement of actuarial assumptions, methods and data sources

Actuarial Assumptions and Methods – Other Postretirement Benefit Cost for Fiscal 2024 Plan Reporting Based on Calendar Year

Economic Assumptions

Discount rate for post-retirement benefit cost 5.30%

Expected long-term rate of return on plan assets – 401(h) trusts 6.00%

Expected long-term rate of return on plan assets – VEBAs 5.75%

The expected long-term rate of return on plan assets assumption for ASC 715 accounting and is net of expenses paid from the trust. Insurance carriers' administrative expenses are accounted for by including them in the fully insured premiums, premium equivalents and per capita claims costs.

Healthcare reimbursement account interest crediting rate 4.66%

Salary increase rate

Age	Rate
Below 25	10.00%
25-29	8.50%
30-34	6.50%
35-39	5.50%
40-44	5.00%
45-49	4.50%
Above 49	3.50%

Participation Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired (excludes employees not yet eligible for active healthcare coverage).

New or rehired employees It was assumed there will be no new or rehired employees.

	Current Retirees	Future Retirees	
Participation:	Based on valuation census data	Percentages of eligible individuals electing coverage:	
		Pre-65	Post-65
• Medical/dental		65%	75%
• Life insurance		100%	100%
• Former employees other than retirees	Not eligible for postretirement welfare benefits		

	Current Retirees	Future Retirees
Percentage of covered retirees electing spousal coverage (medical/dental)	Based on valuation census data	70% of males, 30% of females
Spouse ages	Based on valuation census data	Wife three years younger than husband
Non-spouse dependent coverage	None assumed	0% of participants are assumed to elect coverage for non-spouse dependents in retirement.
Medical plan elections	Assumption for current actives and pre-65 retirees regarding their medical plan election upon attainment of age 65 and forward.	

Current Pre-65 Medical Plan	Assumed Post-65 Medical Plan
Anthem Select HMO	A blended assumption of 20% UHC Medicare Advantage HMO, 60% UHC Medicare Advantage PPO Plan F, 10% UHC Medicare Advantage PPO Plan N, and 10% Kaiser Senior Advantage
Anthem PPO	
Anthem Health Care Plus+	
None	
Kaiser HMO	Kaiser Senior Advantage

Demographic Assumptions

Mortality

Pre-retirement	<p>Base Mortality Table (Male Table used for Males; Female Table used for Females)</p> <p>Base table: Pri-2012 "Employees" table Base mortality table year: 2012 Table type: No Collar Healthy or Disabled: Healthy Table weighting: Benefits</p> <p>Mortality Improvement Scale (Male Table used for Males; Female Table used for Females)</p> <ol style="list-style-type: none"> 1. Base scale: MP-2021 2. Projection Type: Generational 3. Adjustment: Unadjusted
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Post-retirement

Base Mortality Table (Male Table used for Males; Female Table used for Females)

1. Base table: Sempra specific table (see note below)
2. Base mortality table year: 2016

Mortality Improvement Scale (Male Table used for Males; Female Table used for Females)

1. Base scale: MP-2021
2. Projection Type: Generational
3. Adjustment: Unadjusted

Sempra specific table is based on the Pri-2012 Healthy Annuitant and Contingent Survivor tables, no collar, benefits weighted, male rates for males, female rates for females, projected from 2012 to 2016 by scale MP-2021 (unadjusted) with resulting rates adjusted by 0.950 to reflect Sempra experience for the period 2014 - 2018.

Disability rates

1987 Commissioner's Group Disability Table with 3-month elimination period. Rates are multiplied by a factor of 70%. A one-time recovery rate of 90% is assumed. Participants on disability are assumed to retire at age 65.

Sample rates per 1,000 before any adjustment:

Age	Males	Females
25	0.110	0.143
40	0.229	0.352
55	1.053	0.795

Termination (not due to disability or retirement) rates

Based on years of service. Rate leaving during the year per 1,000:

Years of Service	Rate
0-1	75
2	70
3	65
4	60
5	55
6	50
7	45
8	40
9	35
10-13	30
14	25
15-18	20
19	10
20+	0

Retirement

The following rates apply for:

Participants with grandfathered SoCal benefits – with 20 years of service as of January 1, 2007 – who are expected to have 90 points prior to age 62. Rates shown are for decrement prior to age 62, on or after age 62 are the same as rate table (3) below. Rate retiring during the year per 1,000:

Points ¹	Rate
Below 90	50
Above 90	175

Other participants with grandfathered SoCal or SDG&E benefits with 20 years of service as of January 1, 2007. Rate retiring during the year per 1,000:

Age	Rate
55-59	50
60-61	150
62-65	250
66-67	300
68-69	350
Above 69	1,000

All other participants. Rate retiring during the year per 1,000:

Age	Rate
55-59	30
60-61	100
62-64	200
65	300
66-69	250
Above 69	1,000

Benefit commencement dates:

- Death benefits Upon death of retiree or active participant eligible to retire
- Deferred vested benefits None
- Retirement benefits Upon termination of employment

Straight-time hourly wage rate (for HRA) Assumed plan compensation for the year beginning on the valuation date was determined using the field Annual Rate provided as of the valuation date.

Future accrual rate for HRA Unused sick time and holiday credits of eligible active participants is assumed to increase at a rate of 40 hours per year until retirement.

¹ Points are equal to age plus service

Trend Rates

Basis for trend assumptions Best estimate assumptions developed based on a review of recent and expected future claims experience.

Health care cost trend rate:

- Medical Benefits

	Under Age 65	Age 65 and Over
2024	6.00%	4.50%
2025	5.50%	4.50%
2026	5.25%	4.50%
2027	5.00%	4.50%
2028 onwards	4.75%	4.50%

- Employer cap (fixed employer contribution) 0%

Dental benefit trend rate: N/A (All dental benefits valued as fixed employer contribution.)

Participant Contribution Trend Rates

Medical costs Same as applicable medical plan trend rates for participants not subject to the employer cap. For others, retiree contributions will increase the same as applicable health care plan trend rates while premium costs are under the defined dollar employer cap, and will increase dollar for dollar with the premium after the defined dollar cap is reached.

Dental costs All participants are assumed subject to the employer cap. Therefore, participant contributions will increase dollar for dollar with the premium.

Per Capita Claims Costs

Basis for per capita claim cost assumptions The claim costs are developed based on 2023 participant demographics and the 2024 calendar year premiums or premium equivalents for the respective medical plans.

See Appendix C for more details.

Additional Assumptions

Administrative expenses	Included in fully insured premiums, premium equivalents for self-insured and per capita claims costs.
Healthcare Reimbursement Account (HRA)/VREP usage	<p>Retirees are assumed to apply for and be reimbursed for a flat dollar assumed drawdown of \$500 for regular HRAs and \$6,000 for VREP HRAs using their HRA until the account is exhausted.</p> <p>Unused balances are forfeited upon death of the covered retiree and eligible dependents.</p>
Funding policy	Sempre's funding policy is to contribute an amount equal to the postretirement welfare cost, not to exceed the maximum tax-deductible limit. Sempra maximizes its contribution to the §401(h) account and contributes the remainder to the VEBA. The sponsor may deviate from this policy, as permitted by its terms, based on cash, tax or other considerations.
Cash flow:	
• Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year and on average at mid-year.
• Amount and timing of contributions	Contributions are assumed to be made throughout the year and, on average, at mid-year.

Methods – Postretirement Welfare Cost and Funded Position

Census date	January 1, 2024
Measurement date	January 1, 2024

Service cost and accumulated postretirement benefit obligation

Costs are determined using the Projected Unit Credit Cost Method. The annual service cost is equal to the present value of the portion of the projected benefit attributable to service during the upcoming year, and the Accumulated Postretirement Benefit Obligation (APBO) is equal to the present value of the portion of the projected benefit attributable to service before the measurement date. Service from hire date through the expected full eligibility date is counted in allocating costs. Costs are allocated prorata over the service period described above.

APBO is measured by determining a portfolio of bonds, using the December 31, 2023 WTW BOND:Link model, that will provide the cash flows necessary to satisfy the projected benefit payments underlying the APBO determined using the methodology described above, and determining the market value of that portfolio. A single discount rate that will equate the present value of those benefit payments to the market value of the bond portfolio is determined. Service cost is determined by discounting the projected benefit payments underlying service cost, determined using the methodology described above, by the same discount rate determined above for the APBO. Interest cost is measured by applying the discount rate to the APBO and service cost.

Market-related value of assets

Equals fair value of assets.

Amortization of unamortized amounts:**Recognition of past service cost (credit)**

Increase in APBO resulting from a plan amendment is amortized on a straight-line basis over the average expected remaining service of active participants expected to benefit under the plan. Amortization of net prior service cost/(credit) resulting from a plan change is included as a component of Net Periodic Postretirement Benefit Cost/(Income) in the year first recognized and every year thereafter until such time as it is fully amortized. The annual amortization payment is determined in the first year as the increase in APBO due to the plan change divided by the average remaining service period to full eligibility for participating employees expected to receive benefits under the Plan. Reductions in APBO first reduce any unrecognized prior service cost; any remaining amount is amortized on a straight-line basis as described above.

Recognition of gains or losses

Amortization of the net gain or loss resulting from experience different from that assumed and from changes in assumptions (excluding asset gains and losses not yet reflected in market-related value) is included as a component of Net Periodic Postretirement Benefit Cost/(Income) for a year.

Net loss (gain) in excess of 10% of the greater of APBO and market-related value of assets is amortized on a straight-line basis over the expected average remaining service of active participants.

Present value of projected benefits for maximum tax deductible purposes Aggregate cost method.

Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Sempra and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Sempra or its third party vendors furnished participant data, premium and retiree contribution amounts as of January 1, 2024. Sempra also provided the postretirement benefit asset, postretirement benefit liability, and amounts recognized in accumulated other comprehensive income as of the end of the 2023 fiscal year, and amounts recognized in other comprehensive income in 2023. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

Accumulated other comprehensive (income)/loss amounts shown in the report are shown prior to adjustment for deferred taxes. Any deferred tax effects in AOCI should be determined in consultation with Sempra's tax advisors and auditors. WTW used information supplied by Sempra regarding the postretirement benefit asset, postretirement benefit liability, and amounts recognized in accumulated other comprehensive income as of the end of the 2024 fiscal year and amounts recognized in other comprehensive income in the 2024 fiscal year.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate As required by U.S. GAAP the discount rate methodology was chosen by the plan sponsor based on market information on the measurement date. We believe the discount rate chosen does not significantly conflict with what would be reasonable.

Expected return on plan assets

We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns for the fiscal year, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. The analysis was informed by analysis of historical data and real returns on the various classes of assets held by the trust.

WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model.

Healthcare Reimbursement Account Plan (HRA) interest rate

Interest credits on certain HRA accounts are based on the 30-year Treasury rate for the November preceding the plan year. Thus, current market rates at the valuation date are reflected and represent an estimate of future experience. We believe that the assumption chosen does not significantly conflict with what would be reasonable.

Salary increase rate

Assumed increases were chosen by the plan sponsor based on an experience study that was conducted in 2023 with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. They represent an estimate of future experience. We believe that the assumption chosen does not significantly conflict with what would be reasonable based on historical salary increase experience.

Administrative expenses

Administrative expenses are included in the fully insured premiums, premium equivalents and per capita claims costs.

Claims cost trend rates

Assumed increases were chosen by the plan sponsor and, as required by U.S. GAAP, reflect anticipated future premium costs. Near-term expectations are influenced by current market forces and Sempra specific utilization. All future trend rates are influenced by general and medical sector inflation. Ultimate trend is limited by anticipated GDP growth. After examining historical variability in trend rates, we believe that the selected assumptions do not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.

Per capita claims costs

Per capita claims costs were chosen by the plan sponsor to be the best estimate of the plan's per capita claims costs including expenses in the plan year beginning on the measurement date (with any expected changes in future years reflected in the trend rate assumption).

Over age 65 retiree premium rates are not blended and represent the actual cost of insurance for these retirees and their spouses.

Kaiser and Anthem Health Care Plus+ premium equivalent rates are a blend of costs for actives and retirees under age 65. For Kaiser, the stand-alone projected retiree costs provided by Kaiser are compared against insured rates provided for the blended active/early retiree plan. For Anthem Health Care Plus+, average age/gender factors between the active and retiree participants enrolled in the plan are compared to determine the cost of retiree health care.

For the remaining pre-age 65 medical plans, separate active and retiree only premium equivalents were developed.

Per capita claims costs are based on a composite enrollment-weighted average of adjusted premiums and retiree only level premium equivalents. Separate active and inactive composite averages were developed. Final average per capitas were distributed by age in accordance with the WTW AgeDist model. This model uses medical and prescription drug claims experience on millions of lives from 2012 and 2013 to estimate the variation in plan cost by age.

Regular HRA & VREP HRA Drawdown

The drawdown assumptions were chosen by the plan sponsor based on an experience study conducted in 2022. We believe that the assumption chosen does not significantly conflict with what would be reasonable.

Assumed post-65 medical plan

Assumed post-65 medical plan election was chosen by the plan sponsor and takes into consideration historical data.

Assumptions Rationale - Significant Demographic Assumptions

Assumptions were selected by the plan sponsor and, as required by U.S. GAAP, represents a best estimate of future experience.

Mortality

Assumptions were selected by the plan sponsor and, as required by U.S. GAAP, represent a best estimate of future experience. We believe the assumptions do not significantly conflict with what would be reasonable because they reflect recent experience and are adjusted to reflect the plan sponsor's expectations regarding future mortality improvement.

For pre-retirement, the plan sponsor selected the Society of Actuaries' most recent mortality table/improvement scale; i.e., the Pri-2012 Employee tables, no collar adjustment, with MP-2021 generational mortality improvement scale, due to a lack of credible plan-specific data for pre-retirement deaths.

For post-retirement, the plan sponsor selected the Society of Actuaries' most recent mortality table/improvement scale; i.e., the Pri-2012 Healthy Annuitant and Contingent Survivor tables. Pri-2012 table are projected from 2012 to 2016 using MP-2019 generational mortality improvement scale and adjusted by 0.950 based on Sempra specific experience for the period from 2014 to 2018, then projected from 2016 by scale MP-2021.

We believe the assumptions do not significantly conflict with what would be reasonable because they reflect recent experience.

Termination

Termination rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed termination rates differ by service because of observed differences in termination rates by service. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Disability

Given the lack of credible experience for disabled participants in this plan, and the materiality of this assumption, there is not a different assumption that is believed to provide a better estimate. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Retirement

Retirement rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed retirement rates differ by age because of expected differences in retirement rates by age. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Participation:

- **Participants** Assumed participation rates reflect historical experience based on an experience study conducted in 2019 as well as anticipated future reductions in rates of participation due to availability of public exchanges. We believe the assumptions do not significantly conflict with what would be reasonable.
- **Covered spouses** Assumed coverage rates for spouses reflect historical experience based on an experience study conducted in 2019 as well as anticipated future reductions in rates of spousal coverage due to availability of public exchanges. We believe the assumption does not significantly conflict with what would be reasonable.

Benefit commencement date

Employees are assumed to commence immediately at assumed retirement ages and surviving spouses are assumed to commence at earliest possible age as there is insufficient data to indicate a better assumption. We believe the assumption does not significantly conflict with what would be reasonable.

Marital assumptions:

- **Spousal coverage** Spousal coverage is based on an experience study conducted in 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.
- **Spouse age** Spouse age is based on a standard assumption and we believe the assumption selected does not significantly conflict with what would be reasonable.

Source of Prescribed Methods**Accounting methods**

The methods used for accounting purposes as described in Appendix A, including the method of determining the market-related value of plan assets, are “prescribed methods set by another party”, as defined in the actuarial standards of practice (ASOPs). As required by U.S. GAAP, these methods were selected by the plan sponsor.

Changes in Assumptions, Methods and Estimation Techniques**Change in assumptions since prior valuation**

The discount rate was updated from 5.65% to 5.30%.

Healthcare claims assumptions were updated to reflect 2024 plan costs.

The expected long-term rate of return on assets was updated from 5.75% to 6.00% for 401(h) trusts and 5.25% to 5.75% for VEBA.

The healthcare reimbursement account interest crediting rate was updated from 3.99% to 4.66%.

Retirement rates for participants with grandfathered SoCalGas pension benefits who are expected to have 90 points prior to age 62 were updated as part of an experience study in 2023.

All participants enrolled in dental benefits are now valued at the fixed employer contribution amounts of \$24.50/month for a retiree and up to \$45/month with one or more dependents.

Change in methods since prior valuation

None.

Change in estimation techniques since prior valuation

None.

Model Descriptions and Disclosures in accordance with ASOP No. 56

Quantify

Quantify is the WTW centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

Quantify FR

Quantify Financial Reporting (FR) is intended to calculate funding results, accounting results and produce the associated client reports under selected accounting standards. The calculations and reports are based on various user specified inputs including liability results and asset values.

Quantify FR develops valuation results for various accounting and funding purposes using standard actuarial techniques.

Calculation of disclosure liabilities and results are based on roll forward liabilities.

Liability roll-forward are used in accounting scenarios where the date as of which liabilities are valued does not coincide with the fiscal year measurement date. The roll-forwards consist of adjusting liabilities for the passage of time.

U.S. BOND:Link

U.S. BOND:Link is a methodology to assist with the selection of discount rates used in liability and cost measurements related to employee benefit plans. Discount rates are derived by identifying a theoretical settlement portfolio of high- quality corporate bonds sufficient to provide for a plan's projected benefit payments. The single interest rate is then determined that results in a discounted value of the plan's benefit payments that equals the market value of the selected bond portfolio.

Updated BOND:Link models are developed monthly as of the last day of the month. The construction of a BOND:Link model relies on bond data collected as of the measurement date. Parameters provide the user the ability to control aspects of the model. The model output allows the user to see the effect of those parameters.

Information regarding quoted bond prices, yields and other bond related data is from Bloomberg Finance L.P.

Expected Return Estimator

The Expected Return Estimator is used to help inform the choice of an expected return assumption (e.g., as one data point to consider) for returns on the assets of the trust.

The tool depends on the capital market assumptions chosen at the starting date of the simulation. These assumptions reflect currently prevailing capital market conditions, assumed future conditions (“normative conditions”), and the transition from the current conditions to the normative ones.

The assumed normative conditions incorporate a blend of historical capital market data and future expectations. The sources consulted in the determination of normative levels include practitioners in our global actuarial and investment consulting practices, plan sponsors, investment managers, economists, and academics.

AgeDist

AgeDist is a spreadsheet model that applies relative cost factors by age to average per capita costs (pre and post 65) and census weights to produce age-graded plan costs for pre- and post-65 populations. The inputs required include average per capita costs and census data by age band consistent with the data used to develop the average per capita costs.

The morbidity curve used to age-grade the plan costs was developed from a broad set of claims data aggregated by age and blended and may not reflect your specific morbidity. The model does not evaluate the average per capita costs or census weights for reasonableness or consistency. The calculation and presentation of results relies on the assumptions used and the reasonability of the assumptions selected. The output of the model used in this analysis is considered reasonable based on the aggregation of assumptions used. However, a different set of results could also be considered reasonable based on a range of possible values used for each assumption.

The individuals signing or delivering this report have relied on other WTW employees and actuaries who develop, test and maintain each of the proprietary models used for this analysis and have also performed a basic review of assumptions and results to ensure that the models have been set up appropriately and coded correctly. We have not relied on any external experts to develop, review, or validate the model used in this analysis.

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Appendix B : Summary of principal other postretirement benefit plan provisions

Substantive Plan Provisions

Covered employees All regular full-time employees

Participation date Date of becoming a covered employee

Definitions

Eligibility service Years and months of service as a covered participant

Benefit service Years and months of service as a covered employee

Surviving spouse A spouse who was married to the participant both on their retirement date (or retirement eligibility date) and on their date of death

Plans Before age 65, retirees can elect coverage from among three Anthem medical plans (HMO, PPO, or Anthem Health Care Plus+) or one Kaiser HMO.

Upon attainment of age 65, retirees can choose among two United HealthCare Medicare Advantage PPO plans (Plan F or Plan N), a United HealthCare Medicare Advantage HMO plan, or a Kaiser Senior Advantage plan.

Employer fixed monthly contribution amounts Employer fixed monthly contributions amounts described below are generally doubled with one or more dependent and without inflation.

Healthcare Reimbursement Account (HRA) under the 2013 Voluntary Retirement Enhancement Program (2013 VREP)

Eligibility for VREP Regular full-time employees, including those on a leave of absence; and age 62 with at least 5 years of continuous service as of August 31, 2013; subject to eligible job title and functional area, who accepted and retired under the offer.

Survivor eligibility Upon the participant's death, surviving spouses and eligible dependents can use the remaining HRA balance to pay for their eligible health expenses.

Benefits Upon retirement, the Company will credit the HRA with \$50,000 which can be used to pay retiree and eligible dependent health expenses. No additional accruals or interest credits will be applied towards the HRA.

Healthcare Reimbursement Account (HRA) under the 2014 Voluntary Retirement Enhancement Program (2014 VREP)

Eligibility for VREP	Employees who retired under the 2014 Voluntary Retirement Enhancement Program.
Survivor eligibility	Upon the participant's death, surviving spouses and eligible dependents can use the remaining HRA balance to pay for their eligible health expenses.
Benefits	Upon retirement, the Company will credit the HRA with \$50,000 which can be used to pay retiree and eligible dependent health expenses. No additional accruals or interest credits will be applied towards the HRA.

Healthcare Reimbursement Account (HRA) under the 2016 Voluntary Retirement Enhancement Program (2016 VREP)

Eligibility for VREP	Select non-union employees who were retirement eligible and accepted the offer to retire under the 2016 VREP by October 31, 2016.
Survivor eligibility	Upon the participant's death, surviving spouses and eligible dependents can use the remaining HRA balance to pay for their eligible health expenses.
Benefits	Upon retirement, the Company will credit the HRA with \$100,000 which can be used to pay retiree and eligible dependent health expenses. No additional accruals or interest credits will be applied towards the HRA.

Healthcare Reimbursement Account (HRA) under the 2018 Voluntary Retirement Enhancement Program (2018 VREP)

Eligibility for VREP	Select non-union employees who were retirement eligible and accepted the offer to retire under the 2018 VREP by July 31, 2018.
Survivor eligibility	Upon the participant's death, surviving spouses and eligible dependents can use the remaining HRA balance to pay for their eligible health expenses.
Benefits	Upon retirement, the Company will credit the HRA with \$100,000 which can be used to pay retiree and eligible dependent health expenses. No additional accruals or interest credits will be applied towards the HRA.

Future Plan Changes

No future plan changes were recognized in determining postretirement welfare cost or in determining employer funding policy contributions or maximum tax-deductible contributions.

Changes in Benefits Valued Since Prior Year

None.

Substantive Plan Provisions for Participants Who Retired Prior to January 1, 2006**Medical Benefits**

Eligibility	Represented Participants: Retirement on or after age 55 with at least 5 years of service. Non-represented Participants: Retirement on or after age 55 with at least 10 years of service.
Under age 65 benefits	Comprehensive major medical; deductible, coinsurance, and out-of-pocket limit varies by plan.
Age 65 and older benefits	Same plan as under age 65 with Medicare carve-out.
Survivor eligibility	For survivors of retirees or active employees age 55 with at least 5 years of service, coverage continues after the retiree's or active employee's death. The employer fixed monthly contribution amount is \$300 before age 65 and \$145 upon attainment of age 65.

Retiree Contributions

The costs of the postretirement benefit plan are shared by the plan's sponsor and retirees. In addition to deductibles and copayments, there are retiree contributions as shown in the data.

Life Insurance Benefits

Eligibility	Same as medical benefits
Postretirement contributions	Retirees pay the full cost unless retired prior to January 1, 1987.
Benefits	Employees who retired prior to January 1, 1987 received a postretirement life benefit of \$2,500 and are eligible to purchase supplemental postretirement life coverage at a subsidized rate.

Substantive Plan Provisions for Non-represented Participants Who Retire On or After January 1, 2006¹

Medical Benefits

Eligibility	Retirement on or after age 55 with at least 10 continuous years of service or age 62 with at least 5 years of continuous service.
Under age 65 benefits	Comprehensive major medical; deductible, coinsurance, and out-of-pocket limit varies by plan.
Age 65 and older benefits	Same plan as under age 65 with Medicare carve-out.
Survivor eligibility	For survivors of retirees or active employees eligible to retire, eligibility continues after the retiree or active employee's death. The beneficiary may continue to participate and will generally receive the same monthly fixed employer contributions as the retiree for pre-65 and post-65 coverage.
Postretirement contributions	<p>Pre-65 retiree contribution is equal to the active premium (blended rate) minus the employer fixed monthly contribution amount of \$300 (\$90 if retiring before age 62 with less than 10 years of service). Pre-65 employer contribution is equal to the employer fixed monthly contribution amount plus the excess of the unblended early retiree cost over the active premium.</p> <p>Post-65 the employer fixed monthly contribution amount is \$145 (lower amounts dependent upon plan if retiring before age 62 with less than 10 years of service).</p>

Dental Benefits

Eligibility	Same as medical benefits.
Survivor eligibility	For survivors of eligible retirees or active participants, eligibility continues beyond death of retiree or active participant eligible to retire.
Benefits	Retirees can elect coverage under the MetLife Dental plan or the Delta Dental plan. The company will contribute a flat dollar amount of up to \$24.50/month for a retiree and up to \$45/month with one or more dependents, without inflation.

Life Insurance Benefits

Eligibility	Same as medical benefits.
Postretirement contributions	None, benefit is solely paid by the Company.
Benefits	\$10,000 flat amount or \$25,000 flat amount for SoCal Gas grandfathered non-represented participants.

¹ Participants who do not satisfy the eligibility conditions above but are at least age 55 with 5 or more years of service (and retired prior to December 31, 2010) will be eligible for the benefits described in the section "Substantive Plan Provisions for Participants who Retired Prior to January 1, 2006".

Substantive Plan Provisions for Represented Participants Who Retired Between January 1, 2006 and June 30, 2008¹

Medical Benefits

Eligibility	Retirement after age 60 with at least 10 years of service.
Under age 65 benefits	Comprehensive major medical; deductible, coinsurance, and out-of-pocket limit varies by plan.
Age 65 and older benefits	Same plan as under age 65 with Medicare carve-out.
Survivor eligibility	For survivors of retirees or active employees eligible to retire, eligibility continues after the retiree or active employee's death. The beneficiary may continue to participate and will generally receive the same monthly fixed employer contributions as the retiree for pre-65 and post-65 coverage.
Postretirement contributions	<p>Pre-65 retiree contribution is equal to the active premium (blended rate) minus the fixed employer contribution of \$300/month (\$90 if retiring before age 60 or with less than 10 years of service). Pre-65 employer contribution is equal to the fixed contribution plus the excess of the unblended early retiree cost over the active premium.</p> <p>Post-65 employer contribution is equal to \$145/month (lower amounts dependent upon plan if retiring before age 60 or with less than 10 years of service).</p>

Dental Benefits

None.

Life Insurance Benefits

None.

¹ Participants who do not satisfy the eligibility conditions above but are at least age 55 with 5 or more years of service at retirement will be eligible for the benefits described in the section "Substantive Plan Provisions for Participants who Retired Prior to January 1, 2006".

Substantive Plan Provisions for Represented Participants Who Retire On or After July 1, 2008

Medical Benefits

Eligibility

- Tier 1 (high): Retirement after age 60 with at least 10 years of continuous service.
- Tier 1 (low): Retirement after age 62 with at least 5 years of continuous service.
- Tier 2: Retirement after age 55 with at least 10 years of continuous service.
- Tier 3: Retirement after age 55 with at least 5 years of continuous service.

Survivor eligibility

For survivors of retirees or active employees, coverage continues after the retiree or active employee's death. For Tier 1 (high), the Company contributes an amount as described in the next paragraph. For Tier 1 (low), Tier 2 and Tier 3, the Company contributes a monthly fixed \$300 contribution before age 65 and \$145 contribution upon attainment of age 65.

Under age 65 benefits

Comprehensive major medical; deductible, coinsurance, and out-of-pocket limit varies by plan.

Age 65 and older benefits

Same plan as under age 65 with Medicare carve-out.

Postretirement contributions

- Tier 1 (high): Pre-65 retiree contribution is equal to the active premium (blended rate) minus the employer fixed monthly contribution amount of \$300. Pre-65 employer contribution is equal to the employer fixed monthly contribution amount plus the excess of the unblended early retiree cost over the active premium. Post-65 the employer fixed monthly contribution amount is \$145.
- Tier 1 (low): Pre-65 retiree contribution is equal to the active premium (blended rate) minus the employer fixed monthly contribution amount of \$300. Pre-65 employer contribution is equal to the employer fixed monthly contribution amount plus the excess of the unblended early retiree cost over the active premium. Post-65 employer the employer fixed monthly contribution amount is \$50 or \$30 depending on the elected plan.
- Tier 2: Pre-65 retiree contribution is equal to the active premium (blended rate) minus the employer fixed monthly contribution amount of \$150. Pre-65 employer contribution is equal to the employer fixed monthly contribution amount plus the excess of the unblended early retiree cost over the active premium. Post-65 the employer fixed monthly contribution amount is \$50 or \$30 depending on the elected plan.

- Tier 3: Pre-65 retiree contribution is equal to the active premium (blended rate) minus the employer fixed monthly contribution amount of \$90. Pre-65 employer contribution is equal to the employer fixed monthly contribution amount plus the excess of the unblended early retiree cost over the active premium. Post-65 the employer fixed monthly contribution amount is \$50 or \$30 depending on the elected plan.

Healthcare Reimbursement Account Plan (HRA)

Eligibility	Represented active full-time employees retiring on or after December 1, 2009.										
Survivor eligibility	Upon the participant's death, surviving spouses and eligible dependents can use the remaining HRA balance to pay for their qualified medical expenses.										
Benefits	Upon retirement, the Company will contribute to the retiree's HRA an amount determined by adding a percent of unused extended sick hours and all unused vacation hours then multiplying those hours by the employee's straight-time hourly wage rate on his last day of work.										
	<table> <tr> <th>Age at Retirement</th><th>Percent of Unused Sick Time</th></tr> <tr> <td>55-59</td><td>10%</td></tr> <tr> <td>60-63</td><td>15%</td></tr> <tr> <td>64</td><td>25%</td></tr> <tr> <td>Above 65</td><td>15%</td></tr> </table>	Age at Retirement	Percent of Unused Sick Time	55-59	10%	60-63	15%	64	25%	Above 65	15%
Age at Retirement	Percent of Unused Sick Time										
55-59	10%										
60-63	15%										
64	25%										
Above 65	15%										
Postretirement contributions	None.										

Dental Benefits

Eligibility	Same as for medical benefits.
Survivor eligibility	For survivors of eligible retirees or active participants, eligibility continues beyond death of retiree or active participant eligible to retire.
Benefits	<p>Tier 1 (high) & Tier 1 (low): Retirees can elect coverage under the MetLife Dental plan. The company will contribute a flat dollar amount of up to \$24.50/month for a retiree and up to \$45/month with one or more dependents, without inflation.</p> <p>Tiers 2 & 3: None.</p>

Life Insurance Benefits

Eligibility	Same as for medical benefits.
Postretirement contributions	None, benefit is solely paid by the Company.
Benefits	Tier 1 (high) & Tier 1 (low): \$10,000 flat amount. Tiers 2 & 3: None.

Appendix C : Per capita plan cost tables

2024 Average Per Life Medical Plan Costs (before Retiree Contribution, Including Mental Health Claims Costs and Administrative Fees)

All monetary amounts shown in US Dollars

	Age	Annual Amount	
		Represented	Non-Represented
Active Participants	50 - 54	\$8,493	\$8,721
	55 - 59	\$10,197	\$10,472
	60 - 64	\$12,619	\$12,959
	65 - 69	\$3,244	\$3,244
	70 - 74	\$3,592	\$3,592
	75 - 79	\$3,866	\$3,866
	80 - 84	\$3,982	\$3,982
	85 - 89	\$3,975	\$3,975
	90 - 94	\$3,724	\$3,724
	>= 95	\$3,485	\$3,485
Retirees and Surviving Spouses	50 - 54	\$8,855	\$9,394
	55 - 59	\$10,632	\$11,280
	60 - 64	\$13,157	\$13,958
	65 - 69	\$3,181	\$3,181
	70 - 74	\$3,523	\$3,523
	75 - 79	\$3,791	\$3,791
	80 - 84	\$3,905	\$3,905
	85 - 89	\$3,898	\$3,898
	90 - 94	\$3,652	\$3,652
	>= 95	\$3,417	\$3,417

San Diego Gas & Electric Company

Exhibit No. SDG-1-1

**“Section 1: Summary of Key
Results – Benefit Cost, Assets, &
Obligations” – (Excerpt from
Exhibit No. SDG-1)**

Section 1 : Summary of key results

1.1 Benefit cost, plan assets & obligations

All monetary amounts shown in US Dollars

Fiscal Year Beginning		01/01/2024	01/01/2023
Benefit Cost/ (Income)	Net Periodic Postretirement Benefit Cost/(Income)	220,461	734,619
	Benefit Cost/(Income) due to Special Events	0	0
	Total Benefit Cost/(Income)	220,461	734,619
Measurement Date		01/01/2024	01/01/2023
Plan Assets	Fair Value of Plan Assets (FVA)	152,600,137	149,202,689
	Market-Related Value of Assets (MRVA)	152,600,137	149,202,689
Benefit Obligations	Accumulated Postretirement Benefit Obligation (APBO)	(140,633,298)	(135,859,644)
Funded Ratio	Fair Value of Plan Assets to APBO	108.5%	109.8%
Accumulated Other Comprehensive (Income)/Loss (Pre-tax)	Net Prior Service Cost/(Credit)	81,786	157,251
	Net Loss/(Gain)	(42,223,470)	(43,483,033)
	Total Accumulated Other Comprehensive (Income)/Loss (pre-tax)	(42,141,684)	(43,325,782)
Assumptions	Discount rate	5.30%	5.65%
	Expected Long-Term Rate of Return on Plan Assets	5.88% ¹	5.52% ²
		<u>Pre-65</u> <u>Post-65</u>	<u>Pre-65</u> <u>Post-65</u>
	Current Health Care Cost Trend Rate	6.00% 4.50%	6.00% 4.50%
	Ultimate Health Care Cost Trend Rate	4.75% 4.50%	4.75% 4.50%
	Year of Ultimate Trend Rate	2028 2024	2028 2023
Participant Data	Census Date	01/01/2024	01/01/2023

¹ Sempra selected an expected return on plan assets (EROA) of 6.00% for 401(h) trusts and 5.75% for VEBAs, resulting in a weighted average EROA of 5.88% as of 1/1/2024

² Sempra selected an expected return on plan assets (EROA) of 5.75% for 401(h) trusts and 5.25% for VEBAs, resulting in a weighted average EROA of 5.52% as of 1/1/2023

Plan Reporting (ASC 965) for Plan Year Ending		12/31/2023	12/31/2022
	Present value of accumulated benefits	140,633,298	135,859,644
	Market value of assets	152,600,137	149,202,689
	Plan reporting discount rate	5.30%	5.65%
	Census Date	January 1, 2024	January 1, 2023
Employer Contributions		Plan Year 2024	Plan Year 2023
Cash Flow ¹	Funding policy contributions before applying maximum tax-deductible limit	379,454 ²	542,511
	Maximum tax-deductible contributions		
	Pay-as-you-go (PAYGO)	379,454 ²	542,511
	Non-Union VEBA	1,008,973	1,084,762
	Union VEBA (pre 7/1/2008)	203,311	284,095
	Union VEBA (post 7/1/2008)	0	0
	401(h)	10,989,923	11,315,785
	Total	12,581,661	13,227,153
	Expected benefit payments and expenses net of participant contributions	10,153,068	10,386,993

¹ 401(h) trust is designated to fund non-union retiree health benefits, union health benefits for pre 7/1/2008 retirees, and Non-Union VREP HRA benefits, excluding key employee benefits, if any. The Union VEBA (post 7/1/2008) is designated to fund union health benefits for retirees on and after 7/1/2008 and HRA and Union VREP HRA benefits, excluding key employee benefits, if any. The Non-Union VEBA is designated to fund non-union life insurance benefits up to \$50k, excluding key employee benefits, if any, until the trust is exhausted. The Union VEBA (pre 7/1/2008) is designated to fund union life insurance benefits up to \$50k, excluding key employee benefits, if any, until the trust is exhausted.

² Actual benefits paid from Company assets as provided by Sempira.

San Diego Gas & Electric Company

Exhibit No. SDG-2

Derivation of 2024 Costs Used to Support the Annual FERC PBOP Costs for the TO6 Cycle 2 Informational Filing

San Diego Gas & Electric Company
Derivation of 2024 Costs Used to Support the
Annual FERC PBOP's Filing for the TO6 Cycle 2 Informational Filing

Line No.	Amounts Embedded in Account 926 - Employee Pension & Benefits	A Reference	B Base Period / True-Up Period 2024	Line No.
1				1
2	PBOP Cost Per Exhibit No. SDG-1, Section 1, Pages 3 - 4 ¹		\$ 220,461	2
3				3
4	Total Company Contribution to PBOP	Line 2	220,461	4
5				5
6	Adjustments:			6
7	Capitalized Costs (reflects SDG&E's electric and gas capital costs)	Line 4 * 46.10 %	(101,633)	7
8	Billings to SCG for Shared Services - (Capital & O&M)	Line 4 * 5.45%	(12,015)	8
9	Billings to Others for Shared Services - Unregulated Affiliates	Line 4 * 0.25 %	(551)	9
10	Billings from SCG for Shared Services - (O&M) ²		-	10
11	Net Adjustments	Line 7 to Line 10	(114,199)	11
12				12
13	Net PBOP Cost after Capital & Billings - Electric & Gas	Line 4 + Line 11	106,262	13
14				14
15	SDG&E Account 926 for PBOP Expense - Electric Portion ³	Line 13 * 70.17 %	\$ 74,564	15
16				16
17	Transmission Wage and Salary Factor ⁴		20.68%	17
18				18
19	Allocated to SDG&E's Electric Transmission Cost of Service	Line 15 * Line 17	\$ 15,420	19
20				20

¹ Employer contributions are the amounts paid by Sempra Energy to provide for postretirement benefits, net of participant contributions. Sempra Energy's funding policy is to contribute to the trusts an amount equal to the postretirement benefit cost less plan benefit costs paid directly by the Company (such as benefits paid to key employees), not to exceed the maximum tax-deductible contributions. The standard rule is that the allowable recoverable PBOP funding is the lesser of the Net Periodic Cost (NPC) or the IRS Maximum Tax Deductible Contribution (Max Tax). In 2024, SDG&E's NPC is positive (in an expense position rather than income in the amount of \$220,461) compared to the Max Tax of \$12,581,661. As such, the amount of SDG&E-specific PBOP total contribution cost is \$220,461 for 2024.

² The O&M billings from Southern California Gas Company (SCG) is based on SCG's PBOP cost. The allocated expense is derived based on SCG's O&M ratio factor over its total billing to SDG&E.

³ The total PBOP cost shown in Column B, Line 15 will be the amount reflected in the TO6 Cycle 2 Informational Filing for A&G expenses line for FERC account 926 in the 2024 Base Period and the 12-Month True-Up Period (Jan - Dec 2024). See details in Workpaper for Exhibit SDG-2.

⁴ The transmission wage & salary allocation factor for the 2024 Base Period and 12-Month True-Up Period from Jan - Dec 2024 is 20.68%.

San Diego Gas & Electric Company

Exhibit No. SDG-2-1

Work papers for Exhibit SDG-2

San Diego Gas & Electric Company
 2024 Monthly Electric PBOP Cost
 Used to Derive Account 926 for PBOP Expense - Electric Portion
 For the TO6 Cycle 2 - 2024 Base Period and
 True-Up Period (Jan to Dec 2024)

Line No	Period	Recorded 2024 Base Period / True- Up Period ¹	Line No
1	January	\$ -	1
2	February	-	2
3	March	27,940	3
4	April	-	4
5	May	-	5
6	June	27,940	6
7	July	-	7
8	August	-	8
9	September	43	9
10	October	-	10
11	November	-	11
12	December	18,642	12
13			13
14	Total	\$ 74,565	14

- ¹ The monthly recorded 2024 PBOP costs vary by month based upon PBOP activities such as:
- (1) monthly premium payments for key retirees that cannot be paid by the trust which generally does not change much.
 - (2) monthly amounts deposited into the Health Reimbursement Account (HRA) for retired employees which can vary monthly based on the number of retirees per month and the amounts contributed per retiree.
 - (3) contributions to the employee benefit trusts that were deferred until December.