

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: RPC, INC. RETIREMENT INCOME PLAN; 1b Three-digit plan number (PN): 001; 1c Effective date of plan: 07/01/1984; 2a Plan sponsor's name and address: RPC, INC., 2170 PIEDMONT RD NE, ATLANTA, GA 30324-4135; 2b Employer Identification Number (EIN): 58-1550825; 2c Plan Sponsor's telephone number: 404-321-2140; 2d Business code (see instructions): 339900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Michael Schmit and Ben M. Palmer.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ROLLINS, INC. 2170 PIEDMONT RD NE ATLANTA, GA 30324-4135	3b Administrator's EIN 51-0068479 3c Administrator's telephone number 404-888-2000
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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	663
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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).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	46
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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 (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan RPC, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RPC, INC.	D Employer Identification Number (EIN) 58-1550825	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MILLIMAN, INC

3424 PEACHTREE ROAD, NE, STE 1900
ATLANTA, GA 30326

(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?
11	ACTUARY	260428	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)

LEGAL & GENERAL INVESTMENT MANAGEME

71 SOUTH WACKER DR., STE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	58104	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)

SMITH GAMBRELL & RUSSELL LLP

1230 PEACHTREE ST NE, STE 3100
ATLANTA, GA 30309

(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?
29	CONSULTING, LEGAL	42759	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"/>

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)

WINDHAM BRANNON, LLC

3630 PEACHTREE ROAD NE, STE 600
ATLANTA, GA 30326

58-1763439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	24556	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)

TRUIST

303 PEACHTREE STREET, 2ND FLOOR
ATLANTA, GA 30308

(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?
21	TRUSTEE	18288	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)

LCG ASSOCIATES

400 GALLERIA PARKWAY, STE 1800
ATLANTA, GA 30339

(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?
17	CONSULTING	11946	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"/>

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan RPC, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RPC, INC.	D Employer Identification Number (EIN) 58-1550825

Part I	Asset and Liability Statement
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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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	2935
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	867095
(2) U.S. Government securities	1c(2)	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	22674473

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	23544503	0
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	23544503	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5632262	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		5632262
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	12960	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12960
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	75595246	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	77548939	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1953693
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2274258	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2274258

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5965787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27591197	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	1492373	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		29083570
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	426720	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		426720
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29510290

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-23544503
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: WINDHAM BRANNON, LLC

(2) EIN: 58-1763439

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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 304842.

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 526148.

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan RPC, INC. RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RPC, INC.	D Employer Identification Number (EIN) 58-1550825	

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	
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): _____		
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	15

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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<p>A Name of plan RPC, INC. RETIREMENT INCOME PLAN</p>	<p>B Three-digit Plan number (PN) ▶</p>	<p>001</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ROLLINS, INC.</p>	<p>D Administrator's EIN 51-0068479</p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RPC INC	58-1550825	100.00	0
MARINE PRODUCTS CORPORATION	58-2572419	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<p>2e Does the plan include any individuals not participating through an employer or who are individual working owners?</p>	<p>2e</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.</p>	<p>2f</p>	
<p>2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.</p>	<p>2g</p>	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

**Schedule MEP (2023)
v. 230728**

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

RPC, Inc.
Retirement Income Plan

Financial Statements
December 31, 2023 and 2022

RPC, Inc. Retirement Income Plan

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and participants of the
RPC, Inc. Retirement Income Plan

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

We have performed audits of the financial statements of the RPC, Inc. Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) which comprise the statements of net assets in liquidation available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets in liquidation available for benefits for the years then ended, and the related notes to the financial statements (the financial statements).

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our 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 GAAP, 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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 GAAP.

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 GAAP.

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.

Emphasis of Matter – Plan Termination and Use of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Directors of the Company voted to terminate the Plan on October 28, 2021, effective December 31, 2021, and management determined liquidation was imminent. As a result, liquidation basis of accounting is used in presenting the financial statements. Our opinion is not modified with respect to this matter.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 DOL'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, is presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by the qualified institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Windham Brannon, LLC

October 9, 2024

RPC, Inc. Retirement Income Plan
Statements of Net Assets in Liquidation
Available for Benefits
December 31, 2023 and 2022

Assets	2023	2022
Investments, at fair value		
Fixed income securities	\$ -	\$ 22,674,473
Money market funds	-	867,095
Total investments, at fair value	-	23,541,568
Receivables		
Accrued investment income	-	2,935
Net assets in liquidation available for benefits	\$ -	\$ 23,544,503

RPC, Inc. Retirement Income Plan
Statements of Changes in Net Assets in Liquidation
Available for Benefits
For the Years Ended December 31, 2023 and 2022

	2023	2022
Additions		
Net change in fair value of investments	\$ 333,525	\$ -
Employer contributions	5,632,262	-
Total additions	5,965,787	-
Deductions		
Net change in fair value of investments	-	8,918,953
Benefits paid to participants and beneficiaries	27,591,197	8,874,889
Payments to PBGC for missing participants	1,187,531	-
Administrative expenses	426,720	839,168
Excess assets refunded to Plan Sponsor	304,842	-
Total deductions	29,510,290	18,633,010
Net decrease	(23,544,503)	(18,633,010)
Net assets available for benefits		
Beginning of year	23,544,503	42,177,513
End of year	\$ -	\$ 23,544,503

RPC, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2023 and 2022

1. Description of the Plan

The following description of the RPC, Inc. Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document, copies of which are available from the plan administrator, for more complete information.

General

The Plan is a non-contributory defined benefit plan and covers all eligible employees of RPC, Inc. and Marine Products Corporation (Marine Products), (collectively, the Company) hired prior to March 31, 2002. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). As of March 31, 2002, the Plan was frozen such that no additional employees are eligible to participate in the Plan, and no further benefits accrue.

Plan Termination

On October 28, 2021, the Board of Directors of the Company adopted a resolution to terminate the Plan in a standard termination effective as of December 31, 2021 (Termination Date) and the Plan was amended accordingly. The Company submitted an Application for Determination for Terminating Plan to the Internal Revenue Service (IRS) and a Standard Termination Notice to the PBGC. The Company received a favorable determination letter regarding the Plan's terminating status, dated March 3, 2023, from the IRS. During March 2022, the Plan filed under the Internal Revenue Service's Voluntary Corrections Program (VCP) related to the identification of participants who had not commenced benefit payments timely in accordance with the provisions of the Plan document. As participants were identified, the Plan made the necessary corrections, including making the participant whole for missed payments and applying interest to those payments at the Plan's actuarial equivalent interest rate of 8%. In January 2024, the Plan received a signed compliance statement from the IRS related to the Plan's VCP filing indicating the IRS' agreement with the corrective actions and changes to administrative procedures described in the filing. The Plan also filed under the Pension Benefits Guaranty Corporation's (PBGC) missing participants program and in May 2023, paid \$1,187,531 to the PBGC for participants who could not be located. As a result of the termination, the assets of the Plan were allocated for payment of Plan benefits in accordance with ERISA and the Plan document. Prior to the satisfaction of all liabilities for benefits, no assets of the Plan may revert to the Company or be used for purposes other than the benefit of the Plan's participants and Plan expenses.

In 2022, the Plan allowed active and terminated vested participants to elect their form of distribution from the Plan and made lump sum distributions to electing participants. In February 2023, the Plan paid \$26,999,484 to purchase annuity contracts from American National Insurance Company (ANICO) to provide benefits to retirees currently receiving payments and active or terminated vested participants electing to receive their future benefits via an annuity. The annuity contract purchase is included in benefits paid to participants and beneficiaries in the 2023 statement of changes in net assets in liquidation available for benefits, net of \$304,842 in excess

RPC, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2023 and 2022

premiums returned to the Plan. The Plan continued making annuity payments until April 1, 2023, when ANICO assumed responsibility for all benefit payments.

After completing the allocation of Plan assets for satisfaction of all liabilities for participant benefits, the remaining assets in the Plan were first used to pay Plan expenses and \$304,842 was returned to the Company, which related to refunds received for excess premiums paid to ANICO. All assets of the Plan were distributed as of December 31, 2023.

Contributions

Prior to the Termination Date, contributions to the Plan were made by the Company based upon actuarially determined annual funding amounts. Participant contributions were not allowed. During 2023, the Company contributed \$5,632,262 to fund Plan expenses related to the termination, including a portion of the cost of the annuity contract purchased from ANICO. The Plan met the minimum funding requirements of ERISA for the years ended December 31, 2023 and 2022.

Plan Administration

The Chief Executive Officer of the Company served as the trustee of the Plan's assets. The trustee was empowered to, among other things, invest and reinvest the Plan's assets and to perform all acts necessary or proper for the protection of such assets. Truist Bank (Truist) served as custodian of all of the investments held by the Plan.

Participation and Vesting

Through November 30, 2020, at age 65, a participant who wanted to continue working for the Company could start to draw his/her pension benefit and still remain employed. Effective December 1, 2020, the Plan was amended to lower the age for in-service commencement of benefits to age 59½. Effective October 28, 2021, the Plan was amended again to lower the age for in-service commencement of benefits to age 55. All participants are now fully vested in their frozen accrued normal retirement benefit. No participant shall be credited with additional years of service after March 31, 2002, except for the purposes of determining eligibility for early retirement. If a participant had not attained the service requirement eligibility for early retirement, then they would not be vested in the full early retirement benefit until the early retirement eligibility service requirement is met.

Benefits

Prior to the Termination Date, participants became eligible for monthly benefit payments at the normal or early retirement date, as defined (generally, age 65, and after age 55 if 15 years of service is completed, respectively). Effective October 28, 2021, the Plan was amended to allow participants who incurred a termination of employment within a ten-year period immediately

RPC, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2023 and 2022

preceding their normal retirement date to elect to receive an early retirement distribution from the Plan. Terminated participants who had not yet attained age 55 could also elect an early retirement distribution and schedule it to commence upon attainment of age 55. Retirement benefits were computed based on the length of service, subject to a maximum, and final average earnings (average earnings for the highest five consecutive calendar years in the final ten years of service), of each participant as of March 31, 2002. In addition, the Plan provided for supplemental benefits for disability, pre-retirement spouse benefit, and death or termination settlement.

Effective December 1, 2020, the Plan was amended to provide for automatic distributions of benefits not exceeding \$5,000 as a lump sum payment rolled into an individual retirement account (IRA) of the present value of the benefit upon termination.

Following the Termination Date, those participants who were not already receiving benefits received an option to elect to receive a lump sum payment or an annuity. The lump sums were offered in 2022 and were available for immediate cash-out or rollover into another qualified plan. During 2023 and 2022, approximately \$76,000 and \$5,550,000, respectively, in lump sum distributions were paid. Participants who elected an annuity payment began receiving benefits of the annuity when they would otherwise have been eligible to receive payments under the Plan. In April 2023, the Plan transferred all annuity obligations to ANICO. Participants who were receiving annuity payments prior to the transfer continued to receive the same payment through ANICO.

Administrative Expenses

All administrative expenses incurred that are directly related to the Plan, such as actuarial services, investment manager fees, accountant fees, legal fees, and PBGC premiums, are paid by the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting. In 2021, the Boards of Directors of the Company adopted a resolution to terminate the Plan in a standard termination and liquidation was deemed to be imminent. Therefore, the Plan's basis of accounting changed from the ongoing basis to the liquidation basis of accounting and accordingly, the liquidation basis of accounting is used to present the financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan's management to make estimates and assumptions that affect the amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

RPC, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2023 and 2022

Valuation of Investments

The Plan's investments are stated 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. See Note 5 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis.

The change in fair value of investments includes realized and unrealized gains and losses on investments, interest and dividends.

Actuarial Present Value of Accumulated Plan Benefits

Prior to the Termination Date, accumulated plan benefits represented estimated future periodic payments, including lump-sum distributions, to be made in accordance with the Plan's provisions with respect to service which employees have rendered to the valuation date. It included benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries and (c) beneficiaries of employees who have died. The accumulated plan benefits were based on the monthly benefit amount designated by the Plan and in effect at the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) were included to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 9, 2024, which is the date the financial statements were available to be issued.

3. Information Certified by the Qualified Institution

All information in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2023 and 2022, and net change in fair value of investments for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Truist, the Plan's qualified institution.

RPC, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2023 and 2022

4. Actuarial Present Value of Accumulated Plan Benefits

Prior to the Termination Date, the actuarial present value of accumulated plan benefits represented the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. There are no accumulated plan benefits after the termination date of December 31, 2021.

5. Fair Value Measurements

The Financial Accounting Standards Board established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities, and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 – unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access

Level 2 – inputs that are derived principally from or corroborated by observable market data by correlation or other means, including quoted market prices for similar assets or liabilities in active markets

Level 3 – unobservable inputs as described below

Observable inputs are those based on market data obtained from sources independent of the Plan, and unobservable inputs reflect the Plan's own assumptions based on the best information available. The input levels are not necessarily an indication of the risk or liquidity associated with financial instruments at that level but rather the degree of judgment used in determining those values.

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, 2023 and 2022.

Investments in money market funds were stated at quoted market prices for the identical security in an active market (Level 1).

The Plan invested in various fixed income securities and U.S. government securities, which were valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

RPC, Inc. Retirement Income Plan

Notes to Financial Statements

December 31, 2023 and 2022

The preceding methods may produce a fair value calculation that might not be indicative of net realizable value. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There were no investments held by the Plan as of December 31, 2023. The following tables summarize the Plan's investments based on the inputs used to determine their values as of December 31, 2022:

	2022			Total
	Level 1	Level 2	Level 3	
Investments at fair value:				
Money market funds	\$ 867,095	\$ -	\$ -	\$ 867,095
Fixed income securities	-	22,674,473	-	22,674,473
Total	\$ 867,095	\$ 22,674,473	\$ -	\$ 23,541,568

6. Tax Status

The Plan received a determination letter from the IRS dated August 28, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. The Plan obtained an additional determination letter dated March 3, 2023, in which the IRS stated that the termination of the Plan did not affect its qualification for federal tax purposes. The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and has no income subject to unrelated business income tax. The Plan's income tax returns for the past three years are subject to examination by tax authorities and may change upon examination.

7. Party-In-Interest Transactions

Fees incurred by the Plan for administrative, investment management and professional services performed by parties-in-interest were \$416,081 and \$834,401 for the years ended December 31, 2023 and 2022, respectively.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

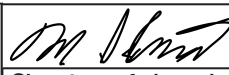
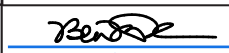
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information - enter all requested information

1a Name of plan RPC, INC. RETIREMENT INCOME PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	07/01/1984
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) RPC, INC. 2170 PIEDMONT RD NE ATLANTA GA 30324-4135		2b Employer Identification Number (EIN)	58-1550825
		2c Plan Sponsor's telephone number	404-321-2140
		2d Business code (see instructions)	339900

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		10/10/2024	Michael Schmit
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 Ben M. Palmer (Oct 10, 2024 16:02 EDT)	10/10/2024	Ben M. Palmer
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 230728

RPC, Inc. Retirement Income Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 58-1550825 PN: 001
December 31, 2023

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		BEGINNING MARKET VALUE		23,544,503.39		
		COMPARATIVE VALUE (5%)		1,177,225.17		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
7976085	ISSUE: 52472A628 - L&G LONG LIABILITY CORP CIT-3049 02/16/23 S 80,935.7470	110.8200	0	8,969,299 *	8,802,572	166,728
7976085	ISSUE: 52472A636 - L&G LIABILITY CORPORATE CIT-3048 02/16/23 S 109,645.9600	111.9000	0	12,269,383 *	12,126,843	142,540
7976085	ISSUE: 52472A669 - L&G LIABILITY TREASURY 3X CIT-3045 02/16/23 S 21,317.5940	82.3900	0	1,756,357 *	1,745,058	11,298
7954728	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 02/21/23 B 4,010,126.8200	1.0000	0	-4,010,127 *	4,010,127	
7954728	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 02/22/23 B 22,985,938.3100	1.0000	0	-22,985,938 *	22,985,938	
7954728	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 02/23/23 S 27,000,850.2800	1.0000	0	27,000,850 *	27,000,850	0
7954728	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 04/28/23 B 1,187,531.0000	1.0000	0	-1,187,531 *	1,187,531	
7954728	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 05/01/23 S 1,187,531.0000	1.0000	0	1,187,531 *	1,187,531	0
7976085	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 02/21/23 B 22,995,038.9700	1.0000	0	-22,995,039 *	22,995,039	
7976085	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 02/22/23 S 22,996,363.2500	1.0000	0	22,996,363 *	22,996,363	0
	GRAND TOTAL		0	125,358,418	125,037,852	320,566

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

RPC, Inc. Retirement Income Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 58-1550825 PN: 001
December 31, 2023

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS	

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 52472A628 - L&G LONG LIABILITY CORP CIT-3049							
7976085	02/16/23 S	80,935.7470	110.8200	0	8,969,299 *	8,802,572	166,728
				-----	-----	-----	-----
	SUB-TOTAL OF SALES # 1			0	8,969,299	8,802,572	166,728
				-----	-----	-----	-----
	SUB-TOTAL			0	8,969,299	8,802,572	166,728
ISSUE: 52472A636 - L&G LIABILITY CORPORATE CIT-3048							
7976085	02/16/23 S	109,645.9600	111.9000	0	12,269,383 *	12,126,843	142,540
				-----	-----	-----	-----
	SUB-TOTAL OF SALES # 1			0	12,269,383	12,126,843	142,540
				-----	-----	-----	-----
	SUB-TOTAL			0	12,269,383	12,126,843	142,540
ISSUE: 52472A669 - L&G LIABILITY TREASURY 3X CIT-3045							
7976085	02/16/23 S	21,317.5940	82.3900	0	1,756,357 *	1,745,058	11,298
				-----	-----	-----	-----
	SUB-TOTAL OF SALES # 1			0	1,756,357	1,745,058	11,298
				-----	-----	-----	-----
	SUB-TOTAL			0	1,756,357	1,745,058	11,298
ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005							
7954728	01/04/23 B	2,931.1300	1.0000	0	-2,931	2,931	
7954728	02/02/23 B	2,327.6600	1.0000	0	-2,328	2,328	
7954728	02/21/23 B	4,010,126.8200	1.0000	0	-4,010,127 *	4,010,127	
7954728	02/22/23 B	22,985,938.3100	1.0000	0	-22,985,938 *	22,985,938	
7954728	03/02/23 B	5,122.8300	1.0000	0	-5,123	5,123	
7954728	03/20/23 B	214,604.5800	1.0000	0	-214,605	214,605	
7954728	03/21/23 B	1,009.8200	1.0000	0	-1,010	1,010	

RPC, Inc. Retirement Income Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 58-1550825 PN: 001

December 31, 2023

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
7954728	04/04/23 B	748.7400	1.0000	0	-749	749	
7954728	04/04/23 B	268.5300	1.0000	0	-269	269	
7954728	04/20/23 B	75,503.3700	1.0000	0	-75,503	75,503	
7954728	04/28/23 B	1,187,531.0000	1.0000	0	-1,187,531 *	1,187,531	
7954728	05/02/23 B	822.2300	1.0000	0	-822	822	
7954728	05/23/23 B	34,000.0000	1.0000	0	-34,000	34,000	
7954728	05/24/23 B	2,781.5900	1.0000	0	-2,782	2,782	
7954728	06/02/23 B	455.7800	1.0000	0	-456	456	
7954728	06/06/23 B	68,000.0000	1.0000	0	-68,000	68,000	
7954728	06/08/23 B	4.7000	1.0000	0	-5	5	
7954728	06/09/23 B	8.5000	1.0000	0	-9	9	
7954728	06/29/23 B	58,149.8900	1.0000	0	-58,150	58,150	
7954728	07/05/23 B	404.9000	1.0000	0	-405	405	
7954728	07/05/23 B	34,810.0000	1.0000	0	-34,810	34,810	
7954728	08/02/23 B	151.9800	1.0000	0	-152	152	
7954728	08/02/23 B	26.7500	1.0000	0	-27	27	
7954728	08/30/23 B	19,056.0000	1.0000	0	-19,056	19,056	
7954728	08/31/23 B	8,000.0000	1.0000	0	-8,000	8,000	
7954728	09/05/23 B	24.8600	1.0000	0	-25	25	
7954728	09/22/23 B	9,331.1400	1.0000	0	-9,331	9,331	
7954728	10/03/23 B	59.7200	1.0000	0	-60	60	
7954728	10/12/23 B	4,050.0000	1.0000	0	-4,050	4,050	
7954728	11/02/23 B	32.3700	1.0000	0	-32	32	
7954728	11/15/23 B	9,000.0000	1.0000	0	-9,000	9,000	
7976085	01/04/23 B	4.3000	1.0000	0	-4	4	
7976085	02/02/23 B	4.6200	1.0000	0	-5	5	
7976085	02/21/23 B	22,995,038.9700	1.0000	0	-22,995,039 *	22,995,039	
7976085	03/02/23 B	2,760.8000	1.0000	0	-2,761	2,761	
7976085	04/04/23 B	10.1600	1.0000	0	-10	10	
7976085	05/02/23 B	10.6300	1.0000	0	-11	11	
				-----	-----	-----	
	SUB-TOTAL OF BUYS # 37			0	51,733,116	51,733,116	
7954728	01/03/23 S	215,864.6500	1.0000	0	215,865	215,865	0
7954728	01/20/23 S	3,974.7900	1.0000	0	3,975	3,975	0
7954728	02/01/23 S	219,789.7100	1.0000	0	219,790	219,790	0
7954728	02/03/23 S	3,800.2100	1.0000	0	3,800	3,800	0
7954728	02/09/23 S	10,423.5200	1.0000	0	10,424	10,424	0
7954728	02/16/23 S	10,424.9400	1.0000	0	10,425	10,425	0
7954728	02/23/23 S	27,000,850.2800	1.0000	0	27,000,850 *	27,000,850	0
7954728	03/01/23 S	214,136.7600	1.0000	0	214,137	214,137	0
7954728	03/03/23 S	341.5700	1.0000	0	342	342	0
7954728	03/10/23 S	16,034.3500	1.0000	0	16,034	16,034	0
7954728	03/13/23 S	104,070.6000	1.0000	0	104,071	104,071	0
7954728	03/14/23 S	8,606.0700	1.0000	0	8,606	8,606	0
7954728	04/03/23 S	213,964.3400	1.0000	0	213,964	213,964	0

RPC, Inc. Retirement Income Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 58-1550825 PN: 001
December 31, 2023

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
7954728	04/06/23 S	11,289.3200	1.0000	0	11,289	11,289	0
7954728	04/13/23 S	5,002.9600	1.0000	0	5,003	5,003	0
7954728	04/26/23 S	1,813.2500	1.0000	0	1,813	1,813	0
7954728	05/01/23 S	1,187,531.0000	1.0000	0	1,187,531 *	1,187,531	0
7954728	05/09/23 S	3,393.4200	1.0000	0	3,393	3,393	0
7954728	05/17/23 S	28,061.0000	1.0000	0	28,061	28,061	0
7954728	05/22/23 S	19,116.5800	1.0000	0	19,117	19,117	0
7954728	05/25/23 S	12,076.8400	1.0000	0	12,077	12,077	0
7954728	06/12/23 S	49,744.8300	1.0000	0	49,745	49,745	0
7954728	06/13/23 S	38,766.0000	1.0000	0	38,766	38,766	0
7954728	06/27/23 S	34,810.0000	1.0000	0	34,810	34,810	0
7954728	07/06/23 S	90,734.6400	1.0000	0	90,735	90,735	0
7954728	07/10/23 S	410.0100	1.0000	0	410	410	0
7954728	07/11/23 S	27,856.0000	1.0000	0	27,856	27,856	0
7954728	07/28/23 S	12,078.2200	1.0000	0	12,078	12,078	0
7954728	08/09/23 S	3,143.2900	1.0000	0	3,143	3,143	0
7954728	08/28/23 S	296.7000	1.0000	0	297	297	0
7954728	09/08/23 S	8,140.0000	1.0000	0	8,140	8,140	0
7954728	09/11/23 S	19,056.0000	1.0000	0	19,056	19,056	0
7954728	10/04/23 S	1,631.1400	1.0000	0	1,631	1,631	0
7954728	10/13/23 S	534.0600	1.0000	0	534	534	0
7954728	10/16/23 S	10,640.0000	1.0000	0	10,640	10,640	0
7954728	10/18/23 S	807.3000	1.0000	0	807	807	0
7954728	11/09/23 S	1,327.4300	1.0000	0	1,327	1,327	0
7954728	11/20/23 S	9,118.6800	1.0000	0	9,119	9,119	0
7954728	11/29/23 S	1,402.0800	1.0000	0	1,402	1,402	0
7976085	02/22/23 S	22,996,363.2500	1.0000	0	22,996,363 *	22,996,363	0
7976085	05/24/23 S	2,781.5900	1.0000	0	2,782	2,782	0
				-----	-----	-----	-----
	SUB-TOTAL OF SALES # 41			0	52,600,208	52,600,208	0
				-----	-----	-----	-----
	SUB-TOTAL			0	104,333,324	104,333,324	0
				-----	-----	-----	-----
	GRAND TOTAL			0	127,328,363	127,007,797	320,566

 CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

RPC, Inc. Retirement Income Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 58-1550825 PN: 001
December 31, 2023

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

D I S C L A I M E R S

THESE WORKSHEETS ARE PROVIDED TO ASSIST WITH THE PREPARATION OF IRS FORM 5500, SCHEDULE H. THE WORKSHEETS PRESENT ASSET AND TRANSACTION ACTIVITY MAPPED TO SCHEDULE H REPORTING ITEMS FROM THE ACCOUNTING SYSTEM; HOWEVER, THE WORKSHEETS HAVE NOT BEEN AUDITED AND ARE NOT CERTIFIED BY TRUIST. PERSONS PREPARING SCHEDULE H ARE RESPONSIBLE FOR THE ACCURACY OF INFORMATION REPORTED THEREON.