

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2022</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>401(K) SAVINGS AND RETIREMENT PLAN, SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIXIS INVESTMENT MANAGERS, LLC</u></p> <p><u>888 BOYLSTON STREET, SUITE 800</u> <u>BOSTON, MA 02199</u></p>	<p>1c Effective date of plan <u>01/01/1995</u></p> <p>2b Employer Identification Number (EIN) <u>04-3398261</u></p> <p>2c Plan Sponsor's telephone number <u>617-449-2100</u></p> <p>2d Business code (see instructions) <u>523900</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2023	SUSAN ST. GERMAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT PLAN COMMITTEE NATIXIS INVESTMENT MANAGERS, LLC 888 BOYLSTON STREET SUITE 800 BOSTON, MA 02199	3b Administrator's EIN 04-3398261 3c Administrator's telephone number 617-449-2100
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1587
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	921
6a(2) Total number of active participants at the end of the plan year	6a(2)	988
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	684
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1672
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	7
f Total. Add lines 6d and 6e	6f	1679
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1646
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	72
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>401(K) SAVINGS AND RETIREMENT PLAN, SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIXIS INVESTMENT MANAGERS, LLC</u>	D Employer Identification Number (EIN) <u>04-3398261</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	12255	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<p>A Name of plan <u>401(K) SAVINGS AND RETIREMENT PLAN, SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>001</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIXIS INVESTMENT MANAGERS, LLC</u></p>	<p>D Employer Identification Number (EIN) <u>04-3398261</u></p>	

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

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS RUSL SML/MID CAP NL SF CL C</u></p>	<p>b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u></p>	
<p>c EIN-PN <u>90-0337987-167</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4660190</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WINSLOW LARGE CAP GROWTH FUND</u></p>	<p>b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u></p>	
<p>c EIN-PN <u>27-3441498-043</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24507372</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS GBL EQ EX U.S. INDX NL SF CL C</u></p>	<p>b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u></p>	
<p>c EIN-PN <u>90-0337987-242</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10213665</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEW REAL ESTATE SECU DIVERSIFIED TR</u></p>	<p>b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u></p>	
<p>c EIN-PN <u>26-1726524-022</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10983828</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>	<p>b Name of sponsor of entity listed in (a):</p>	
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>	<p>b Name of sponsor of entity listed in (a):</p>	
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>	<p>b Name of sponsor of entity listed in (a):</p>	
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan 401(K) SAVINGS AND RETIREMENT PLAN, SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIXIS INVESTMENT MANAGERS, LLC	D Employer Identification Number (EIN) 04-3398261

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	28039
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	23221107
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	1158261
(9) Value of interest in common/collective trusts.....	1c(9)	50365055
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	393291595
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	572994815	468064057
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	572994815	468064057

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	11222247	
(B) Participants.....	2a(1)(B)	12410896	
(C) Others (including rollovers).....	2a(1)(C)	3907753	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		27540896
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	441060	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	57573	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		498633
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	16355967	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		16355967
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-18606986
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-101330560
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-75542050
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29357296	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		29357296
f Corrective distributions (see instructions)	2f		19232
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	12180	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12180
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29388708
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-104930758
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>401(K) SAVINGS AND RETIREMENT PLAN, SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIXIS INVESTMENT MANAGERS, LLC</u>	D Employer Identification Number (EIN) <u>04-3398261</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-3967259

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

**Financial Statements
and Supplementary Information**

**401(k) Savings and Retirement Plan,
Sponsored by Natixis Investment Managers, LLC**

December 31, 2022 and 2021

DRAFT

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

***Financial Statements
and Supplementary Information***

Table of Contents

Financial Statements:

Independent Auditors' Report	1-4
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits (2022 only)	6
Notes to Financial Statements	7-15

Supplementary Information (2022 only):

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	16
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Independent Auditors' Report

To the Participants and Plan Administrator of
401(k) Savings and Retirement Plan, Sponsored by
Natixis Investment Managers, LLC
Boston, Massachusetts

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

We have performed the audits of the financial statements of 401(k) Savings and Retirement Plan, Sponsored by Natixis Investment Managers, LLC (“the Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Boston, Massachusetts

DATE

DRAFT

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2022</i>	<i>2021</i>
Assets		
Investments at fair value	\$ <u>466,877,757</u>	\$ <u>571,590,882</u>
Notes receivable from participants	<u>1,158,261</u>	<u>1,403,933</u>
Total assets	468,036,018	572,994,815
Liabilities		
Excess contributions	<u>67,305</u>	<u>-</u>
Net assets available for benefits	\$ <u><u>467,968,713</u></u>	\$ <u><u>572,994,815</u></u>

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

Additions to net assets attributable to:

Interest and dividend income	\$	17,079,267
Interest income on notes receivable from participants		57,573
Other income		852,065
Contributions:		
Participant		12,343,591
Employer		11,194,209
Rollovers		3,907,753
Total contributions		27,445,553
Total additions to net assets		45,434,458

Deductions from net assets attributed to:

Net depreciation in fair value of investments		121,071,852
Benefits paid to participants		29,376,528
Administrative and investment fees		12,180
Total deductions from net assets		150,460,560

Net decrease in net assets available for benefits

(105,026,102)

Net assets available for benefits, beginning of year		572,994,815
------------------------------------------------------	--	-------------

Net assets available for benefits, end of year

\$ 467,968,713

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 1 - Description of the Plan

The following brief description of the 401(k) Savings and Retirement Plan, Sponsored by Natixis Investment Managers, LLC (the “Plan”) is provided for general information purposes only. Participants should refer to the SPD and Plan document for more complete information.

General

The Plan is a defined contribution plan with a cash deferred arrangement and generally includes all eligible employees (“Participants”) of Natixis Investment Managers, LLC and certain of its wholly-owned subsidiaries (the “Employer”). Interns, co-op students, and certain resident and non-resident aliens are not eligible to participate in the Plan. Participants are able to contribute to the Plan on the first day of the month on or following their date of hire or as soon as administratively possible. Participants who are employed on a temporary or intermittent basis will be allowed to participate after they have completed one year of service, defined as 1,000 hours in a 12-month period. Participants are eligible for Employer matching contributions on the first day of the month on or following their date of hire or as soon as administratively possible. Participants are eligible for Employer retirement account contributions (“RAC”) on the first day of the month on or after they complete six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Participant Contributions

Each year, participants may elect to defer up to 50% of their applicable compensation, subject to dollar limits set by Federal law. The Plan allows for automatic enrollment for all new and rehired eligible employees at 4% unless another option is made. Participants who are auto enrolled have their deferral increased from 4% to 5% effective on January 1 of the third plan year of their participation, and effective on each succeeding January 1 thereafter their deferral percentage shall be increased an additional 1% each succeeding year until their deferral percentage equals 15%. The Plan also allows for Roth elective deferrals and after-tax voluntary contributions for all eligible employees. Participants who have reached the age of 50 before the end of the Plan year are eligible to make additional catch-up contributions. Subject to approval by the Plan administrator, participants may also contribute amounts representing distributions from other qualified retirement plans and IRAs (“Participant Rollovers”).

Employer Contributions

The Employer matches 100% of the participant contributions up to the first 4% of eligible compensation that is contributed by eligible participants of Natixis Investment Managers, LLC and participating subsidiaries, subject to certain limitations, as defined in the Plan document. For participants who are defined as field sales employees of Natixis Advisors, L.P., and who receive commissions as part of their compensation and who have a base compensation of at least \$85,000 and less than \$125,000 (“field sales employees”), the Employer matches 100% of the participant contributions up to the first 8% of eligible compensation that is contributed. For the Plan year ended December 31, 2022, matching contributions amounted to \$4,875,379.

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Employer Contributions (Continued)

In addition, RACs are allocated among eligible participants of the Employer. The Employer allocates a RAC on behalf of each eligible participant equal to 5% of applicable compensation up to the social security taxable wage base each year and 10% of applicable compensation in excess of the social security taxable wage base for such year, subject to certain limitations as defined under the Plan document. For participants who are field sales employees of Natixis Advisors, L.P., the participant's applicable compensation shall equal 200% of his or her base compensation for the purpose of RAC made under this Plan. For the Plan year ended December 31, 2022, the Employer's RAC amounted to \$6,318,830, net of forfeitures of \$459,220.

Participant Accounts

Each participant's account is credited with Employer and participant contributions and related investment income that is based on participant earnings/losses or account balances, as defined, and debited by distributions, withdrawals, loans and fees, if applicable. The benefit to which a participant is entitled is the benefit that can be provided from the Participant's vested account balance.

Vesting

Participants are immediately vested in both participant deferrals and Employer matching contributions and related earnings. Participants vest in the RAC and related earnings thereon based on years of service. A participant begins vesting after one year of service and is 100% vested after five years of service or upon termination due to death, disability or the attainment of normal retirement age.

Unit Values

Individual participant accounts for the common/collective trust funds are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units which are valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Payment of Benefits

In-service withdrawals from all of a participant's vested accounts (except RAC account) are permitted upon reaching age 59½. Upon termination of service, death, disability or retirement, a participant may elect to receive benefits in the form of a lump-sum payment or equal installments over a period of 5, 10 or 15 years. For distributions made from a participant's RAC account, payments will be made in the form of a joint and survivor annuity (if married) or a single life annuity (if not married) unless the participant and his or her spouse elect to receive benefits in the form of a lump-sum payment or equal installments over a period of 5, 10 or 15 years. If a participant's vested interest in his or her account is not more than \$1,000, it shall be distributed in a lump sum as soon as practicable as determined by the Plan administrator. If a participant's vested interest in their account is more than \$1,000 but not more than \$5,000, it shall be rolled into an individual retirement account as soon as practicable, as determined by the Plan administrator.

Hardship Withdrawals

The Plan allows for hardship withdrawals to meet a participant's immediate and heavy financial needs. A Participant may withdraw from his or her vested account (other than the RAC account) and after other requirements are met in order to satisfy any of the following immediate and heavy financial needs: (1) medical expenses incurred for the participant, his or her spouse or dependents, (2) the purchase of a principal residence, (3) to pay rent or prevent eviction from or foreclosure of their mortgage on their principal residence, (4) to pay for post-secondary education expenses for the participant, his or her spouse, children or dependents for the next 12 months, (5) the payment of burial expenses for the participant's parent, spouse, child or dependent, (6) expenses for the repair of damage to the participant's principal residence that would qualify for a casualty loss deduction under Code Section 165 (determined without regard to Code Section 165(h)(5) and whether the loss exceeds any applicable income limit), (7) expenses and losses incurred by a participant on account of certain disasters, or (8) such other event or circumstance as permitted under applicable regulations.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to the lesser of \$50,000 or 50% of the participant's vested account balance, excluding RAC account balances. Loan terms range from one to five years (or longer for the purchase of a primary residence). Participants may have up to two loans outstanding at one time. The loans are secured by the balance in a participant's vested account and bear interest at a prevailing interest rate charged for similar loans. Principal and interest are paid ratably through payroll deductions.

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 1 - Description of the Plan (Continued)

Plan Administration

The Employer, which has appointed the Retirement Plan Committee as the Plan Administrator, has the authority to appoint person(s) or entities to carry out the operations of the Plan.

Forfeitures

Upon termination of service, a participant who is not 100% vested forfeits any unvested portion of his or her accounts. The forfeited amounts can be used to reduce future Employer RAC or matching contributions. At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$87,716 and \$85,840, respectively. Forfeitures of \$459,220 were used during the 2022 Plan year to offset a portion of the RAC.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments, Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded when earned. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could vary from the estimates that were used.

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 2 - Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Subsequent Events

The Plan administrator has evaluated subsequent events through **DATE**, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Note 3 - Information Certified by Trustee and Custodian

Plan investments are held in mutual fund accounts and units in common/collective trusts by the Plan's trustee and custodian, Charles Schwab Trust Bank, ("Charles Schwab"). The fair value of investments as of December 31, 2022 and 2021, and all investment transactions for the year ended December 31, 2022, including interest and dividends, and net depreciation in fair values, are reported to the Plan and certified as complete and accurate by Charles Schwab. Participants may direct their contributions as well as Employer contributions to any of several investment options.

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level I) and the lowest priority to unobservable inputs (Level III). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level I – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level II – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level II input must be observable for substantially the full term of the asset or liability.

Level III – Inputs that are unobservable inputs for the asset or liability.

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Mutual Funds

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money Market Funds

Valued at \$1/share as reported by the Plan's trustee at year end.

Units in Common/Collective Trust Funds

Valued at the NAV of units of a common/collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of a collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Description	Assets at Fair Value as of December 31, 2022			
	Level I	Level II	Level III	Total
Mutual funds	\$ 393,291,595	\$ -	\$ -	\$ 393,291,595
Money market funds	23,221,107	-	-	23,221,107
Total assets in the fair value hierarchy	\$ 416,512,702	\$ -	\$ -	\$ 416,512,702
Investments measured at NAV practical expedient ^(a)				50,365,055
Investments at fair value				\$ 466,877,757

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 4 - Fair Value Measurements (Continued)

<i>Description</i>	<i>Assets at Fair Value as of December 31, 2021</i>			
	<i>Level I</i>	<i>Level II</i>	<i>Level III</i>	<i>Total</i>
Mutual funds	\$ 477,212,416	\$ -	\$ -	\$ 477,212,416
Money market funds	<u>25,374,017</u>	<u>-</u>	<u>-</u>	<u>25,374,017</u>
Total assets in the fair value hierarchy	<u>\$ 502,586,433</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 502,586,433</u>
Investments measured at NAV practical expedient ^(a)				<u>69,004,449</u>
Investments at fair value				<u>\$ 571,590,882</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Note 5 - Fair Value of Investments in Entities that Use NAV

The Plan's disclosures include the category, fair value, unfunded commitments, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV as of December 31, 2022 and 2021.

As of December 31, 2022 and 2021, the common/collective trust funds measured at fair value based on NAV totaled \$50,365,055 and \$69,004,449, respectively. There were no unfunded commitments for the common/collective trust funds with a reported NAV. Additionally, these investments have a daily redemption frequency which requires a one day redemption notice period.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as an international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 7 - Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares in mutual funds managed by affiliates of Natixis Investment Managers, LLC, the Plan sponsor, and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from Participants are also deemed to be exempt party-in-interest transactions. In addition, certain expenses paid to Schwab Retirement Plan Services, Inc., the recordkeeper for the Plan, or Charles Schwab Trust Bank, the Trustee and Custodian of the Plan, are deemed party-in-interest transactions. The Plan also paid certain administrative fees and investment advisor fees, which are deemed party-in-interest transactions. Fees paid by the Plan totaled \$12,180 for the year ended December 31, 2022. During the Plan year ended December 31, 2022, the Plan received revenue credits of \$852,065 from Schwab, which amounts were allocated back to participants as earnings. The revenue credits are reported as other income on the Statement of Changes in Net Assets Available for Benefits.

Note 8 - Tax Status

The Internal Revenue Service has determined and informed the Employer by a letter dated February 16, 2018 that the Plan was designed in accordance with applicable sections of the Internal Revenue Code. The Plan administrator believes that the Plan and its operations have been and will continue to be in compliance with all applicable provisions of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Note 9 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

Note 10 - Reconciliation with Form 5500

The accompanying Statements of Net Assets Available for Benefits, Statement of Changes in Net Assets Available for Benefits and the supplemental information have been prepared in accordance with accounting principles generally accepted in the United States of America. The information listed on Schedule H of Form 5500 has been prepared in accordance with procedures established by the third-party administrator. Although the net assets agree in total, certain items have been classified differently.

**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

Notes to Financial Statements

Note 11 - Excess Contributions

At December 31, 2022, the Plan had a liability of \$67,305, which represented the return of excess contributions required to satisfy the relevant nondiscrimination provisions of the Plan. The excess contributions were returned to Participants on April 14, 2023.

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Supplementary Information

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**401(k) SAVINGS AND RETIREMENT PLAN,
SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC**

(EIN: 04-3398261 - Plan Number 001)

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

December 31, 2022

(a)	(b)	(c)	(d)	(e)
	<i>Identity of Issue, Borrower, Lessor, or Similar Party</i>	<i>Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>
	Winslow Large Cap Growth R	Units in Common/Collective Trusts	\$	24,507,372
*	AEW Global Properties Trust	Units in Common/Collective Trusts		10,983,828
	SS Global Equity Ex USA Idx NL C	Units in Common/Collective Trusts		10,213,665
	SSgA Russell Small Mid Cap NL C	Units in Common/Collective Trusts		4,660,190
	Common/Collective Trusts subtotal			<u>50,365,055</u>
	Vanguard Prime Money Market Admiral	Money Market Fund		<u>23,221,107</u>
*	Oakmark Investor	Mutual Fund		54,848,856
	Vanguard Institutional Index	Mutual Fund		46,903,234
*	Loomis Sayles Growth Class Y	Mutual Fund		39,223,155
*	Oakmark International Investor Class	Mutual Fund		37,626,507
*	Loomis Sayles Small Cap	Mutual Fund		20,533,702
*	Loomis Sayles Small Cap Growth	Mutual Fund		16,471,666
*	Oakmark Equity & Income Investor	Mutual Fund		15,651,376
	Vanguard Institutional Target Retirement 2045	Mutual Fund		15,604,964
	Vanguard Institutional Target Retirement 2035	Mutual Fund		15,392,716
	Artisan Mid Cap	Mutual Fund		15,179,744
*	Loomis Sayles Bond CI I	Mutual Fund		12,888,479
*	Loomis Sayles Core Plus Bond Y	Mutual Fund		11,862,904
*	Gateway Y	Mutual Fund		11,269,782
*	Vaughan Nelson Value Opportunity	Mutual Fund		11,237,298
	Vanguard Institutional Target Retirement 2030	Mutual Fund		8,747,176
	Vanguard Institutional Target Retirement 2040	Mutual Fund		8,673,460
	Vanguard Total BD MKT IDX INST	Mutual Fund		8,126,753
	Vanguard Short-Term Federal Adm	Mutual Fund		7,597,738
	Vanguard Institutional Target Retirement 2050	Mutual Fund		7,522,025
	Vanguard Institutional Target Retirement 2025	Mutual Fund		7,518,543
	Vanguard Institutional Target Retirement 2055	Mutual Fund		6,320,300
*	Mirova Global Sustainable Equity Y	Mutual Fund		5,927,298
	WCM Focused International Growth Institutional	Mutual Fund		2,987,421
	Vanguard Institutional Target Retirement 2060	Mutual Fund		1,579,969
	Vanguard Institutional Target Retirement 2020	Mutual Fund		1,238,935
	Vanguard Target Retirement Income	Mutual Fund		1,188,897
	WCM Focused Emerging Market Investment	Mutual Fund		675,661
	Vanguard Institutional Target Retirement 2065	Mutual Fund		493,036
	Mutual Funds subtotal			<u>393,291,595</u>
*	Participant Loans	Interest Rates (4.25%-8.00%)		<u>1,158,261</u>
*	A party-in-interest as defined by ERISA.		\$	<u><u>468,036,018</u></u>

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

NAME OF PLAN SPONSOR:	Natixis Investment Managers, LLC
NAME OF PLAN:	401(k) Savings and Retirement Plan, Sponsored by Natixis Investment Managers, LLC
EIN:	04-3398261
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 8%)		1,158,261
	VANGUARD CASH RSRV FED MMKTADM	Money Market / Cash Equivalent		23,221,107
*	AEW GLOBAL PROPERTIES TRUST	Common Collective Trust Fund		10,983,828
	SS GBL EQTY EX USA IDX NL C	Common Collective Trust Fund		10,213,665
	SSGA RUSSELL SM MID CAP NL C	Common Collective Trust Fund		4,660,190
	WINSLOW LARGE CAP GROWTH R	Common Collective Trust Fund		24,507,372
	ARTISAN MIDCAP FUND	Registered Investment Company		15,179,744
*	GATEWAY Y	Registered Investment Company		11,269,782
*	LOOMIS SAYLES BOND CL I	Registered Investment Company		12,888,479
*	LOOMIS SAYLES CORE PLUS BOND Y	Registered Investment Company		11,862,904
*	LOOMIS SAYLES GROWTH CL Y	Registered Investment Company		39,223,155
*	LOOMIS SAYLES SMCAP GR CL I	Registered Investment Company		16,471,666
*	LOOMIS SAYLES SMCP V1	Registered Investment Company		20,533,702
*	MIROVA GLBL SUSTAINABLE EQTY Y	Registered Investment Company		5,927,298
*	OAKMARK EQTY & INCM INVESTOR	Registered Investment Company		15,651,376
*	OAKMARK INTERNATIONAL INV	Registered Investment Company		37,626,507
*	OAKMARK INVESTOR	Registered Investment Company		54,848,855
	VANGUARD INSTITUTIONAL INDEX	Registered Investment Company		46,903,233
	VANGUARD SHORT TERM FED FD ADM	Registered Investment Company		7,597,738
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		1,238,935
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		7,518,543
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		8,747,176
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		15,392,716
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		8,673,460
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		15,604,965
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		7,522,025
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		6,320,300
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		1,579,969
	VANGUARD TARGET RETIREMNT 2065	Registered Investment Company		493,036
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		1,188,897
	VANGUARD TOTAL BD MKT IDX INST	Registered Investment Company		8,126,753
*	VAUGHAN NELSON VAL OPPRTNTY A	Registered Investment Company		11,237,298
	WCM FOCUSED EMERGING MKT INVST	Registered Investment Company		675,661
	WCM FOCUSED INTL GROWTH INSTL	Registered Investment Company		2,987,422

* Party-in-interest