

SUMMARY ANNUAL REPORT FOR THE SIGNATURE BENEFITS PLAN

This is a summary of the annual report of THE SIGNATURE BENEFITS PLAN, a health, life insurance, dental, vision, temporary disability, prepaid legal, long-term disability and death benefits plan (Employer Identification Number 95-4545390, Plan Number 660), for the plan year 01/01/2023 through 12/31/2023. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

TWDC Enterprises 18 Corp. has committed itself to pay certain health, dental and vision claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Cigna Healthcare of California, Kaiser Foundation Health Plan, Inc., Metropolitan Life Insurance Company, Delta Dental of California, Hawaii Medical Service Association Health Plan, Kaiser Foundation Health Plan of Hawaii, Humana Medical Plan, Inc., MetLife Legal Plans, Hartford Life and Accident Insurance Company, Cigna Health and Life Insurance Company, Securian Life Insurance Company, ACE American Insurance Company and Kaiser Foundation Health Plan of Washington to pay certain health, HMO Contract, prescription drug, long term care, dental, legal, temporary disability, long-term disability, life insurance, and ADD claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$314,917,633.

Because some contracts are "experience-rated", the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2023, the premiums paid under such "experience-rated" contracts were \$2,061,162 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$5,343,678.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Pascale Thomas, who is a representative of the plan administrator, at 500 South Buena Vista Street, Burbank, CA 91521 and phone number, 818-558-2709.

You also have the legally protected right to examine the annual report at the main office of the plan: 500 South Buena Vista Street, Burbank, CA 91521, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.