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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                               |    |                                      |              |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------|--------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                        |    |                                      |              |
| 1a      | Name of plan<br>SANOFI US GROUP PENSION PLAN                                                                                                                                                                                                                                                                                  | 1b | Three-digit plan number (PN) ▶       | 003          |
|         |                                                                                                                                                                                                                                                                                                                               | 1c | Effective date of plan               | 12/01/1941   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SANOFI-AVENTIS US LLC<br><br>100 MORRIS STREET<br>MORRISTOWN, NJ 07960 | 2b | Employer Identification Number (EIN) | 36-4406953   |
|         |                                                                                                                                                                                                                                                                                                                               | 2c | Plan Sponsor's telephone number      | 908-981-6000 |
|         |                                                                                                                                                                                                                                                                                                                               | 2d | Business code (see instructions)     | 325410       |
|         |                                                                                                                                                                                                                                                                                                                               |    |                                      |              |

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. | 10/01/2025 | ALAN LUBECK                                                  |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                                |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 9157                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <br><br><b>6a(1)</b> 1139<br><b>6a(2)</b> 1032<br><b>6b</b> 1471<br><b>6c</b> 5543<br><b>6d</b> 8046<br><b>6e</b> 152<br><b>6f</b> 8198<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                               |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1E 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☐ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>SANOFI US GROUP PENSION PLAN                                                                                     | B Three-digit plan number (PN) ▶ 003                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SANOFI-AVENTIS US LLC                                         | D Employer Identification Number (EIN)<br>36-4406953                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 694733483                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 694733483                 |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 1273                       | 205890936                 | 205890936                |
| b      | For terminated vested participants                                                                                                                                                               | 6830                       | 365049775                 | 365049775                |
| c      | For active participants                                                                                                                                                                          | 1139                       | 134574568                 | 137484697                |
| d      | Total                                                                                                                                                                                            | 9242                       | 705515279                 | 708425408                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.16 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 2327329                   |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 2900000                   |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 5227329                   |                          |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                          |                                                                                                                                                                                                                                 |                                                                                                                                                                              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>BRIAN O'MEARA,ASA</div> <div>Type or print name of actuary</div> <div>MERCER</div> <div>Firm name</div> <div>601 MERRITT 7<br/>NORWALK, CT 06856-6010</div> <div>Address of the firm</div> | <div>09/24/2025</div> <div>Date</div> <div>23-07043</div> <div>Most recent enrollment number</div> <div>203-229-6000</div> <div>Telephone number (including area code)</div> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 20875867               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 20875867               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>6.15</u> % .....                                                                                 | 0                     | 1283866                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 4195905                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> % ..... |                       | 222383                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 4418288                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 22159733               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.93 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 94.93 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 93.65 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/11/2025               | 52500000                          | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 52500000                          | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |          |
|-------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 48212870 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                       |           |                                                                     |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                         |           |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b> |                                                                     |

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          |                     | <b>31a</b>         | 5227329       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 35851658            | 3451256            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          |                     | <b>34</b>          | 8678585       |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 8199981            | 8199981       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                     | <b>36</b>          | 478604        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                     | <b>37</b>          | 48212870      |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                     | <b>38a</b>         | 47734266      |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 8199981       |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

|                |                                                                                             |
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| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
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|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
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|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                        | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| A Name of plan<br>SANOFI US GROUP PENSION PLAN                                                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                        | B Three-digit plan number (PN) ▶ 003                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>SANOFI-AVENTIS US LLC                                                                                                       |  |                                                                                                                                                                                                                                   |                                                                                                        | D Employer Identification Number (EIN)<br>36-4406953                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SANOFI-AVENTIS US PENSION TRUST                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): SANOFI-AVENTIS US LLC                                                                                                                             |  |                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                 |  |
| c EIN-PN 04-3462010-001                                                                                                                                                                      |  | d Entity code M                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 615708162 |                                                                                                 |  |
| 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)           |                                                                                                 |  |
| 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)           |                                                                                                 |  |
| 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)           |                                                                                                 |  |
| 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                              |                                                                                                 |  |

**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)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|                                                                                 |                                                      |
|---------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>SANOFI US GROUP PENSION PLAN                                  | B Three-digit plan number (PN) ▶ 003                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SANOFI-AVENTIS US LLC | D Employer Identification Number (EIN)<br>36-4406953 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 16783626              | 52500000        |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 714921490             | 615708162       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 731705116             | 668208162       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 15307929              | 3533048         |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 15307929              | 3533048         |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 716397187             | 664675114       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 52500000   |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 52500000  |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | -14346938 |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | -5741958  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 32411104  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 78841547 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 78841547 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 1562889  |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 45778    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 1889208  |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 171500   |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 1622255  |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 5291630  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 84133177 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -51722073 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |           |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |           |

**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: **FISCHER CUNNANE & ASSOCIATES LTD.**

(2) EIN: **23-3060583**

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   |                                     | <input checked="" type="checkbox"/> |        |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |        |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |        |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 556460.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>SANOFI US GROUP PENSION PLAN                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SANOFI-AVENTIS US LLC                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>36-4406953                                            |     |
| 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):<br>EIN(s): 25-0659306                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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                                                                                               | 968 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |     |

**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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 18.0 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 72.2 %

High-Yield Debt: \_\_\_\_\_ % Real Assets: 8.7 % Cash or Cash Equivalents: \_\_\_\_\_ % Other: 1.1 %

**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 \_\_\_\_\_.

# **Sanofi US Group**

## **Pension Plan**

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Financial Statements

For the Years Ended December 31, 2024 and 2023

With Independent Auditors' Report

# Sanofi US Group Pension Plan

## Table of Contents

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DECEMBER 31, 2024 AND 2023

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Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA have been omitted because they are not applicable.

## INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of  
the Sanofi US Group Pension Plan

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

We have performed audits of the financial statements of Sanofi US Group Pension 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Sanofi US Group Pension 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 and for the years ended December 31, 2024 and 2023, 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 Sanofi US Group Pension 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 Sanofi US Group Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

*Fischer Cunnane & Associates Ltd*  
Fischer Cunnane & Associates Ltd  
Certified Public Accountants

West Chester, Pennsylvania  
September 30, 2025

# Sanofi US Group Pension Plan

## Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023

|                                                        | <b>2024</b>    | <b>2023</b>    |
|--------------------------------------------------------|----------------|----------------|
| Assets                                                 |                |                |
| Investments:                                           |                |                |
| Plan interest in the sanofi-aventis U.S. Pension Trust | \$ 596,182,605 | \$ 689,653,975 |
| Net assets held in 401(h) account                      | 19,525,557     | 25,267,515     |
| Total Investments                                      | 615,708,162    | 714,921,490    |
| Employer contribution receivable                       | 52,500,000     | 16,783,626     |
| Total Assets                                           | 668,208,162    | 731,705,116    |
| Liabilities:                                           |                |                |
| Amount related to obligation of 401(h) account         | 19,525,557     | 25,267,515     |
| Accrued administrative expenses                        | 3,533,048      | 15,307,929     |
| Total Liabilities                                      | 23,058,605     | 40,575,444     |
| Net assets available for benefits                      | \$ 645,149,557 | \$ 691,129,672 |

The accompanying notes are an integral part of these financial statements.

# Sanofi US Group Pension Plan

## Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023

|                                                        | <u>2024</u>           | <u>2023</u>           |
|--------------------------------------------------------|-----------------------|-----------------------|
| Additions to net assets attributable to:               |                       |                       |
| Net investment gain (loss) allocated from Master Trust | \$ (14,346,938)       | \$ 37,160,007         |
| Employer contributions                                 | <u>52,500,000</u>     | <u>16,783,626</u>     |
| Total additions                                        | <u>38,153,062</u>     | <u>53,943,633</u>     |
| Deductions from net assets attributable to:            |                       |                       |
| Benefits paid to participants                          | 78,841,547            | 30,923,865            |
| Administrative expenses                                | <u>5,291,630</u>      | <u>5,669,496</u>      |
| Total deductions                                       | <u>84,133,177</u>     | <u>36,593,361</u>     |
| Net increase (decrease)                                | (45,980,115)          | 17,350,272            |
| Net assets available for benefits:                     |                       |                       |
| Beginning of year                                      | <u>691,129,672</u>    | <u>673,779,400</u>    |
| End of year                                            | <u>\$ 645,149,557</u> | <u>\$ 691,129,672</u> |

The accompanying notes are an integral part of these financial statements.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

---

### 1. Description of the Plan

The following description of the Sanofi US Group Pension Plan (the "Plan") provides only general information about the Plan's provisions. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** – The Plan is a defined benefit plan providing retirement, disability, and death benefits to all eligible employees. The Plan sponsor is sanofi-aventis U.S. LLC (the "Company") and the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan covers all eligible U.S. employees of the Sanofi U.S. group of affiliated companies (the "Participating Employers") which have adopted the Plan. The Plan is a continuation of The Sanofi-Synthelabo Group Pension Plan effective January 1, 2006. The current amended and restated Plan document reflects the merger into the Plan effective December 31, 2005 of the following four plans: 1) sanofi-aventis U.S. Cash Balance Plan; 2) sanofi-aventis U.S. RPR Pension Plan; 3) sanofi-aventis U.S. HMR Pension Plan; and 4) sanofi-aventis U.S. Transition Pension Plan. The four plans described above were merged into the Plan as a result of the business combination of Sanofi-Synthelabo Inc. and Aventis Inc. On December 31, 2005, the Company assumed sponsorship of the Plan from Sanofi-Synthelabo Inc.

**Plan Administration** – The sanofi-aventis U.S. Administration Committee (the "Committee" or "Plan Administrator"), as appointed by the sanofi-aventis U.S. Pension Committee, is responsible for the general administration of the Plan. The Board of Directors has appointed State Street Bank and Trust Company (the "Trustee") as the trustee of the Plan with the responsibility for the administration of the Master Trust Agreement and the management of the assets.

**Eligibility and Vesting** – Effective February 9, 2012, the Plan was frozen as to new participants. All unvested Plan participants actively employed as of February 9, 2012, became fully vested in their accrued pension benefit under the Plan. Prior to February 9, 2012, eligible employees hired on or after January 1, 2006, became participants in the Plan immediately upon employment with the Company and generally became fully vested in their accrued pension benefit upon the completion of five years of service or attainment of age 65 while an eligible employee.

**Pension Benefits** – Effective March 31, 2012, the accrual of benefits under the Plan was frozen for all participants that do not meet certain eligibility requirements for continued participation.

The normal retirement date is generally the first day of the month coincident with or following a participant turning age 65. Participants who meet the Plan's vesting requirement are 100 percent vested and are entitled to monthly pension benefits at their normal retirement date.

Early retirement may be elected after attainment of age 55. The normal retirement benefit for participants with ten years of vesting service will generally be reduced 5 percent for each year, and proportionally for each month, that benefits commence prior to age 62. The normal retirement benefit for participants with fewer than ten years of vesting service will generally be reduced 6 percent for each year, and proportionally for each month, that benefits commence prior to age 65. Different reductions apply to benefits earned under the Plan prior to January 1, 2006.

**Benefit Payment Calculation** – The Plan is a defined benefit plan with a benefit formula based on service and compensation. The Plan has separate formulas for service pre- and post-January 1, 2006.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

---

Benefit accruals under both formulas were frozen as of March 31, 2012 for all participants, except participants who were active on this date and had either:

- 1) attained age 55 with ten years of vesting service; or,
- 2) attained age 50 with 15 years of vesting service.

Benefit accruals will also continue for participants who were active on March 31, 2012 and had reached their Normal Retirement Date. Participants who do not qualify for continued accruals past March 31, 2012, but who had attained age 50 with five years or more of vesting service on this date, are eligible for monthly inflation adjustments to their March 31, 2012 frozen accrued benefit through date of termination.

Participants may elect to receive their vested plan benefit at Normal Retirement Date (or earlier, if eligible for early retirement) in the form of a lifetime annuity payable monthly.

The Plan also includes the following merged plan benefits:

- 1) Benefits accrued under the HMR Pension Plan, RPR Pension Plan and Transition Pension Plan for service accrued prior to January 1, 2006. The March 31, 2012 Plan freeze applies to these benefits.
- 2) U.S. Cash Balance Plan – pay credits were frozen as of December 31, 2005. Cash balances continue to accrue interest using an annual crediting rate based on the average 30-year Treasury rates for the preceding Plan year.
- 3) Deknatel Retirement Plan – benefit accruals were frozen as of December 31, 1995.

**401(h) Account** – The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (the “IRC”). A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component (“401(h) account”). In accordance with Code Section 401(h), the Plan’s investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for active and terminated associates (post-employment), retirees and their beneficiaries. The related obligations for health benefits are not included in the Plan’s obligations but are reflected as obligations in the financial statements of the Company’s health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Company contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan Administrator. Certain net assets of the Plan are restricted to fund a portion of the postretirement health benefits for retirees and their beneficiaries in accordance with Code Section 401(h).

The aggregate amount of net assets held in the 401(h) account related to health and welfare plan obligations for active and terminated associates, and retirees are reported as both an asset and a liability on the statements of net assets available for benefits.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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**Plan Termination** – Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) Benefits attributable to employee contributions, taking into account those paid out before termination.
- 2) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- 3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- 4) All other vested benefits (that is, vested benefits not insured by the PBGC).
- 5) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

Whether all participants receive their benefits, should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and level of benefits guaranteed by the PBGC.

## 2. Summary of Significant Accounting Policies

**Basis of Accounting** – The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of Estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) requires management to make estimates and assumptions that affect the reported amounts of assets, 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, and changes therein. Actual results could differ from those estimates.

**Funding Policy** – It is the Company’s policy to fund the Plan as required to meet the minimum funding requirements of ERISA, as determined by the Plan’s independent actuary using the Projected Unit Credit actuarial valuation method. The Plan has met the ERISA minimum funding requirements for 2024 and 2023. For the plan years 2024 and 2023, the Company contributed \$52,500,000 and \$16,783,626, respectively, to the Plan.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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**Master Trust** – The assets of the Plan are held in the sanofi-aventis U.S. Pension Trust (the "Master Trust"). The Master Trust was established for the investment of Plan assets along with two other retirement plans sponsored by the Company. Each participating plan has an undivided interest in the Master Trust. The investments included in the Master Trust are specified in Note 4. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust, inclusive of net assets in the 401(h) account, was approximately 79.87 percent and 77.70 percent, respectively.

**Master Trust Investment Valuation and Income Recognition** – The Plan's investments in the Master Trust are reported at their estimated fair values. 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 4 for a discussion of fair value measurements. Securities transactions are recorded on the trade-date, interest income is recorded on the accrual basis, and dividend income is recorded on the ex-dividend date. Appreciation or depreciation in the value of the assets held within the Master Trust is reflected in the net investment gain (loss) in the Statements of Changes in Net Assets Available for Benefits.

**Actuarial Present Value of Accumulated Benefits** – Accumulated plan benefits (see Note 6) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; and (b) present employees or their beneficiaries. Benefits payable under all circumstances including retirement, death, disability, and termination of employment are included in accumulated plan benefits, to the extent they are deemed attributable to employee service rendered to the valuation date.

**Payment of Benefits** – Benefits are recorded when paid.

**Administrative Expenses** – The Plan incurs administrative expenses directly related to the Plan which consist primarily of trustee and investment manager fees related to the Master Trust, PBGC fees, and professional service fees. Administrative expenses related to the Master Trust are allocated to the Plan and are reflected in the Statements of Changes in Net Assets Available for Benefits as Administrative Expenses. All other administrative expenses are paid by the Participating Employers on behalf of the Plan.

**New Accounting Pronouncements** – Effective January 1, 2023, the Plan adopted Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2016-13, Financial Instruments – measurement of Credit Losses on Financial Instruments, (Topic 326) and related subsequent ASU's. The adoption of these new standards did not have a material impact to the Plan's net assets, changes in net assets, or related disclosures.

### 3. Information Certified by the Trustee

Certain information in the accompanying financial statements related to investments held as of December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street Trust Company, a qualified institution.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

### 4. Investment in Plan Master Trust

The Plan held an individual beneficial interest in the Master Trust for the years ended December 31, 2024 and 2023. The beneficial interest in the Master Trust is expressed in units of value. The number of units applicable to the Plan was determined by the Trustee. Subsequent contributions or disbursements for the benefit of the Plan may have increased or decreased, respectively, the number of Plan units.

The following table presents the net assets of the Master Trust as of December 31, 2024 and 2023:

|                                                     | sanofi-aventis U.S. Pension Trust |                       | Sanofi U.S. Group Pension Plan's<br>Interest in the sanofi-aventis U.S.<br>Pension Trust |                       |
|-----------------------------------------------------|-----------------------------------|-----------------------|------------------------------------------------------------------------------------------|-----------------------|
|                                                     | 2024                              | 2023                  | 2024                                                                                     | 2023                  |
| Investments, at fair value:                         |                                   |                       |                                                                                          |                       |
| U.S. government securities                          | \$ 206,304,389                    | \$ 236,365,360        | \$ 164,775,197                                                                           | \$ 183,365,892        |
| Corporate debt instrument – preferred               | 60,833,752                        | 62,692,662            | 48,587,883                                                                               | 48,635,282            |
| Corporate debt instrument – all other               | 40,602,059                        | 40,619,884            | 32,428,841                                                                               | 31,511,814            |
| Mutual funds                                        | 60,110,769                        | 66,372,742            | 48,010,437                                                                               | 51,490,189            |
| Common and collective trusts                        | 338,243,892                       | 444,124,683           | 270,155,202                                                                              | 344,539,991           |
| Limited partnership fund                            | 37,005,264                        | 39,450,570            | 29,556,083                                                                               | 30,604,692            |
| State, municipal, and foreign government securities | 12,977,737                        | 15,737,766            | 10,365,311                                                                               | 12,208,936            |
| Interest-bearing cash & cash equivalents            | 16,293,901                        | 4,436,471             | 13,013,929                                                                               | 3,441,695             |
| Total investments at fair value                     | 772,371,763                       | 909,800,138           | 616,892,883                                                                              | 705,798,491           |
| Securities lending collateral                       | 3,652,739                         | 731,136               | 2,917,441                                                                                | 567,196               |
| Income receivable                                   | 4,132,435                         | 16,337,263            | 3,300,573                                                                                | 12,674,010            |
| Total assets                                        | 780,156,937                       | 926,868,537           | 623,110,897                                                                              | 719,039,697           |
| Liabilities:                                        |                                   |                       |                                                                                          |                       |
| Accrued investment management fees                  | (109,443)                         | (4,398,211)           | (109,443)                                                                                | (2,305,193)           |
| Payable for investments purchased                   | (5,478,721)                       | (1,605,905)           | (4,375,851)                                                                              | (1,245,818)           |
| Obligation to return securities lending collateral  | (3,652,739)                       | (731,136)             | (2,917,441)                                                                              | (567,196)             |
| Net Assets                                          | <u>\$ 770,916,034</u>             | <u>\$ 920,133,285</u> | <u>\$ 615,708,162</u>                                                                    | <u>\$ 714,921,490</u> |
| Plan's interest in net assets of the Master Trust   |                                   |                       | 79.87%                                                                                   | 77.70%                |

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

The following table presents the changes in net assets of the Master Trust for the years ended December 31, 2024 and 2023.

|                                                                | sanofi-aventis U.S. Pension Trust |                       | Sanofi U.S. Group Pension Plan's<br>Interest in the sanofi-aventis U.S.<br>Pension Trust |                       |
|----------------------------------------------------------------|-----------------------------------|-----------------------|------------------------------------------------------------------------------------------|-----------------------|
|                                                                | 2024                              | 2023                  | 2024                                                                                     | 2023                  |
| Net Appreciation (Depreciation)<br>in the value of investments | \$ (31,852,211)                   | \$ 35,238,371         | \$ (25,330,280)                                                                          | \$ 27,267,604         |
| Interest and dividends                                         | 14,959,822                        | 14,539,970            | 11,630,342                                                                               | 11,312,832            |
| Less: Net app/(dep) associated<br>with 401(h) account          | (647,000)                         | (1,510,857)           | (647,000)                                                                                | (1,510,857)           |
| Net investment income (loss)                                   | (17,539,389)                      | 48,267,484            | (14,346,938)                                                                             | 37,069,579            |
| Net transfers                                                  | (131,677,862)                     | (47,526,798)          | (84,866,390)                                                                             | (39,972,603)          |
| Increase (decrease) in Net<br>Assets                           | (149,217,251)                     | 740,686               | (99,213,328)                                                                             | (2,903,024)           |
| Net Assets:                                                    |                                   |                       |                                                                                          |                       |
| Beginning of Year                                              | 920,133,285                       | 919,392,599           | 714,921,490                                                                              | 717,824,514           |
| End of Year                                                    | <u>\$ 770,916,034</u>             | <u>\$ 920,133,285</u> | <u>\$ 615,708,162</u>                                                                    | <u>\$ 714,921,490</u> |

The Plan's interest in the investment income of the Master Trust does not correspond to a pro rata share of the Master Trust investment income due to the timing of transfers and funding to the Master Trust.

**Fair Value Measurements** – Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements and Disclosures*, defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

ASC 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. ASC 820 establishes three levels of inputs that may be used to measure fair value.

Level 1: Quoted prices in active markets for identical assets or liabilities;

Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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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, 2024 and 2023. All of the Plan's assets are invested in the Master Trust.

**Interest Bearing Cash and Cash Equivalents** – The carrying amount of cash and cash equivalents is based on the cost of acquisition plus accrued interest up to the reporting date. Due to their short-term highly liquid nature, the carrying amounts approximate fair value. Any gains and/or earnings by the underlying assets are paid out as interest.

**Fixed Income Securities** – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. Investments in this category include U.S. government securities; municipal and foreign government securities; corporate debt instruments; and loans secured by residential and commercial mortgages.

**Mutual Funds** – Mutual funds are valued at the published net asset value (“NAV”) of the shares as reported in the active market in which the securities are traded.

**Common Collective Trust & Limited Partnership Funds** – These investments are valued at the NAV of units of the trust. The NAV, as provided by the issuer, 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.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

The following tables represent by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2024 and 2023:

|                                            | 2024                 |                       |             | Total                 |
|--------------------------------------------|----------------------|-----------------------|-------------|-----------------------|
|                                            | Level 1              | Level 2               | Level 3     |                       |
| Interest-bearing cash & cash equivalents   | \$ 16,293,901        | \$ -                  | \$ -        | \$ 16,293,901         |
| Mutual funds                               | 60,110,769           | -                     | -           | 60,110,769            |
| Fixed income securities                    | -                    | 320,717,937           | -           | 320,717,937           |
| Total assets in the fair value hierarchy   | <u>\$ 76,404,670</u> | <u>\$ 320,717,937</u> | <u>\$ -</u> | 397,122,607           |
| Investments measured at NAV <sup>(a)</sup> |                      |                       |             | <u>375,249,156</u>    |
| Total investments measured at fair value   |                      |                       |             | <u>\$ 772,371,763</u> |

The table above excludes receivables and accrued liabilities of \$4,132,435 and \$5,588,164, respectively, and collateral deposits of \$3,652,739, and the related obligation to return collateral, which are part of the preceding Master Trust table.

|                                            | 2023                 |                       |             | Total                 |
|--------------------------------------------|----------------------|-----------------------|-------------|-----------------------|
|                                            | Level 1              | Level 2               | Level 3     |                       |
| Interest-bearing cash & cash equivalents   | \$ 4,436,471         | \$ -                  | \$ -        | \$ 4,436,471          |
| Mutual funds                               | 66,372,742           | -                     | -           | 66,372,742            |
| Fixed income securities                    | -                    | 355,415,672           | -           | 355,415,672           |
| Total assets in the fair value hierarchy   | <u>\$ 70,809,213</u> | <u>\$ 355,415,672</u> | <u>\$ -</u> | 426,224,885           |
| Investments measured at NAV <sup>(a)</sup> |                      |                       |             | <u>483,575,253</u>    |
| Total investments measured at fair value   |                      |                       |             | <u>\$ 909,800,138</u> |

The table above excludes receivables and accrued liabilities of \$16,337,263 and \$6,004,116, respectively, and collateral deposits of \$731,136, and the related obligation to return collateral, which are part of the preceding Master Trust table.

- <sup>(a)</sup> In accordance with ASC Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the net assets available for benefits of the Master Trust.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

**Investments Measured at NAV** – The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023:

| December 31, 2024                      | Net Asset Value      | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|----------------------------------------|----------------------|----------------------|----------------------|--------------------------|
| JPMCB Special Situation Property Fund  | \$ 29,795,353        | \$ -                 | Quarterly            | 30 days                  |
| Principal Enhanced Property Fund, L.P. | 37,005,264           | -                    | Quarterly            | 90 days                  |
| L&G EAFE Multi CIT                     | 38,631,464           | N/A                  | Daily                | Trade day – 1            |
| TCW Long Duration Gov't Credit         | 130,204,320          | N/A                  | Daily                | Trade day                |
| Prudential Long Duration Credit Fund   | 100,107,036          | N/A                  | Daily                | Trade day + 1            |
| TT Emerging Market Opp Fund II         | 15,526,550           | N/A                  | Monthly              | Trade day                |
| Wellington TR Co Natl Assn             | 23,979,169           | N/A                  | Daily                | Trade day                |
| Total Investments Measured at NAV      | <u>\$375,249,156</u> |                      |                      |                          |
| December 31, 2023                      | Net Asset Value      | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
| JPMCB Special Situation Property Fund  | \$ 34,470,230        | \$ -                 | Quarterly            | 30 days                  |
| Principal Enhanced Property Fund, L.P. | 39,450,570           | -                    | Quarterly            | 90 days                  |
| L&G EAFE Multi CIT                     | 48,227,481           | N/A                  | Daily                | Trade day – 1            |
| TCW Long Duration Gov't Credit         | 169,269,232          | N/A                  | Daily                | Trade day                |
| Prudential Long Duration Credit Fund   | 101,383,752          | N/A                  | Daily                | Trade day + 1            |
| LGIMA Long Duration Credit CIT         | 41,748,150           | N/A                  | Daily                | Trade day – 1            |
| TT Emerging Market Opp Fund II         | 20,261,199           | N/A                  | Monthly              | Trade day                |
| Wellington TR Co Natl Assn             | 28,764,639           | N/A                  | Daily                | Trade day                |
| Total Investments Measured at NAV      | <u>\$483,575,253</u> |                      |                      |                          |

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

### 5. Securities Lending

The Master Trust is authorized to engage in the lending of certain investments. Securities lending is an investment management enhancement that utilizes certain existing securities of the Master Trust to earn additional income. Securities lending involves the loaning of securities to approved banks and broker/dealers. In return for the loaned securities, the custodian, prior to or simultaneous with delivery of the loaned securities to the borrower, receives collateral in the form of cash, equities, or government and corporate fixed-income securities as a safeguard against possible default of any borrower on the return of the loan under terms that permit the Master Trust to repledge or sell the securities. Each loan is initially collateralized in amounts at least equal to or greater than the fair market value of the loaned securities. The collateral is marked to market on a daily basis. In the event the counterparty is unable to meet its contractual obligation under the securities lending arrangement, the Master Trust may incur losses equal to the amount by which the market value of the securities differ from the amount of collateral held. The Master Trust mitigates credit risk associated with securities lending arrangements by monitoring the fair value of the securities loaned on a daily basis, with additional collateral obtained or refunded as necessary.

The Master Trust maintains full ownership rights to the securities loaned and accordingly, classifies loaned securities as investments. Because the securities received as collateral may be repledged or sold, the Master Trust recognized the amount of collateral received and a corresponding obligation to return such collateral on the statements of net assets. The fair value of the securities on loan was \$3,152,628 and \$561,109 and the fair value of collateral held was \$3,652,739 and \$731,136, respectively, at December 31, 2024 and 2023. Securities lending income earned by the Master Trust is recorded on the accrual basis and was \$3,956 and \$11,682 for the years ended December 31, 2024 and 2023, respectively.

The following tables summarize the securities loaned and related collateral at December 31, 2024 and 2023:

|                                                                               | December 31, 2024  |                               |               |
|-------------------------------------------------------------------------------|--------------------|-------------------------------|---------------|
|                                                                               | Total Market Value | Collateral (Received)/Pledged | *Net Exposure |
| Master Securities Lending Agreement with State Street Bank and Trust Company: |                    |                               |               |
| U.S. Corporate Bond and Equity                                                | \$ 3,152,628       | \$ (3,652,739)                | \$ (500,111)  |
| Total                                                                         | \$ 3,152,628       | \$ (3,652,739)                | \$ (500,111)  |
|                                                                               | December 31, 2023  |                               |               |
|                                                                               | Total Market Value | Collateral (Received)/Pledged | *Net Exposure |
| Master Securities Lending Agreement with State Street Bank and Trust Company: |                    |                               |               |
| U.S. Corporate Bond and Equity                                                | \$ 561,109         | \$ (731,136)                  | \$ (170,027)  |
| Total                                                                         | \$ 561,109         | \$ (731,136)                  | \$ (170,027)  |

\* Net exposure represents the net receivable (payable) that would be due from (to) the counterparty in the event of default and is not disclosed in the Statement of Assets and Liabilities of the Master Trust. Exposure from borrowings and other financing transactions can only be netted across transactions governed under the same master agreement with the same legal entity.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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### 6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits at January 1, 2024 was determined by the Plan's consulting actuaries and is the amount that 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, withdrawals, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits is as follows:

|                                                            | January 1,<br>2024    |
|------------------------------------------------------------|-----------------------|
| Vested benefits:                                           |                       |
| Active participants                                        | \$ 136,693,665        |
| Inactive participants with deferred benefits               | 372,074,810           |
| Inactive participants receiving benefits                   | 209,431,106           |
| Total vested benefits                                      | 718,199,581           |
| Non-vested benefits                                        | 2,674,864             |
| Total actuarial present value of accumulated plan benefits | <u>\$ 720,874,445</u> |

The changes in the actuarial present value of accumulated plan benefits during the year are as follows:

|                                                                         |                              |
|-------------------------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan benefits at January 1, 2023 | <u>\$ 791,491,213</u>        |
| Increase (decrease) during the year attributable to:                    |                              |
| Benefits accumulated and (gains) losses                                 | 8,119,469                    |
| Increase for interest due to decrease in discount period                | 34,086,379                   |
| Benefits paid                                                           | (31,016,843)                 |
| Change in actuarial assumptions                                         | (81,805,773)                 |
| Net decrease                                                            | <u>(70,616,768)</u>          |
| Actuarial present value of accumulated plan benefits at January 1, 2024 | <u><u>\$ 720,874,445</u></u> |

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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Significant actuarial assumptions used in the FASB ASC 960 valuation as of January 1, 2024 were:

|                                     |                                                                                                                                              |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate:                      | 5.25% per year                                                                                                                               |
| Mortality for Healthy Participants  | PRI-2012 White collar annuitant, non-annuitant tables and contingent annuitant mortality tables projected generationally with scale MP-2021. |
| Mortality for Disabled Participants | PRI-2012 disabled lives mortality table, projected generationally with scale MP-2021.                                                        |
| Retirement age                      | Based on age ranging from 10% at age 55 to 100% at age 70.                                                                                   |
| Inflation rate                      | 2.50%                                                                                                                                        |
| Administrative expenses             | \$2.9 million added to current year normal cost.                                                                                             |

The significant changes in actuarial assumptions since the prior year valuation include:

- The discount rate for ASC 960 changed from 4.40% as of January 1, 2023 to 5.25% as of January 1, 2024.
- The administrative expense assumption decreased from \$4.45M as of January 1, 2023 to \$2.9M as of January 1, 2024.
- Discount rates and mortality assumptions were updated from 2023 to 2024 in accordance with PPA.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## 7. Tax Status

The Plan obtained its latest determination letter on November 13, 2014, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC and, therefore, the related trust is exempt from taxation. In December 2016, the IRS began publishing a Required Amendments List for individually designed plans which specifies changes in qualification requirements. The list is published annually and requires plans to be amended for each item on the list, as applicable, to retain its tax-exempt status. Plan management believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC and Plan document. Therefore, no provision for income taxes has been included in the Plan's financial statements.

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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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 if the organization has taken an uncertain 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.

### 8. Related-Party and Party-In-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These investments and transactions in these investments qualify as party in interest transactions; which are exempt from the prohibited transaction rules of ERISA. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are also exempt party in interest transactions under ERISA.

### 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported in the accompanying financial statements to the Form 5500 for December 31, 2024 and 2023:

|                                                                | December 31,          |                       |
|----------------------------------------------------------------|-----------------------|-----------------------|
|                                                                | 2024                  | 2023                  |
| Net assets available for benefits:                             |                       |                       |
| As reported in the accompanying financial statements           | \$ 645,149,557        | \$ 691,129,672        |
| Assets held in 401(h) account                                  | 19,525,557            | 25,267,515            |
| Net assets available for benefits as reported in the Form 5500 | <u>\$ 664,675,114</u> | <u>\$ 716,397,187</u> |

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits.

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2024:

|                                                                | 2024                   |
|----------------------------------------------------------------|------------------------|
| Net decrease per Financial Statements                          | \$ (45,980,115)        |
| Net depreciation in 401(h) account allocated from Master Trust | (5,741,958)            |
| Net loss per Form 5500                                         | <u>\$ (51,722,073)</u> |

### 10. Risks and Uncertainties

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

# Sanofi US Group Pension Plan

## Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

### **11. Subsequent Events**

Plan management has evaluated all subsequent events through September 30, 2025, the date the financial statements were available to be issued. There were no subsequent events that would require recognition in the Plan's financial statements.

Schedule SB, line 26a — Active Participant Data

Distribution of active participants accruing benefits as of January 1, 2024\*

| Attained age | Years of credited service |     |     |       |       |       |         |       |       |         |       |
|--------------|---------------------------|-----|-----|-------|-------|-------|---------|-------|-------|---------|-------|
|              | Under 1                   | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29   | 30–34 | 35–39 | 40 & up | Total |
| Under 25     |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 25–29        |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 30–34        |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 35–39        |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 40–44        |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 45–49        |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 50–54        |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 55–59        |                           |     |     |       |       |       |         |       |       |         |       |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 60–64        |                           |     |     |       |       |       | 22      | 13    | 9     | 6       | 50    |
|              |                           |     |     |       |       |       | 201,601 |       |       |         |       |
| 65–69        |                           |     |     |       |       | 12    | 11      | 6     | 6     | 1       | 36    |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| 70 & up      |                           |     |     |       |       | 2     |         |       |       | 2       | 4     |
|              |                           |     |     |       |       |       |         |       |       |         |       |
| Total        |                           |     |     |       |       | 14    | 33      | 19    | 15    | 9       | 90    |
|              |                           |     |     |       |       |       |         |       |       |         |       |

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2024 limited to \$345,000. Average pay is not shown for cells with fewer than 20 participants.

\*Includes active participants who also have a cash balance account.

**Schedule SB, line 26a — Active Participant Data****Distribution of Active Participants with Frozen Benefits as of January 1, 2024\***

| Attained age | Years of vesting service |     |     |       |       |        |        |        |       |         | Total |
|--------------|--------------------------|-----|-----|-------|-------|--------|--------|--------|-------|---------|-------|
|              | Under 1                  | 1–4 | 5–9 | 10–14 | 15–19 | 20–24  | 25–29  | 30–34  | 35–39 | 40 & up |       |
| Under 25     |                          |     |     |       |       |        |        |        |       |         |       |
|              |                          |     |     |       |       |        |        |        |       |         |       |
| 25–29        |                          |     |     |       |       |        |        |        |       |         |       |
|              |                          |     |     |       |       |        |        |        |       |         |       |
| 30–34        |                          |     |     |       |       |        |        |        |       |         |       |
|              |                          |     |     |       |       |        |        |        |       |         |       |
| 35–39        |                          |     |     | 5     | 1     |        |        |        |       |         | 6     |
|              |                          |     |     |       |       |        |        |        |       |         |       |
| 40–44        |                          |     |     | 12    | 48    | 7      |        |        |       |         | 67    |
|              |                          |     |     |       | 4,785 |        |        |        |       |         |       |
| 45–49        |                          |     |     | 25    | 96    | 71     | 5      |        |       |         | 197   |
|              |                          |     |     | 2,732 | 6,144 | 7,615  |        |        |       |         |       |
| 50–54        |                          |     | 3   | 28    | 108   | 134    | 22     | 2      |       |         | 297   |
|              |                          |     |     | 2,705 | 7,629 | 9,813  | 11,540 |        |       |         |       |
| 55–59        |                          |     |     | 11    | 61    | 96     | 37     | 25     | 13    |         | 243   |
|              |                          |     |     |       | 7,149 | 10,325 | 13,897 | 15,258 |       |         |       |
| 60–64        |                          | 1   |     | 17    | 51    | 70     | 9      | 12     | 7     | 1       | 168   |
|              |                          |     |     |       | 8,882 | 12,628 |        |        |       |         |       |
| 65–69        |                          |     |     | 7     | 14    | 7      | 1      | 1      |       |         | 30    |
|              |                          |     |     |       |       |        |        |        |       |         |       |
| 70 & up      |                          |     |     | 1     | 3     |        |        |        | 2     | 1       | 7     |
|              |                          |     |     |       |       |        |        |        |       |         |       |
| Total        |                          | 1   | 3   | 106   | 382   | 385    | 74     | 40     | 22    | 2       | 1,015 |
|              |                          |     |     |       |       |        |        |        |       |         |       |

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average of frozen annual benefit amounts. Average frozen benefits are not shown for cells with fewer than 20 participants.

\* Includes active participants whose frozen accrued benefits are increased with CPI each year until termination of employment.

**Schedule SB, line 26a — Active Participant Data****Distribution of Active Participants with cash balance amounts as of January 1, 2024**

| Attained age | Years of vesting service |     |     |       |       |        |        |       |       |         |       |
|--------------|--------------------------|-----|-----|-------|-------|--------|--------|-------|-------|---------|-------|
|              | Under 1                  | 1–4 | 5–9 | 10–14 | 15–19 | 20–24  | 25–29  | 30–34 | 35–39 | 40 & up | Total |
| Under 25     |                          |     |     |       |       |        |        |       |       |         |       |
|              |                          |     |     |       |       |        |        |       |       |         |       |
| 25–29        |                          |     |     |       |       |        |        |       |       |         |       |
|              |                          |     |     |       |       |        |        |       |       |         |       |
| 30–34        |                          |     |     |       |       |        |        |       |       |         |       |
|              |                          |     |     |       |       |        |        |       |       |         |       |
| 35–39        |                          |     |     |       |       |        |        |       |       |         |       |
|              |                          |     |     |       |       |        |        |       |       |         |       |
| 40–44        |                          |     |     | 1     | 4     | 5      |        |       |       |         | 10    |
|              |                          |     |     |       |       |        |        |       |       |         |       |
| 45–49        |                          |     |     | 3     | 19    | 50     | 3      |       |       |         | 75    |
|              |                          |     |     |       |       | 29,945 |        |       |       |         |       |
| 50–54        |                          |     | 4   | 4     | 16    | 91     | 14     | 2     |       |         | 131   |
|              |                          |     |     |       |       | 37,287 |        |       |       |         |       |
| 55–59        |                          |     |     |       | 11    | 78     | 26     | 14    | 9     |         | 138   |
|              |                          |     |     |       |       | 43,133 | 83,495 |       |       |         |       |
| 60–64        |                          |     |     | 1     | 6     | 53     | 25     | 15    | 12    | 2       | 114   |
|              |                          |     |     |       |       | 41,974 | 92,212 |       |       |         |       |
| 65–69        |                          |     |     | 1     | 3     | 17     | 8      | 4     | 5     | 1       | 39    |
|              |                          |     |     |       |       |        |        |       |       |         |       |
| 70 & up      |                          |     |     |       | 1     | 2      |        |       |       |         | 3     |
|              |                          |     |     |       |       |        |        |       |       |         |       |
| Total        |                          |     | 4   | 10    | 60    | 296    | 76     | 35    | 26    | 3       | 510   |
|              |                          |     |     |       |       |        |        |       |       |         |       |

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average cash balance amounts. Average cash balance are not shown for cells with fewer than 20 participation.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

**Actuarial assumptions for January 1, 2024 funding valuation**

| Discount rate sponsor elections               |                                                                                                                                                                                                                                                                                                             |                      |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| • Segment rates or full yield curve           | Segment                                                                                                                                                                                                                                                                                                     |                      |
| • Look-back months                            | 4                                                                                                                                                                                                                                                                                                           |                      |
|                                               | <u>Stabilized</u>                                                                                                                                                                                                                                                                                           | <u>Nonstabilized</u> |
| • First 5 years                               | 4.75%                                                                                                                                                                                                                                                                                                       | 3.62%                |
| • Next 15 years                               | 4.87%                                                                                                                                                                                                                                                                                                       | 4.46%                |
| • Over 20 years                               | 5.59%                                                                                                                                                                                                                                                                                                       | 4.52%                |
| Mortality sponsor elections                   |                                                                                                                                                                                                                                                                                                             |                      |
| • All participants                            | Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1. |                      |
| Cash balance plans                            |                                                                                                                                                                                                                                                                                                             |                      |
| • Interest accumulation rate                  | See table of rates                                                                                                                                                                                                                                                                                          |                      |
| Other economic assumptions                    |                                                                                                                                                                                                                                                                                                             |                      |
| • Salary increases                            | 2.50% per year                                                                                                                                                                                                                                                                                              |                      |
| • Social Security taxable wage base increases | 3.50% per year                                                                                                                                                                                                                                                                                              |                      |
| • Inflation                                   | 2.50% per year                                                                                                                                                                                                                                                                                              |                      |
| • Expenses                                    | \$2.9 million added to current year normal cost                                                                                                                                                                                                                                                             |                      |
| Demographic assumptions                       |                                                                                                                                                                                                                                                                                                             |                      |
| • Withdrawal                                  | See table of sample rates.                                                                                                                                                                                                                                                                                  |                      |
| • Disability incidence                        | Disability incidence table based on the 1985 Pension Disability Study for Class 1 Occupations. Incidence rates are reduced by 50% for participants past age 40.                                                                                                                                             |                      |
| • Retirement age                              | <u>Attained age</u>                                                                                                                                                                                                                                                                                         | <u>Percentage</u>    |
|                                               | Under 55                                                                                                                                                                                                                                                                                                    | 0.0%                 |
|                                               | 55-59                                                                                                                                                                                                                                                                                                       | 10.0%                |
|                                               | 60-61                                                                                                                                                                                                                                                                                                       | 15.0%                |
|                                               | 62                                                                                                                                                                                                                                                                                                          | 25.0%                |
|                                               | 63-64                                                                                                                                                                                                                                                                                                       | 20.0%                |
|                                               | 65-69                                                                                                                                                                                                                                                                                                       | 30.0%                |
|                                               | 70 and above                                                                                                                                                                                                                                                                                                | 100.0%               |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

| • <b>Benefit commencement age for</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|-----------------------|---------|----|---------|-----|---------|-----|---------|-----|-----|------|
| — Future vested deferred (legacy GPP and legacy Hourly participants)                | 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| — Future vested deferred (All others)                                               | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| — Current vested deferred (other than Aventis Cash Balance and Merial participants) | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| • Spouse assumptions                                                                | <b>Male participants</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Female participants</b> |              |                       |         |    |         |     |         |     |         |     |     |      |
| — Percentage married                                                                | 80%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 80%                        |              |                       |         |    |         |     |         |     |         |     |     |      |
| — Spouse age difference                                                             | 3 years younger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 years older              |              |                       |         |    |         |     |         |     |         |     |     |      |
| • Form of payment                                                                   | 45% Joint and Survivor for Sanofi~Synthelabo legacy benefits and certain grandfathered Sanofi~Synthelabo legacy employees.<br>Lump sum for legacy Aventis and Merial cash balance benefits: <ul style="list-style-type: none"><li>- <u>Future terminated vested</u>: 20% commence immediately upon termination, 20% commence one year following termination, and 60% defer to age 55, and post-55 commencements as per table below</li><li>- <u>Current terminated vested</u>: Defer to age 55 with post-55 commencements as per table below</li></ul> <table><tr><th>Attained Age</th><th>Lump-sum take up rate</th></tr><tr><td>55 – 60</td><td>5%</td></tr><tr><td>60 – 64</td><td>10%</td></tr><tr><td>65 – 69</td><td>15%</td></tr><tr><td>70 – 79</td><td>25%</td></tr><tr><td>80+</td><td>100%</td></tr></table> All other participants are assumed to elect payment in the forms as follows: <ul style="list-style-type: none"><li>- 55% are assumed to elect a single life annuity</li><li>- 25% are assumed to elect a 100% joint and survivor annuity</li><li>- 20% are assumed to elect a 50% joint and survivor annuity</li></ul> |                            | Attained Age | Lump-sum take up rate | 55 – 60 | 5% | 60 – 64 | 10% | 65 – 69 | 15% | 70 – 79 | 25% | 80+ | 100% |
| Attained Age                                                                        | Lump-sum take up rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| 55 – 60                                                                             | 5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| 60 – 64                                                                             | 10%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| 65 – 69                                                                             | 15%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| 70 – 79                                                                             | 25%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |              |                       |         |    |         |     |         |     |         |     |     |      |
| 80+                                                                                 | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |              |                       |         |    |         |     |         |     |         |     |     |      |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Table of sample rates****Withdrawal Rates**

| Attained age | Percentage Withdrawal |
|--------------|-----------------------|
| 20           | 20.0%                 |
| 25           | 20.0                  |
| 30           | 18.6                  |
| 35           | 15.4                  |
| 40           | 14.4                  |
| 45           | 13.4                  |
| 50           | 11.8                  |
| 55           | 8.8                   |

**Interest Credit Rates (assumed annualized rates)**

| Year         | Aventis cash balance | Merial |
|--------------|----------------------|--------|
| 2024         | 4.09%                | 6.34%  |
| 2025         | 4.09%                | 6.34%  |
| 2026         | 3.90%                | 5.60%  |
| 2027         | 3.70%                | 4.90%  |
| 2028         | 3.50%                | 4.20%  |
| 2029 onwards | 3.30%                | 3.50%  |

**Rationale for Non-Prescribed Assumptions Having a Material Effect on the Measurement****Economic assumptions**

- Cash balance interest accumulation rate – This assumption reflects the current interest crediting rate being used by the plan grading up to a long-term assumed 30-year treasury rate (for legacy Aventis Cash Balance Plan) and three-month Treasury bills (for legacy Merial Cash Balance Plan) in-line with the assumption periodically published by Mercer Investment Consulting LLC in their *Capital Markets Outlook* report.
- Expenses – This assumption is based on the management's expectation of service provider fees paid from the pension trust, plus expected PBGC premiums.

**Demographic Assumptions**

- Withdrawal and Retirement rates: The rates are reviewed annually through an experience study covering the prior five years. Sanofi management believes that the current assumptions are expected to be representative of future experience.
- Form of payment: Reviewed annually through an experience study.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

- **Benefit Commencement Age for Aventis Cash Balance and Merial Plans:** The assumed age is based on results from the annual experience study.

**Asset methods-Effective January 1, 2008**

The asset valuation method is the fair market value.

**Participant methods-Effective January 1, 2008**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan administrator provides us with data on all eligible employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The Plan does not have any insurance contracts.

**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>SANOFI US GROUP PENSION PLAN                                                                                     | B Three-digit plan number (PN) ▶ 003                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SANOFI-AVENTIS US LLC                                         | D Employer Identification Number (EIN)<br>36-4406953                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 694,733,483               |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 694,733,483               |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 1,273                      | 205,890,936               | 205,890,936              |
| b      | For terminated vested participants                                                                                                                                                               | 6,830                      | 365,049,775               | 365,049,775              |
| c      | For active participants                                                                                                                                                                          | 1,139                      | 134,574,568               | 137,484,697              |
| d      | Total                                                                                                                                                                                            | 9,242                      | 705,515,279               | 708,425,408              |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.16%                     |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 2,327,329                 |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 2,900,000                 |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 5,227,329                 |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Statement by Enrolled Actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |
| To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. |                                                          |
| SIGN HERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div>Brian O'Meara</div> <div>Signature of actuary</div> |
| BRIAN O'MEARA, ASA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9/24/2025                                                |
| MERCER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                                                     |
| 601 MERRITT 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2307043                                                  |
| NORWALK CT 06856-6010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Most recent enrollment number                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 203-229-6000                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone number (including area code)                   |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |                                                          |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |
| Schedule SB (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |

## Part II Beginning of Year Carryover and Prefunding Balances

|             |                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                     | 20,875,867             |
| <b>8</b>    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                     | 0                      |
| <b>9</b>    | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                     | 20,875,867             |
| <b>10</b>   | Interest on line 9 using prior year's actual return of <u>6.15</u> % .....                                                                               | 0                     | 1,283,866              |
| <b>11</b>   | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| <b>a</b>    | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 4,195,905              |
| <b>b(1)</b> | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> % ..... |                       | 222,383                |
| <b>b(2)</b> | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b>    | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                       | 4,418,288              |
| <b>d</b>    | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 0                      |
| <b>12</b>   | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                     | 0                      |
| <b>13</b>   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                     | 22,159,733             |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                  |           |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                        | <b>14</b> | 94 . 93 % |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 94 . 93 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 93 . 65 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %         |

## Part IV Contributions and Liquidity Shortfalls

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |       |   |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|-------|---|
| 09/11/2025               | 52,500,000                        | 0                               |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 |                          |                                   |                                 |       |   |
|                          |                                   |                                 | Totals ►                 | 18(b)                             | 52,500,000                      | 18(c) | 0 |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |            |
|------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0          |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 48,212,870 |

## 20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

**C** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

|                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                                         | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment:<br/>4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment:<br/>4.87 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment:<br/>5.59 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                                     | <b>21b</b>                                                                                                                                                                                                                                                                                                                                                                           | 4                                                                   |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                                  | <b>22</b>                                                                                                                                                                                                                                                                                                                                                                            | 61                                                                  |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                                                                                                                                                              | <b>27</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                                                                                        | <b>28</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....                                                                                                                                                                              | <b>29</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                                | <b>30</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                                      | <b>31a</b>                                                                                                                                                                                                                                                                                                                                                                           | 5,227,329                                                           |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                                      | <b>31b</b>                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                   |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                             | Outstanding Balance                                                                                                                                                                                                                                                                                                                                                                  | Installment                                                         |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                           | 35,851,658                                                                                                                                                                                                                                                                                                                                                                           | 3,451,256                                                           |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                   |
| <b>33</b>        | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      | <b>34</b> style="text-align: right;">8,678,585                      |
| <b>35</b>        | Balances elected for use to offset funding requirement .....                                                                                                                                                                                                                                           | Carryover balance                                                                                                                                                                                                                                                                                                                                                                    | Prefunding balance                                                  |
|                  | 0                                                                                                                                                                                                                                                                                                      | 8,199,981                                                                                                                                                                                                                                                                                                                                                                            | 8,199,981                                                           |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35).....                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                      | <b>36</b> style="text-align: right;">478,604                        |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                      | <b>37</b> style="text-align: right;">48,212,870                     |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38a</b> style="text-align: right;">47,734,266                    |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | <b>38b</b> style="text-align: right;">8,199,981                     |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | <b>39</b> style="text-align: right;">0                              |
| <b>40</b>        | Unpaid minimum required contributions for all years .....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      | <b>40</b> style="text-align: right;">0                              |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

| (A)<br>Retirement age | (B)<br>Retirement percent | (C)<br>Lx | (D)<br>Number expected to retire per 10,000 employees<br>(B) x (C) | (E)<br>(A) x (D) |
|-----------------------|---------------------------|-----------|--------------------------------------------------------------------|------------------|
| 55                    | 10%                       | 10,000    | 1,000.00                                                           | 55,000           |
| 56                    | 10%                       | 9,000     | 900.00                                                             | 50,400           |
| 57                    | 10%                       | 8,100     | 810.00                                                             | 46,170           |
| 58                    | 10%                       | 7,290     | 729.00                                                             | 42,282           |
| 59                    | 10%                       | 6,561     | 656.10                                                             | 38,710           |
| 60                    | 15%                       | 5,905     | 885.74                                                             | 53,144           |
| 61                    | 15%                       | 5,019     | 752.87                                                             | 45,925           |
| 62                    | 25%                       | 4,266     | 1,066.57                                                           | 66,128           |
| 63                    | 20%                       | 3,200     | 639.94                                                             | 40,316           |
| 64                    | 20%                       | 2,560     | 511.96                                                             | 32,765           |
| 65                    | 30%                       | 2,048     | 614.35                                                             | 39,933           |
| 66                    | 30%                       | 1,433     | 430.04                                                             | 28,383           |
| 67                    | 30%                       | 1,003     | 301.03                                                             | 20,169           |
| 68                    | 30%                       | 702       | 210.72                                                             | 14,329           |
| 69                    | 30%                       | 492       | 147.50                                                             | 10,178           |
| 70                    | 100%                      | 344       | 344.18                                                             | 24,092           |
| Total                 |                           |           | 10,000.00                                                          | 607,924          |
| Average               |                           |           |                                                                    | 60.79            |

Plan: Sanofi US Group Pension Plan

EIN/PN: 36-4406953/003

Valuation Date: 01/01/2024

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested<br>Participants | Retired Participants and<br>Beneficiaries Receiving<br>Payments | Total      |
|-----------|---------------------|-----------------------------------|-----------------------------------------------------------------|------------|
| 2024      | 5,877,765           | 17,279,662                        | 18,037,992                                                      | 41,195,419 |
| 2025      | 6,435,301           | 15,471,626                        | 17,373,259                                                      | 39,280,186 |
| 2026      | 7,569,787           | 16,728,124                        | 17,164,068                                                      | 41,461,979 |
| 2027      | 7,937,871           | 17,879,114                        | 16,811,892                                                      | 42,628,877 |
| 2028      | 8,648,278           | 19,437,297                        | 16,310,416                                                      | 44,395,991 |
| 2029      | 8,860,323           | 20,589,289                        | 15,813,494                                                      | 45,263,106 |
| 2030      | 8,834,425           | 21,766,462                        | 15,388,743                                                      | 45,989,630 |
| 2031      | 9,146,778           | 22,838,490                        | 14,956,999                                                      | 46,942,267 |
| 2032      | 9,230,246           | 23,566,755                        | 14,537,373                                                      | 47,334,374 |
| 2033      | 9,188,097           | 24,333,295                        | 14,155,154                                                      | 47,676,546 |
| 2034      | 9,193,941           | 25,010,613                        | 13,669,465                                                      | 47,874,019 |
| 2035      | 9,253,849           | 25,595,941                        | 13,290,647                                                      | 48,140,437 |
| 2036      | 9,337,212           | 26,026,100                        | 12,828,835                                                      | 48,192,147 |
| 2037      | 9,258,033           | 26,353,944                        | 12,364,252                                                      | 47,976,229 |
| 2038      | 9,296,911           | 26,557,190                        | 11,847,508                                                      | 47,701,609 |
| 2039      | 9,303,333           | 26,549,897                        | 11,322,364                                                      | 47,175,594 |
| 2040      | 9,213,047           | 26,331,727                        | 10,817,563                                                      | 46,362,337 |
| 2041      | 9,152,596           | 26,124,669                        | 10,285,794                                                      | 45,563,059 |
| 2042      | 9,141,591           | 25,755,855                        | 9,712,292                                                       | 44,609,738 |
| 2043      | 8,954,265           | 25,315,614                        | 9,137,836                                                       | 43,407,715 |
| 2044      | 8,815,490           | 24,774,249                        | 8,538,838                                                       | 42,128,577 |
| 2045      | 8,613,217           | 24,033,286                        | 7,932,318                                                       | 40,578,821 |
| 2046      | 8,377,120           | 23,255,441                        | 7,304,189                                                       | 38,936,750 |
| 2047      | 8,100,140           | 22,368,718                        | 6,676,254                                                       | 37,145,112 |
| 2048      | 7,773,438           | 21,424,944                        | 6,042,013                                                       | 35,240,395 |
| 2049      | 7,442,334           | 20,461,932                        | 5,418,421                                                       | 33,322,687 |
| 2050      | 7,085,010           | 19,437,352                        | 4,809,999                                                       | 31,332,361 |
| 2051      | 6,710,082           | 18,448,344                        | 4,224,721                                                       | 29,383,147 |
| 2052      | 6,324,267           | 17,488,180                        | 3,670,012                                                       | 27,482,459 |
| 2053      | 5,929,028           | 16,514,659                        | 3,152,259                                                       | 25,595,946 |
| 2054      | 5,532,139           | 15,530,297                        | 2,676,449                                                       | 23,738,885 |
| 2055      | 5,133,002           | 14,572,489                        | 2,246,015                                                       | 21,951,506 |
| 2056      | 4,734,599           | 13,597,306                        | 1,862,702                                                       | 20,194,607 |
| 2057      | 4,346,816           | 12,600,330                        | 1,526,683                                                       | 18,473,829 |
| 2058      | 3,966,527           | 11,653,475                        | 1,236,759                                                       | 16,856,761 |
| 2059      | 3,598,588           | 10,713,727                        | 990,506                                                         | 15,302,821 |
| 2060      | 3,247,763           | 9,779,024                         | 784,577                                                         | 13,811,364 |
| 2061      | 2,913,706           | 8,884,962                         | 614,993                                                         | 12,413,661 |
| 2062      | 2,598,030           | 8,020,594                         | 477,390                                                         | 11,096,014 |
| 2063      | 2,302,254           | 7,188,337                         | 367,316                                                         | 9,857,907  |
| 2064      | 2,026,653           | 6,395,436                         | 280,440                                                         | 8,702,529  |
| 2065      | 1,771,548           | 5,644,866                         | 212,716                                                         | 7,629,130  |
| 2066      | 1,537,064           | 4,944,874                         | 160,504                                                         | 6,642,442  |
| 2067      | 1,323,105           | 4,289,047                         | 120,632                                                         | 5,732,784  |
| 2068      | 1,129,372           | 3,691,889                         | 90,427                                                          | 4,911,688  |
| 2069      | 955,385             | 3,148,889                         | 67,691                                                          | 4,171,965  |
| 2070      | 800,519             | 2,646,538                         | 50,650                                                          | 3,497,707  |
| 2071      | 663,995             | 2,210,535                         | 37,917                                                          | 2,912,447  |
| 2072      | 544,877             | 1,823,631                         | 28,409                                                          | 2,396,917  |
| 2073      | 442,098             | 1,490,959                         | 21,304                                                          | 1,954,361  |

**Schedule SB, Part V — Summary of Plan Provisions****Sanofi US Group Pension Plan****Effective date and plan year**

Original plan: On December 31, 1998, the Sanofi Group Pension Plan was merged into the Sanofi Pharmaceuticals, Inc. Pension Plan for Hourly Employees (ICWU) and the provisions of the plan for employees terminating on or after December 31, 1998 are that of the former Sanofi Group Pension.

Restated plan: Effective December 31, 2005, the TPP plan, HMR Plan, RPR Plan, and the Aventis Cash Balance Plan have been merged into the Sanofi US Group Pension Plan. Effective January 1, 2006, accruals are determined under the new plan formula.

Effective December 31, 2008, the Sanofi US Pension Plan for Hourly Employees has been merged into the Sanofi US Group Pension Plan. These participants no longer accrue benefits.

Effective December 31, 2010, Puerto Rico Pension resident participants have been spun off from the Sanofi US Group Pension Plan to the sanofi-aventis Puerto Rico Pension Plan. The spun off active participants continue to earn benefit accruals based upon the provisions of the group pension plan.

Effective December 31, 2011, Deknatel Retirement Plan has been merged into the Sanofi US Group Pension Plan.

Effective February 9, 2012, all active participants of the plan have been granted 100% vesting irrespective of their years of vesting service.

Effective March 31, 2012, the plan has been closed to new entrants and benefit accruals stopped for all except for the following subgroups

- Active Participants, as on March 31, 2012 who are 50 years of age with 15 years of vesting service or who are 55 years of age with 10 years of vesting service continue to accrue benefits as usual.
- Active participants, as on March 31, 2012 who are 50 years of age with 5 years of vesting service will have their frozen accrued benefit increased every year with an inflation adjustment through their termination date.

Effective December 31, 2012, Merial Cash Balance Plan has been merged into Sanofi US Group Pension Plan.

The plan was amended for the following two special event in 2019:

- Offer a lump sum window to certain employees who participated in the VEEP program.
- Offer a lump sum window to certain terminated vested participants.

Plan year: January 1st to December 31st.

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |               |                |       |                      |       |                   |       |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------|----------------|-------|----------------------|-------|-------------------|-------|
| Status of the plan                               | The plan has restricted benefit accruals and is closed to new entrants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |               |                |       |                      |       |                   |       |
| Significant events that occurred during the year | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |               |                |       |                      |       |                   |       |
| Definitions                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |               |                |       |                      |       |                   |       |
| • Sponsoring employer                            | Sanofi US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |               |                |       |                      |       |                   |       |
| • Type of Plan                                   | Defined Benefit Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |               |                |       |                      |       |                   |       |
| • Employers included                             | Sanofi US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |               |                |       |                      |       |                   |       |
| • Eligibility                                    | Attainment of age 21 and completion of 12 months of service or attainment of age 30 and completion of 6 months of service. Effective January 1, 2006, eligibility is immediate. Effective February 9, 2012, the plan has been closed to new entrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |               |                |       |                      |       |                   |       |
| • Employer contributions                         | Employer contributions will be determined annually on a plan year basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |               |                |       |                      |       |                   |       |
| • Employee contributions                         | None required or permitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |               |                |       |                      |       |                   |       |
| • Vesting service                                | All years of employment, including fractional parts of a year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |               |                |       |                      |       |                   |       |
| • Credited service                               | Years of participation, including fractional parts of a year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |               |                |       |                      |       |                   |       |
| • Annual earnings                                | Basic Earnings plus bonuses, commissions, and overtime, but excluding LTIP pay. LTIP is included for certain Sanofi legacy employees meeting the grandfathering criteria of Rule of 52 with at least 5 years of service and age 40 or older on December 31, 2005. Annual earnings will not exceed the maximum limit permitted under IRC Section 401(a)17 as adjusted by Section 415(d). The maximum for 2024 is \$345,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |               |                |       |                      |       |                   |       |
| • Final average earnings                         | The highest average of annual earnings for three consecutive years during the last 10 years of employment.<br><br>Effective January 1, 2006, final average earnings changed to the highest average of annual earnings for five consecutive years during the last 10 years of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |               |                |       |                      |       |                   |       |
| • Credited Service Denominator                   | (i) If participation commenced on or before December 31, 1975, 30 years;<br>(ii) Otherwise, the credited service as if the participant had remained in active employment until normal retirement date, but not less than 30.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |               |                |       |                      |       |                   |       |
| • Accrued benefit                                | For service as of December 31, 2005 for Sanofi-Synthelabo legacy employees, the greater of (i) and (ii):<br><br>(i) <u>Basic Benefit</u> : 52% of Final Average Earnings less 50% of Social Security Benefit, multiplied by the ratio of Credited Service over the Credited Service Denominator.<br><br>(ii) <u>Minimum Retirement Benefit</u> : Amount determined from the following table multiplied by Credited Service. Credited Service includes, for this calculation only, one-half year for each year by which the attainment of the earlier of age 25 and 1 year of service or age 30 and 6 months of service precedes participation.<br><br>Effective February 1, 1992: <table><tr><td><u>Final Average Earnings</u></td><td><u>Amount</u></td></tr><tr><td>Under \$19,761</td><td>\$288</td></tr><tr><td>\$19,761 to \$21,632</td><td>\$300</td></tr><tr><td>\$21,633 and over</td><td>\$312</td></tr></table> | <u>Final Average Earnings</u> | <u>Amount</u> | Under \$19,761 | \$288 | \$19,761 to \$21,632 | \$300 | \$21,633 and over | \$312 |
| <u>Final Average Earnings</u>                    | <u>Amount</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |               |                |       |                      |       |                   |       |
| Under \$19,761                                   | \$288                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |               |                |       |                      |       |                   |       |
| \$19,761 to \$21,632                             | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |               |                |       |                      |       |                   |       |
| \$21,633 and over                                | \$312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |               |                |       |                      |       |                   |       |

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In the case of former Sanofi, Inc. & Affiliates Pension Plan participants as of December 31, 1996, the benefit will be no less than the following:

- 1. Employees who were under age 50 as of December 31, 1996: The accrued benefit as of December 31, 1996.
- 2. Employees who were age 50 or over as of December 31, 1996: 55% of Average Monthly Compensation reduced 1/25 for each year of service less than 25 completed as of age 65. Average Monthly Compensation is the average of the highest 60 consecutive calendar months' earnings out of the final 120 months' earnings from date of hire, but not before the acquisition date. Earnings do not include bonuses, overtime, commissions (except for field sales staff) and accrued vacation pay. Service for benefit and vesting purposes is measured from hire date (or acquisition date) and fractional years are accrued as follows:

| Hours of Service | Fractional Service Earned |
|------------------|---------------------------|
| 1 – 200          | 0.2                       |
| 201 – 400        | 0.4                       |
| 401 – 600        | 0.6                       |
| 601 – 800        | 0.8                       |
| 801 or more      | 1.0                       |

Effective January 1, 2006 the formula is as follows for all employees:

- (i) The benefit from the prior legacy plan with credited service frozen as of December 31, 2005, updated for changes in Final Average Earnings, plus
- (ii) 1% of 5 Year Final Average Pay plus 0.25% of 5 Year Final Average Pay above the Social Security Taxable Wage Base times years of credited service after December 31, 2005.

Effective March 31, 2012 the following changes have taken place:

- (i) Employees with 50 years of age and 15 years of service or 55 years of age and 10 years of service will have benefits calculated as above.
- (ii) Employees with 50 years of age and 5 years of service will have their March 31, 2012 benefits increased every year with an inflation adjustment.
- (iii) All others will have Accrued Benefit frozen as of March 31, 2012.

Normal retirement

|               |                                                                                                               |
|---------------|---------------------------------------------------------------------------------------------------------------|
| • Eligibility | The first day of the month coinciding with or next following the later of age 65 or 5 years of participation. |
| • Benefit     | The accrued benefit determined as of the participant's normal retirement date.                                |

Early retirement

|               |                                                                                                                       |
|---------------|-----------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Age 55 and 10 years of vesting service. Age 55 and 5 years of vesting service for Sanofi-Synthelabo legacy employees. |
|---------------|-----------------------------------------------------------------------------------------------------------------------|

**Schedule SB, Part V — Summary of Plan Provisions**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | <p>The Normal Retirement Benefit accrued to early retirement date reduced 5% for each year by which the early retirement date precedes the attainment of age 62.</p> <p>For benefits earned under the Sanofi U.S. Group Pension Plan prior to 2006, the reduction is 3% per year from age 62.</p> <p>The early retirement benefit for participants covered by the Aventis Hoechst Marion Roussel Pension Plan, the Aventis Rhône-Poulenc Rorer Plan and the Aventis Transition Pension Plan as of December 31, 2005 is the greater between the benefit calculated using the early retirement provisions under their old plan and the provisions under the Sanofi U.S. Group Pension Plan.</p> |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Late retirement**

|               |                                                                                                                                 |
|---------------|---------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Above age 65                                                                                                                    |
| • Benefit     | The normal retirement benefit described above based on final average earnings and credited service at deferred retirement date. |

**Deferred vested**

| • Eligibility           | <p>Members are 100% vested upon completing 5 years of service.</p> <p>Participants of the former Sanofi, Inc. &amp; Affiliates Pension Plan who were at least 20% vested as of December 31, 1996, will vest according to the following schedule where service for vesting purposes is based on the greater of that earned under the old plan's crediting rules or the new plan's crediting rules.</p> <table> <tr> <th><u>Years of Service</u></th><th><u>Vested Percent</u></th></tr> <tr> <td>3</td><td>20</td></tr> <tr> <td>4</td><td>40</td></tr> <tr> <td>5 or more</td><td>100</td></tr> </table> <table> <tr> <th><u>Age</u></th><th><u>Vested Percent</u></th></tr> <tr> <td>60</td><td>100</td></tr> </table> <p>Participants of the former Sanofi, Inc. &amp; Affiliates Pension Plan who were not at least 20% vested as of December 31, 1996 will maintain their accrued vesting service under the old crediting rules. Service after January 1, 1997 will be credited under the current crediting rules.</p> <p>Effective February 9, 2012, all members are granted 100% vesting irrespective of years of service.</p> | <u>Years of Service</u> | <u>Vested Percent</u> | 3 | 20 | 4 | 40 | 5 or more | 100 | <u>Age</u> | <u>Vested Percent</u> | 60 | 100 |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|---|----|---|----|-----------|-----|------------|-----------------------|----|-----|
| <u>Years of Service</u> | <u>Vested Percent</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |   |    |   |    |           |     |            |                       |    |     |
| 3                       | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                       |   |    |   |    |           |     |            |                       |    |     |
| 4                       | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                       |   |    |   |    |           |     |            |                       |    |     |
| 5 or more               | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                       |   |    |   |    |           |     |            |                       |    |     |
| <u>Age</u>              | <u>Vested Percent</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |   |    |   |    |           |     |            |                       |    |     |
| 60                      | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                       |   |    |   |    |           |     |            |                       |    |     |
| • Benefit               | The vested accrued benefit, reduced 6% per year from age 65 for early commencement, payable as early as age 55. For benefits earned under the Sanofi U.S. Group Pension Plan prior to 2006, the reduction is 3% per year from age 62.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |   |    |   |    |           |     |            |                       |    |     |

**Disability**

|           |                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | The benefit is computed as for normal retirement, considering final average earnings as of the date of disablement, but benefit years to normal retirement date |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Schedule SB, Part V — Summary of Plan Provisions**

| <b>Pre-retirement death</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility               | Death of a vested participant who has been legally married for one year or death of a vested participant while an employee or after taking early, normal or late retirement, but prior to the annuity start date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Benefit                   | <p>The survivor's benefit will, in general, equal 100% of the accrued benefit credited to the participant on death.</p> <p>The monthly survivor's benefit amount will be paid throughout the spouse's lifetime and will start as of the date the surviving spouse would have reached age 65. In addition, the surviving spouse can elect to begin receiving the monthly benefit earlier, as of any time after the participant's death.</p> <p>However, the monthly survivor's benefit amount will be reduced by 5% per year from age 62 to the surviving spouse's age if the surviving spouse elects to begin receiving the benefit before the date that she would have reached age 62. In no event, will the monthly survivor's benefit amount be less than 50% of the benefit the participant had accrued as of the date of his death.</p> <p>The single sum benefit option will be the actuarially equivalent present value of the participant's accrued benefit determined as of the date of death.</p> |
| <b>Social Security</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Benefit                   | Annual primary insurance amount to which a participant would be entitled at age 62 (or age 65 for normal retirement benefit) under the Social Security Act in effect at time of termination. No earnings are assumed before participation date. If eligible for early retirement or if hired prior to January 1, 1997, earnings are assumed to be zero after termination. Employees hired on or after January 1, 1997 who terminate prior to eligibility for early retirement are assumed to have continued earnings until age 65 at the rate in effect at time of termination.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Form of benefits</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Normal form               | <p>Actuarially reduced 50% contingent annuity if married and life annuity if single. Unreduced 45% contingent annuity for Sanofi legacy employees for benefits earned under the pre-2006 formula. Unreduced 45% contingent annuity on entire benefit for Sanofi legacy employees who meet the rule of 52 with at least 5 years of service and are age 40 or older on December 31, 2005.</p> <p>The 45% contingent annuity is only available to employees who meet the plan's early retirement eligibility. This subsidy has been frozen for future accruals effective January 15, 2015 for certain highly compensated grandfathered participants; the subsidy is provided for future accruals under the Excess Defined Benefit plan.</p>                                                                                                                                                                                                                                                                    |
| • Optional forms            | Life annuity with 5, 10, or 15 years certain. Actuarially equivalent 50%, 75%, or 100% contingent annuitant option. Social Security level income option.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Schedule SB, Part V — Summary of Plan Provisions**

| Miscellaneous          |                                                                                                                                                                                                                                                          |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000. |
| • Maximum benefits     | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024 the limit is \$275,000.                                                                                                                           |

**Schedule SB, Part V — Summary of Plan Provisions****Sanofi US Group Pension Plan – Legacy Aventis Cash Balance Plan**

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| History of the Plan          | <p>Marion Merrell Dow Inc. established the Aventis Cash Balance Plan effective January 1, 1991, for its eligible associates.</p> <p>Restated plan:</p> <p>Effective January 1, 1996, the plan was amended to provide for immediate 100% vesting. Effective January 1, 2001, the Plan was amended to provide for 5-year cliff vesting.</p> <p>Effective January 1, 1996, January 1, 1997, and January 1, 1998, HRPI associates became covered under this plan. Assets and liabilities were merged for associates who were under age 45 with less than 15 years of service.</p> <p>Effective January 1, 2000, the interest rate and mortality basis for the Appropriate Conversion Factor were changed from PBGC interest rates and plan mortality to the 30-year Treasury rate for November of the preceding plan year and the applicable mortality table under the IRC Section 417(e)(3).</p> <p>Effective January 1, 2001, assets and liabilities were merged in for former participants in the RPR Pension Plan who elected to transfer to this plan. Accrued benefits in the RPR Pension Plan were converted into opening account balances.</p> <p>Effective January 1, 2001, the Accrual Credit rate was lowered from 6% to 5%. In conjunction with this change, the Interest Credit rate was changed from the average of the monthly 1-year Treasury Bill rates for the prior year to the average of the monthly 30-year Treasury rates for the prior year.</p> <p>Effective December 31, 2005, the Aventis Cash Balance Plan was merged into the Sanofi U.S. Group Pension Plan. Pay Credits under the Cash Balance Plan were frozen effective December 31, 2005, future accruals will be calculated under the Sanofi U.S. Group Pension Plan. The following is a summary of the pre-2006 provisions.</p> |
| Effective date and plan year | <p>Original plan: January 1, 1991.</p> <p>Plan year: January 1<sup>st</sup> to December 31<sup>st</sup>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Status of the plan           | Pay credits were frozen effective December 31, 2005.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                | Covered Associates are eligible to participate immediately upon date of hire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Applicable Interest Rate   | The lesser of the Interest Credit Rate and the Treasury Rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Interest Credit Rate          | <p>Lesser of</p> <ol style="list-style-type: none"> <li>1. The average of each monthly average yield on a 30-Year Treasury constant maturity series, for the 12 months of the immediately preceding Plan Year.</li> <li>2. The average of the third segment rate within the meaning of Section 417(e)(D) of Internal Revenue Code for the month of August immediately preceding the Plan Year which the Interest Crediting rate is determined.</li> </ol>                                                                                                                       |
| • Treasury Rate                 | The rate on 30-year Treasury securities for the November immediately preceding the plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Appropriate Conversion Factor | The annuity factor at the appropriate age based on the applicable Treasury Rate and on the applicable mortality table under IRC Section 417(e)(3).                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • Compensation                  | Total compensation paid including stock bonuses and incentive payments, net commissions, overtime payments, and Section 125 or 401(k) salary reductions; but excluding deferred compensation, all contributions under any pension or stock option plan, or other employee benefit plan, severance pay, or other fringe benefits.                                                                                                                                                                                                                                                |
| • Service                       | Determined in completed full years, calculated on the basis of completed days. For associates employed on January 1, 1991, service shall mean "continuous service" under the Marion Laboratories, Inc. Profit Sharing Plan or the years of "vesting service" under The Dow Chemical Company Salaried Employees' Retirement Plan.                                                                                                                                                                                                                                                |
| • Accrued Benefit               | <p>An amount payable as a single life annuity commencing at Normal Retirement Age equal to:</p> <p>(a) For a participant who has not attained age 60, the Cash Balance Account projected to age 60 with interest at the applicable interest rate divided by the Appropriate Conversion Factor.</p> <p>(b) For a participant who has attained age 60, the Cash Balance Account divided by the Appropriate Conversion Factor.</p>                                                                                                                                                 |
| • Cash Balance Account          | <p>The total Accrual Credits and Interest Credits that a participant receives. Accrual Credits are determined monthly equal to 5% of Compensation received that month for service as a participant. The plan credits the Cash Balance Account with an Interest Credit based on one-twelfth of the Interest Credit Rate for each month of participation service during the plan year.</p> <p>The Cash Balance Account of a terminated vested participant shall be increased annually at the Applicable Interest Rate from the date of termination to the annuity start date.</p> |
| <b>Normal retirement</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                   | Age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Benefit                       | A monthly benefit equal to the Cash Balance Account divided by the Appropriate Conversion Factor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**Schedule SB, Part V — Summary of Plan Provisions****Early retirement**

|               |                                                                                                                    |
|---------------|--------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Age 50 with 10 years of service.                                                                                   |
| • Benefit     | A monthly benefit equal to the Accrued Benefit reduced for each month that the annuity start date precedes age 60. |

**Deferred vested**

|               |                                                                                                                                                                                                                                            |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Immediate 100% vesting for anyone hired before January 1, 2001. Five-year cliff vesting otherwise. Effective January 1, 2008 Cash Balance Legacy participants follow a three year cliff vesting schedule.                                  |
| • Benefit     | A monthly benefit equal to the vested Accrued Benefit reduced for each month that the annuity start date precedes age 60 (as for early retirement). Monthly payments can begin on the first of the month following severance from service. |

**Pre-retirement death**

|               |                                                                                                                                                                                                                                                                                                                                |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Vested participant who dies prior to annuity start date (whether or not such participant is actively employed at date of death).                                                                                                                                                                                               |
| • Benefit     | For married participants, the monthly benefit will be the actuarial equivalent of the Accrued Benefit payable to the surviving spouse as a life annuity commencing immediately or as a lump sum equivalent. For unmarried participants, the benefit will be a lump sum equal to the Cash Balance Account, payable immediately. |

**Form of benefits**

|                             |                                                                                                                                                                                                                                          |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Normal forms of payment   | For unmarried participants: life annuity.<br>For married participants: 50% joint and survivor annuity actuarially equivalent to the single life annuity.                                                                                 |
| • Optional forms of payment | Single life annuity, 50% joint and survivor annuity, 75% joint and survivor annuity or lump sum payment equal to the greater of the vested Cash Balance Account or the actuarial equivalent present value of the vested Accrued Benefit. |

**Schedule SB, Part V — Summary of Plan Provisions****Sanofi US Group Pension Plan – Legacy Aventis Hoechst Marion Roussel Pension Plan (HMR)**

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| History of the Plan          | <p>Hoechst Marion Roussel, Inc. established the Aventis Hoechst Marion Roussel Pension Plan effective January 1, 1999, with assets and liabilities spun-off from the Hoechst Corporation Retirement Pension Plan.</p> <p>Restated plan: Effective December 31, 2005 the Aventis Hoechst Marion Roussel Pension Plan (HMRPP) was merged into the Sanofi U.S. Group Pension Plan. Credited service was frozen on December 31, 2005; the benefit will be updated for changes in final average earnings. Future accruals will be calculated under the Sanofi U.S. Group Pension Plan. The following is a summary of the pre-2006 provisions.</p>                                                                                                                                                                                                                                                                                                                                                                  |
| Effective date and plan year | <p>Original plan: January 1, 1999.</p> <p>Plan year: January 1<sup>st</sup> to December 31<sup>st</sup>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Status of the plan           | The plan has no benefit accruals and is closed to new entrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Eligibility                | All active employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Employee contributions     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| — Amount                     | None after December 31, 1968 for prior CRIP employees, August 31, 1972 for former AHC employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| — Termination Benefits       | If elected, return of employee contributions with interest to date of termination of active employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Vesting service            | <p>Prior to January 1, 1976, the period of regular full-time employment from most recent date of hire; on or after January 1, 1976, the period of employment. Leaves of absence are included as employment (but only up to one year if employee does not return to work).</p> <p>If an employee transfers to or from a foreign affiliated company, his employment with such a foreign affiliate is counted as vesting service under this plan (but employment before 1976 is counted only to the extent it would have been counted had the employment been with the company). Service with another affiliate before it became an affiliate may be included in vesting service, if so determined by the Administrative Committee. To date, this practice has been followed with respect to all acquisitions.</p> <p>If an employee terminates after December 31, 1975, and is subsequently rehired, his vesting service prior to termination will be included as vesting service under certain conditions.</p> |
| • Credited service           | With the exceptions noted under pension benefits (b) and (c) above for Stein Hall & Co., CPS, Narmco Materials and former employees of Story Chemical and Devoe, all service with the company – excluding service during which the employee elected not to make contributions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                    |                                                                                                                                                                                                                                              |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Pensionable Earnings             | Base compensation (including before tax contributions to a defined contribution plan pursuant to Section 401(k)), bonuses, commissions and overtime, but excluding deferred compensation.                                                    |
| • Final average earnings           | Average Pensionable Earnings during the greater of (i) or (ii):<br>(i) the highest three calendar years out of the last 10 calendar years before retirement or termination;<br>(ii) the last 36 months before retirement or termination.     |
| • Benefits and Compensation Limits | All benefits and compensation for any calendar year are subject to the limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. |

**Normal retirement**

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Benefit     | The greater of (a) and (b), but not less than (c)<br>(a) For each year of Credited Service, 1.33% of Final Average Earnings.<br>Maximum benefit equals 90% of participant's last 12 months' earnings less the primary Social Security benefit.<br>(b) For each year of Credited Service, 1.67% of Final Average Earnings<br>less<br>1/70 of participant's primary Social Security benefit for each year of Credited Service not in excess of 35 years.<br>Maximum benefit as in (a) above.<br>(c) For former AHC employees, the accrued benefit under the prior AHC plan formula based on service to date of termination and base pay as of December 31, 1987 |

**Early retirement**

|               |                                                                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Age 55 for participants hired by Celanese Corporation on or before March 1, 1985; for all other participants, the later of age 55 and five years of Vesting Service. |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Schedule SB, Part V — Summary of Plan Provisions****Early retirement (continued)**

- **Benefit** Benefits as calculated for normal retirement, with reduction as follows:
 

| <u>Age and Service</u>                                          | <u>Reduction</u> |
|-----------------------------------------------------------------|------------------|
| At least age 60 and 15 years of vesting or credited service     | None             |
| Age plus years of vesting or credited service equals 85 or more | None             |

Otherwise, use the smaller of (i), (ii) or (iii) below:

  - (i) 4% for each year that retirement precedes the date the participant would have become age 60 with 15 years of service;
  - (ii) 4% for each year that retirement precedes the date when the participant's age plus service equals 85;
  - (iii) 4% for each year that retirement precedes the participant's age 65 date.

**Late retirement**

- **Eligibility** Above age 65.
- **Benefit** Benefits as calculated for normal retirement, credited to date of actual retirement. Employees who retire after meeting eligibility for unreduced benefits receive the cumulative benefit amount that would have been paid had they retired when first eligible for unreduced benefits.

**Deferred vested**

- **Eligibility** Five years of vesting service.
- **Benefit** Benefits as calculated for normal retirement, credited to date of termination and payable at age 65, or at early retirement date, in an amount calculated and reduced as for early retirement benefits above.  
  
If the employee elects to receive his contributions with interest, his vested benefit is determined without regard to these contributions.

**Disability**

- **Benefit** A participant who becomes totally and permanently disabled after April 1, 1972, continues to accrue future service credit based on his rate of earnings at the time disability begins. Participants hired after March 1, 1985, are eligible after five years of vesting service and their benefit is based on the greater of their rate of earnings and their final average earnings at the time disability begins.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death

- Eligibility & Benefit
  - Before meeting early retirement eligibility:  
If single, return of employee contributions (if any) with interest to date of death. If married and eligible for a vested benefit, an elective actuarially reduced pre-retirement 50% joint and survivor annuity option deferred to the date when the participant would have been eligible for early retirement.
  - After meeting early retirement eligibility (whether active or terminated vested):  
If single, return of employee contributions (if any) with interest to the date of death. If married, 50% of the pension the participant would have received had he retired early on the first day of the month following his date of death and elected a 50% joint and survivor pension. If the spouse dies before aggregate payments exceed employee contributions with interest, the balance is paid.

Social Security

- Benefit
  - The primary Social Security benefit is the benefit payable at age 62 (or retirement age, if later, for early retirement calculations) and is calculated by assuming zero future earnings.

Form of benefits

- Normal form
  - Life annuity is normal form for single employee. Normal form for married participant is an actuarially equivalent 50% joint and survivor pension.
- Restoration of Benefits
  - Retirement benefits canceled at the time of termination will be restored (except for the portion attributable to prior service credit if contributions had been withdrawn) under certain conditions.

**Schedule SB, Part V — Summary of Plan Provisions****Sanofi US Group Pension Plan – Legacy Sanofi US Pension Plan for Hourly Employees (Des Plaines)**

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year | <p>Original plan: Original effective date is December 1, 1941. The plan provisions described below are for the plan as amended through July 1, 2004.</p> <p>Restated plan: As of December 31, 2007, Des Plaines manufacturing facility has been closed. Participants no longer accrue benefits under the plan.</p> <p>Plan year: January 1<sup>st</sup> to December 31<sup>st</sup>.</p>                                                                                                                                                                                                                                                                                                                                                                                 |
| Type of plan                 | Defined Benefit Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Employees included           | sanofi-aventis, LLC – Union employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Status of the plan           | The plan has no benefit accruals and is closed to new entrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • Eligibility                | Attainment of age 30 and at least 6 months of service with a member of the Sanofi Control Group or the attainment of age 21, but not 30, and at least 12 months of service with a member of the sanofi-aventis Control Group.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Employee contributions     | Employer contributions will be determined annually on a plan year basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Participant contributions  | <p>Participant contributions are required as follows:</p> <ol style="list-style-type: none"> <li>Prior to July 1, 1992, the participant's contributions were determined in accordance with the provisions of the Plan or the Old Plan as from time to time in effect.</li> <li>During the twelve-month period beginning July 1, 1992 at the rate of 2½ percent of his regular earnings in excess of \$25,000.</li> <li>During the twelve-month period beginning July 1, 1993 at the rate of 2½ percent of his regular earnings in excess of \$27,500.</li> <li>During the twelve-month period beginning July 1, 1994 at the rate of 2½ percent of his regular earnings in excess of \$30,000.</li> </ol> <p>The plan became non-contributory effective July 1, 1995.</p> |
| • Credited service           | Aggregate number of years and days of participation in the Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Vesting service            | The aggregate number of years and days of a participant's employment with members of the sanofi-aventis Control Group, after attaining the age of 18. Periods during which an employee was eligible to participate in the Plan but elected not to do so and breaks in service are excluded. Active employees as of September 4, 2007 are fully vested in their benefits.                                                                                                                                                                                                                                                                                                                                                                                                 |

Schedule SB, Part V — Summary of Plan Provisions

|                   |                                                                                                                                                                                                                                                                                                                           |                                                            |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| • Accrued benefit | Years of credited service multiplied by the appropriate amount of yearly pension.                                                                                                                                                                                                                                         |                                                            |
|                   | <u>Severance Date</u>                                                                                                                                                                                                                                                                                                     | <u>Yearly Pension</u>                                      |
|                   | on or after 07/01/1992<br>but prior to 07/01/1993                                                                                                                                                                                                                                                                         | \$312.00                                                   |
|                   | on or after 07/01/1993<br>but prior to 07/01/1995                                                                                                                                                                                                                                                                         | \$324.00                                                   |
|                   | on or after 07/01/1995<br>but prior to 07/01/1998                                                                                                                                                                                                                                                                         | \$384.00                                                   |
|                   | on or after 07/01/1998<br>but prior to 07/01/2001                                                                                                                                                                                                                                                                         | \$456.00                                                   |
|                   | on or after 07/01/2001<br>but prior to 7/1/2006                                                                                                                                                                                                                                                                           | \$540.00                                                   |
|                   | on or after 07/01/2006                                                                                                                                                                                                                                                                                                    | \$588.00                                                   |
|                   | Participants on or before September 1, 1967 also receive a yearly pension equal to ½ of the yearly pension from the above schedule multiplied by service between the date the participant would have been eligible to participate under the plan in effect prior to January 1, 1976 and the actual date of participation. |                                                            |
|                   | As of December 31, 2007, participants no longer accrue benefits under the Plan.                                                                                                                                                                                                                                           |                                                            |
| Normal retirement |                                                                                                                                                                                                                                                                                                                           |                                                            |
| • Eligibility     | The first day of the month coinciding with or next following the participant's 65th birthday.                                                                                                                                                                                                                             |                                                            |
| • Benefit         | The accrued benefit determined as of the participant's normal retirement date.                                                                                                                                                                                                                                            |                                                            |
| Early retirement  |                                                                                                                                                                                                                                                                                                                           |                                                            |
| • Eligibility     | Age 55 and 5 years of vesting service.                                                                                                                                                                                                                                                                                    |                                                            |
| • Benefit         | The Normal Retirement Benefit reduced as follows:                                                                                                                                                                                                                                                                         |                                                            |
|                   | <u>Retirement Date</u>                                                                                                                                                                                                                                                                                                    | <u>Reduction</u>                                           |
|                   | At or After Age 62:                                                                                                                                                                                                                                                                                                       | None                                                       |
|                   | Prior to Age 62:                                                                                                                                                                                                                                                                                                          | 3% per year that annuity commencement date precedes age 62 |

**Schedule SB, Part V — Summary of Plan Provisions****Late retirement**

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Above age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| • Benefit     | <p>An amount equal to the greater of (a) or (b):</p> <p>(a) Normal Retirement Benefit computed as of his severance from employer date, with payment commencing on the first day of the month coincident with or next following the severance from employer date.</p> <p>(b) Normal Retirement Benefit computed as of his normal retirement date with the portion of the Normal Retirement Benefit attributable to employee contributions increased actuarially to a benefit payable immediately using the UP-1984 Mortality Table, interest at 5%.</p> |

**Deferred vested**

|               |                                                                       |
|---------------|-----------------------------------------------------------------------|
| • Eligibility | Five years of vesting service or attainment of normal retirement age. |
| • Benefit     | The vested accrued benefit payable at normal retirement age.          |

**Pre-retirement death**

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Death of a Participant prior to Normal Retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Benefit     | <p>If a Survivor's benefit is not payable to a surviving spouse or dependent parent and the Participant had not previously elected and been paid a cash refund, then a single lump sum payment in an amount equal to all of the Participant's Contributions plus credited interest shall be paid to the Participant's Beneficiary.</p> <p>If a Participant is Vested and dies before his Annuity Commencement Date, then his eligible spouse is entitled to receive an annual Survivor's Benefit equal to 50% of the Participant's Accrued Benefit. If a Participant has no eligible spouse but has a parent dependent upon him, then they shall be entitled to receive an annual Survivor's Benefit.</p> |

**Social Security**

|           |                                                                                                                                                                                                                                                     |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | Annual primary insurance amount to which a participant would be entitled at age 62 (or age 65 for normal retirement benefit) under the Social Security Act in effect at the time of termination. No earnings are assumed before participation date. |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Form of benefits**

|                  |                                                                                                                                                                                                                                                                                                                             |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Normal form    | Single Life annuity if Single. Fifty Percent Joint and Survivor; the actuarial equivalent of the Life Annuity if married.                                                                                                                                                                                                   |
| • Optional forms | Contingent Annuitant option with continuation of 50%, 60%, 70%, 80%, 90% or 100% to the contingent annuitant following the participant's death. Life annuity with 5 or 10 years certain. For retirement prior to 62, the level of income option, providing a level combined benefit from the Plan and from Social Security. |

**Schedule SB, Part V — Summary of Plan Provisions****Sanofi US Group Pension Plan – Legacy Aventis Rhône-Poulenc Rorer Plan (RPR)**

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year       | <p>Original plan: The Aventis Rhône-Poulenc Rorer Plan (RPR) became effective January 1, 1958. The most recent amendments were effective January 1, 2001. The Plan is a non-contributory defined benefit plan.</p> <p>Restated plan: Effective December 31, 2005 the Aventis RPR Plan was merged into the Sanofi U.S. Group Pension Plan. Credited service was frozen on December 31, 2005, the benefit will be updated for changes in final average earnings. Future accruals will be calculated under the Sanofi U.S. Group Pension Plan. The following is a summary of the pre-2006 provisions.</p> <p>Plan year: January 1st to December 31st.</p> |
| Status of the plan                 | The plan has no benefit accruals and is closed to new entrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Definitions</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Eligibility                      | The plan covers active participants as of December 31, 2000 who elected not to transfer to the Aventis Pharmaceuticals Inc. Cash Balance Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Hour of Service                  | An hour for which an employee is paid or entitled to payment for performance of duties as well as any periods of vacation, holidays, illness or disability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Vesting service                  | One year of vesting service is credited for any year in which an employee works at least 1,000 hours. A break-in-service occurs if in any year an employee works less than 500 hours. After a break in service non-vested Participants will have pre-break and post-break service aggregated on re-employment within five years.                                                                                                                                                                                                                                                                                                                       |
| • Credited service                 | One year of Credited Service is earned for the completion of the full number of scheduled hours in a year. Fractions of a year of credited service will be given (1/12th) for each month in which the Participant is credited with an Hour of Service during the initial and final plan years.                                                                                                                                                                                                                                                                                                                                                         |
| • Final Average Total Compensation | Final Average Total Compensation is total compensation (as defined) after 1991 averaged over the highest 60 consecutive months during the last 120 consecutive months of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • Transition Guarantee             | For those who had attained age 45 and whose age plus Vesting Service at 3/6/98 equaled or exceeded 55, a guaranteed minimum benefit applies equal to the benefit under the pre-3/6/98 formula for all service.                                                                                                                                                                                                                                                                                                                                                                                                                                         |

**Schedule SB, Part V — Summary of Plan Provisions****Normal retirement**

- Eligibility The first day of the month coincident with or next following later of the attainment of 65 or 5 years of participation in the Plan.
- Benefit Sum of (1) and (2) below:
  - (1) The sum of:
    - a. 1.0% of Final Average Total Compensation multiplied by years of service after 3/6/98 for Credited Service under 10 years.
    - b. 1.2% of Final Average Total Compensation multiplied by years of service after 3/6/98 for Credited Service between 10 and 20 years.
    - c. 1.3% of Final Average Total Compensation multiplied by years of service after 3/6/98 for Credited Service between 20 and 30 years.
    - d. 0.5% of Final Average Total Compensation multiplied by years of service after 3/6/98 for Credited Service over 30 years.
  - (2) The sum of:
    - a. 1.25% of Final Average Compensation multiplied by years of Credited Service before 3/7/98 to a max of 30 years.
    - b. 0.55% of Final Average Compensation in excess of Covered Compensation multiplied by years of Credited Service before 3/7/98 to max of 30 years.
    - c. 0.50% of Final Average Compensation multiplied by years of Credited Service before 3/7/98 in excess of 30 years.

**Early retirement**

- Eligibility The first day of the month coinciding with or next following the Participant's attainment of age 55 and the completion of 5 years of Vesting Service.
- Benefit Generally calculated in same manner as the Normal Retirement Benefit, reduced by 3% for each year Early Retirement Date precedes Normal Retirement Date for those in employment at Early Retirement Date, unless benefit is determined by Transition Guarantee referenced above. For those terminating before Early Retirement Date or whose benefit is determined under the Transition Guarantee, reductions are 1/15 each year for the first five years early, and 1/30 per year for the next five years early.

**Late retirement**

- Eligibility The first day of any month following Normal Retirement Date.
- Benefit The benefit accrued as of actual retirement date, considering compensation and service to that date.

**Deferred vested**

- Eligibility The benefit will be payable at Normal Retirement Date or on Early Retirement Date if elected provided that he has completed at least 5 years of Vesting Service.

**Schedule SB, Part V — Summary of Plan Provisions**

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit                   | A participant has a non-forfeitable right to his Accrued Benefit as of his date of termination of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Disability</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Eligibility               | The first of the month following completion of five months after termination due to a Total Disability (defined as qualifying for and receiving Federal Social Security disability benefits) and the completion of at least 5 years of Vesting Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Benefit                   | Calculated in the same manner as the Normal Retirement Benefit assuming that the annual rate of compensation continues in the same amount paid immediately preceding the date of disability and allowing Credited Service to continue to accrue during the duration of the disability.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Pre-retirement death</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Eligibility & Benefit     | If a vested married participant who has not yet retired dies on or before the Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received if the participant had separated from service on the date of death, survived to an Early Retirement Date, retired with an immediate joint and 50% survivor annuity at an Early Retirement Date and died the next day. If a vested married participant who has not yet retired, dies after Early Retirement Date, the participant's spouse will receive a benefit equal to the benefit the spouse would have received if the participant had retired on the date of death and elected to receive a joint and 50% survivor annuity. |
| <b>Form of benefits</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| • Automatic form            | <p>If the participant is married at the time of retirement, the benefit will be paid in the form of an actuarially reduced monthly joint and 50% survivor annuity with payments equal to one-half of the reduced benefit continuing to the spouse for life, if surviving at the participant's death.</p> <p>If a participant is not married at the time of retirement, the benefit will be paid in the form of a single life annuity, with payments to be made in equal monthly installments until the participant's death.</p>                                                                                                                                                                                                            |
| • Optional lump sum         | If the lump sum present value of the participant's benefit is \$10,000 or less on the date of distribution, the participant may elect to receive the benefit in a single-sum payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**Schedule SB, Part V — Summary of Plan Provisions****Sanofi US Group Pension Plan – Legacy Aventis Transition Pension Plan (TPP)**

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| History of the Plan          | <p>Marion Merrell Dow Inc. established the Aventis Transition Pension Plan effective January 1, 1991, for its eligible associates.</p> <p>The purpose of this plan is to permit eligible associates of the company who were formerly covered under The Dow Chemical Company Employees' Retirement Plan to vest in and improve benefits accrued under such plan for service with the company and increases in final average compensation received from the company.</p> <p>Restated plan: Effective December 31, 2005 the Aventis Transition Pension Plan was merged into the Sanofi U.S. Group Pension Plan. The following is a summary of the pre-2006 provisions.</p> |
| Effective date and plan year | <p>Original plan: January 1, 1991</p> <p>Plan year: January 1st to December 31st.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Status of the plan           | The plan has no benefit accruals and is closed to new entrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Definitions</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Eligibility                | Covered Associates are eligible to participate on the effective date if they were participants in The Dow Chemical Company Employees' Retirement Plan on December 31, 1990. Covered Associate means an associate who was covered under the Dow Plan and was not eligible to retire on December 31, 1990, or who was retirement eligible but who elected to have assets and liabilities attributable to his accrued benefit transferred to the plan.                                                                                                                                                                                                                     |
| • Vesting service            | Vesting Service shall be determined in completed full years, calculated on the basis of completed days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Credited service           | Credited Service means the number of years of Credited Service under The Dow Chemical Company Employees' Retirement Plan as of December 31, 1990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Annual Earnings            | All cash compensation paid, including Section 401(k) and 125 deferrals, performance awards, management and sales incentives, and lump sum merit awards; but excluding deferred compensation, premium payments in excess of straight-time payments for overtime or holidays, vacation pay, and payments for shift differentials.                                                                                                                                                                                                                                                                                                                                         |
| • Final average earnings     | The highest mean annualized compensation for any 3 consecutive full calendar years during the associate's period of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Schedule SB, Part V — Summary of Plan Provisions

- Average Offset Compensation The annual average of the lesser of:
  - (1) the Social Security taxable wage base for each calendar year, or
  - (2) an associate's annualized compensation for each calendar yearwhen compared on an individual calendar year basis for the last 3 full calendar years coincident with or preceding termination of employment.
- Covered Compensation The average (without indexing) of the Social Security wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) his Social Security Retirement Age.
- Social Security Retirement Age The Social Security retirement age defined by Internal Revenue Code Section 415(b)(8). (Age 65 for associates born before 1938; age 66 for associates born between 1938 and 1954; and age 67 for associates born after 1954.)

Normal retirement

- Eligibility Age 65.
- Benefit A benefit equal to (a) minus (b) below:
  - (a) 1.6% of highest 3-year average annual compensation times Credited Service up to 35 years plus 0.8% of Average Annual Compensation times years of Credited Service in excess of 35 years.
  - (b) The Basic Offset Factor times Average Offset Compensation multiplied by Credited Service up to 35 years multiplied by the Social Security Reduction Factor times the ratio of the lesser of \$30,000 or Average Annual Compensation to \$30,000.The Basic Offset Factor is determined by the ratio of Average Offset Compensation (AOC) to Covered Compensation (CC) as shown below:

| <u>Ratio: AOC/CC</u> | <u>Basic Offset Factor</u> |
|----------------------|----------------------------|
| Less Than 100%       | 0.75%                      |
| 100% to 124%         | 0.69%                      |
| 125% to 149%         | 0.60%                      |
| 150% to 174%         | 0.53%                      |
| 175% to 199%         | 0.47%                      |
| 200% or More         | 0.42%                      |

The Social Security Reduction Factor is equal to 1 minus 0.555% times the number of months (up to 60) and 0.278% times the number of months in excess of 60 that the annuity starting date precedes the member's Social Security Retirement Age.

**Schedule SB, Part V — Summary of Plan Provisions****Early retirement**

- Eligibility Age 50 with 10 years of Vesting Service.
- Benefit A benefit determined as for normal retirement but with the final average pay benefit reduced for early commencement by 0.5% for each month that the annuity starting date precedes the earlier of:
  - (i) age 60 with 10 years of service
  - (ii) age plus service at least equal to 85

**Deferred vested**

- Eligibility 5 years of Vesting Service.
- Benefit A benefit equal to the normal retirement benefit. Benefits are payable at age 65 but may commence at an early retirement age. If benefits commence prior to age 65, the final average pay benefit is reduced by 0.555% for each of the first 60 months and 0.278% for each additional month in excess of 60 months that the annuity starting date precedes age 65.

**Disability**

- Benefit No specific provision other than for early or deferred vested retirement.

**Pre-retirement death**

- Eligibility Vested participant who dies prior to annuity starting date.
- Benefit A pension equal to the greater of 1/2 of the associate's age-62 pension or the qualified joint and 50% survivor annuity. The benefit commences immediately and is paid for the life of the surviving spouse.

**Form of benefits**

- Normal form For unmarried participants: life annuity.  
For married participants: 50% joint and survivor annuity actuarially equivalent to the single life annuity.
- Optional forms Life annuity with 5, 10, or 15 years certain. Actuarially equivalent 50%, 75%, or 100% contingent annuitant option. Social Security level income option.

**Schedule SB, Part V — Summary of Plan Provisions****Sanofi US Group Pension Plan – Deknatel Plan**

|                                                  |                                                                                                                                                                                                                                                                               |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| History of the Plan                              | Deknatel Inc. established the plan on November 20, 1991. Effective December 31, 1995 the plan was frozen. The Genzyme Corporation became the plan sponsor effective February 28, 2001. Effective December 31, 2011 the plan was merged into the Sanofi US Group Pension Plan. |
| Status of the plan                               | The plan has restricted benefit accruals and is closed to new entrants                                                                                                                                                                                                        |
| Effective date and plan year                     | Original plan: November 20, 1991<br>Plan year: January 1st to December 31st.                                                                                                                                                                                                  |
| Status of the plan                               | The plan has no benefit accruals and is closed to new entrants.                                                                                                                                                                                                               |
| Significant events that occurred during the year | None.                                                                                                                                                                                                                                                                         |

**Definitions**

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility          | Each employee, other than leased employees, joins the plan at date of hire. Each employee who was an employee of the Deknatel Division of Pfizer Hospital Products Group, Inc. (predecessor) immediately prior to the effective date will become a participant on the effective date. The plan was amended effective December 31, 1995 to freeze participation and benefit accruals.                                                                                                                                                                                                                      |
| • Credited service     | The sum of:<br>(1) Future Creditable Service: One year of credit for each twelve consecutive month period during which the participant completes 1,000 hours of service. Future Creditable Service is limited to 35 years.<br>(2) Past Creditable Service: A participant who was an employee of the predecessor immediately prior to the effective date will receive credit equal to the years of creditable service at the effective date under the provisions of the Pfizer, Inc. Retirement Annuity Plan (predecessor plan). Past Creditable Service is limited to 35 minus Future Creditable Service. |
| • Earnings             | Compensation for services rendered, including employee 401(k) contributions, subject to the 401(a)(17) compensation limit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Career earnings      | Aggregate earnings during all periods of Future Creditable Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Covered Compensation | 35-year average of the Social Security taxable wage bases ending with the year preceding the year in which the participant attains Social Security Retirement Age.                                                                                                                                                                                                                                                                                                                                                                                                                                        |

**Normal retirement**

|               |                                                                                                                                           |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | A participant's normal retirement date is the first day of the calendar month coincident with or next following his sixty-fifth birthday. |
| • Benefit     | The benefit is the greater of (a) or (b), plus (c) below:<br>a) 1.40% times Career Earnings                                               |

**Schedule SB, Part V — Summary of Plan Provisions**

- 
- b) 1.25% times Career Earnings plus 0.40% times Career Earnings in excess of total Covered Compensation. Total Covered Compensation is equal to a participant's Covered Compensation times years of Future Creditable Service.
- c) The participant's accrued benefit under the predecessor plan as of the effective date multiplied by the ratio of Past Creditable Service to actual Creditable Service at the effective date under the predecessor plan.
- The plan was amended effective December 31, 1995 to freeze participation and benefit accruals. Therefore, there are no future benefit accruals after December 31, 1995.
- 

**Early retirement**

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- |               |                                                                                                                                                                                                                                                                                      |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Earlier of (a) or (b), if before age 65:<br>(a) Age 50, with at least 10 years of Creditable Service, and age plus Creditable Service is at least 65 (Rule of 65) or<br>(b) Age plus Creditable Service is at least 90 (Rule of 90).<br>(Not available for Deferred Vested Benefit.) |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 
- |           |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | The early retirement benefit is a monthly benefit commencing at normal retirement, determined under the normal retirement formula, but based on Career Earnings and Creditable Service at early retirement date. The benefit may be paid early, provided that it is reduced 4% per year that benefit commencement precedes age 65. If the participant meets the Rule of 90, the 4% reduction applies below age 60. |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 

**Late retirement**

- 
- |               |                          |
|---------------|--------------------------|
| • Eligibility | Retirement after age 65. |
|---------------|--------------------------|
- 
- |           |                                                               |
|-----------|---------------------------------------------------------------|
| • Benefit | The benefit is actuarially increased for deferred retirement. |
|-----------|---------------------------------------------------------------|
- 

**Deferred vested**

- 
- |               |                                                                                                                                                                                                                                                                           |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | If a participant terminates employment prior to normal retirement and has completed at least 5 years of Creditable Service, the participant is eligible to receive a benefit at normal retirement based on Career Earnings and Creditable Service at date of termination. |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 
- |           |                                                                                                                                                                                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | A participant eligible for a deferred vested benefit may elect to receive a reduced benefit prior to normal retirement any time after attaining age 50. The early commencement reductions are the same as those used for early retirement under Rule of 65. |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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**Disability**

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- |           |                                                                                                                                                                                                                                                                                                                        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | If a participant is totally and permanently disabled and has at least five years of Creditable Service, the participant will be credited with Creditable Service and Earnings at the same rate in effect at the date of disability until the earlier of retirement, death, or suspension from disability leave status. |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death

- Benefit

If a married participant with at least 5 years of Creditable Service dies prior to benefit commencement, the spouse will receive a monthly benefit for life equal to 50% of the benefit otherwise payable to the participant under the 50% contingent annuity form. The benefit will be based on Career Earnings and Creditable Service as of the date of the participant's death, and payments to the spouse will begin at the later of the date of death or the date the participant would first have been eligible to receive benefits.

Form of benefits

- Normal form

The normal form of payment for a married participant is an actuarially reduced 50% contingent annuity. The normal form for an unmarried participant is a life annuity.
- Optional forms

Other optional forms of payment are available. A lump sum option is available for active participants who terminate eligible for early retirement but only for the portion of benefit accrued under the predecessor plan as of the November 20, 1991 effective date. Lump sums are determined on the basis of GATT interest rates, as of November of the plan year prior to the date of distribution, and GATT mortality.

Schedule SB, Part V — Summary of Plan Provisions

Sanofi US Group Pension Plan – Legacy Merial Cash Balance Plan

| Effective date and plan year                     | Original plan: January 1, 1998<br>Restated plan: January 1, 2011<br>Effective October 1, 2012, the plan was frozen and closed to new entrants.<br>Effective December 31, 2012, the plan was merged with Sanofi US Group Pension Plan.<br>Plan year: January 1 <sup>st</sup> to December 31 <sup>st</sup>                                                                                                                                                                                                                                  |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|-----|------------------------------------------------|-------------------------------------------------------|----------|------|------|----------|------|------|----------|------|------|--------------|------|-------|
| Status of the plan                               | The plan has no benefit accruals and it is closed to new entrants.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| Significant events that occurred during the year | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| Definitions                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| • Eligibility                                    | All employees of the Company. Excludes collectively bargained employees unless otherwise provided for in the agreement, those employed by Hubbard LLC, non-resident aliens, and temporarily assigned employees are not eligible for participation.                                                                                                                                                                                                                                                                                        |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| • Vesting                                        | No benefit prior to three years of service. Full vesting after three years of vesting service.<br><br>Effective October 1, 2012, all members were offered full vesting irrespective of years of service.                                                                                                                                                                                                                                                                                                                                  |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| • Vesting service                                | Elapsed time from date of hire to date of termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| • Credited service                               | Elapsed time from date of participation to date of termination, not including any periods of severance or periods lost under break in service rules.                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| • Pensionable earnings                           | Annualized earnings including base pay, commissions, tips, overtime, and other premium pay, plus bonuses and any short-term disability benefits but excludes severance pay. Earnings will be limited each year by the 401(a)(17) limit.                                                                                                                                                                                                                                                                                                   |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| • Accrued benefit                                | The cash balance account at the Participant's date of termination, includes both Cash Balance Credits and Interest Credits.                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| • Cash Balance Credits                           | The Participant will receive credits based on the following table: <table><tr><th>Age</th><th>Percentage of Earnings up to Integration Level</th><th>Percentage of Earnings in excess of Integration Level</th></tr><tr><td>under 35</td><td>4.0%</td><td>6.0%</td></tr><tr><td>35 to 44</td><td>5.0%</td><td>7.0%</td></tr><tr><td>45 to 54</td><td>6.0%</td><td>9.0%</td></tr><tr><td>55 and older</td><td>7.0%</td><td>10.0%</td></tr></table><br>Age is based on the Participant's attained age as of the first day of the plan year. |                                                       |  | Age | Percentage of Earnings up to Integration Level | Percentage of Earnings in excess of Integration Level | under 35 | 4.0% | 6.0% | 35 to 44 | 5.0% | 7.0% | 45 to 54 | 6.0% | 9.0% | 55 and older | 7.0% | 10.0% |
| Age                                              | Percentage of Earnings up to Integration Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Percentage of Earnings in excess of Integration Level |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| under 35                                         | 4.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6.0%                                                  |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| 35 to 44                                         | 5.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7.0%                                                  |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| 45 to 54                                         | 6.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9.0%                                                  |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |
| 55 and older                                     | 7.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10.0%                                                 |  |     |                                                |                                                       |          |      |      |          |      |      |          |      |      |              |      |       |

**Schedule SB, Part V — Summary of Plan Provisions**

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Cash Balance Credits (continued) | The Integration Level is 50% of the Social Security Wage Base in effect for the plan year.<br>Effective October 1, 2012, there will be no further Cash Balance Credits as a result of the plan freeze.                                                                                                                                                                                                                                                                                                                          |
| • Interest Credits                 | Interest is credited as of January 1 and July 1 of each plan year. The crediting rate is the sum of: <ol style="list-style-type: none"> <li>The average of one-half of the annual interest rate on three-month Treasury bills for the month of December immediately preceding the plan year</li> <li>The greater of 0.5% and the excess, if any, of 0.65% minus the average of one half of the annual interest rate on the three-month Treasury Bills for the month of December immediately preceding the plan year.</li> </ol> |
| <b>Normal retirement</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                      | A Participant's 65th birthday.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Benefit                          | Accrued Benefit at Normal Retirement Date converted to an actuarially equivalent annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Early retirement</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                      | Retirement on or after the later of attaining age 55 and completing 10 years of vesting service, but before the Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                         |
| • Benefit                          | The Accrued Benefit projected to the Normal Retirement Date with interest credits and then converted to an actuarially equivalent annuity reduced for early commencement.                                                                                                                                                                                                                                                                                                                                                       |
| <b>Late retirement</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                      | Retirement after the Participant's 65th birthday.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Benefit                          | Accrued Benefit at Normal Retirement Date converted to an actuarially equivalent annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Deferred vested</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                      | Termination for reasons other than death or retirement after completing 3 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Benefit                          | The Accrued Benefit projected to the Normal Retirement Date with interest credits and then converted to an actuarially equivalent annuity reduced for early commencement.                                                                                                                                                                                                                                                                                                                                                       |
| <b>Disability</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                      | Disability incurred while an employee and for which the Participant has been eligible for benefits under the Company's long-term disability plan for one year. A disabled participant will be deemed to have terminated the plan on the date he satisfies this condition.                                                                                                                                                                                                                                                       |
| • Benefit                          | The Accrued Benefit projected to the Normal Retirement Date with interest credits and then converted to an actuarially equivalent annuity reduced for early commencement.                                                                                                                                                                                                                                                                                                                                                       |
| <b>Pre-retirement death</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Eligibility                      | Death after completion of three years of service, but prior to retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

- **Benefit**

The participant's cash balance converted to an actuarially equivalent life annuity based on the lifetime of the spouse.

If the participant was not married, his non-spouse beneficiary receives the death benefit as a lump sum as soon as practicable.

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Automatic form for unmarried participants | A single life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • Automatic form for married participants   | A 50% joint and survivor annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Optional forms                            | <p>If the Cash Balance exceeds \$5,000, the Participant can elect to receive one of the following optional form of payments:</p> <ul style="list-style-type: none"> <li>• Life annuity (for married participants)</li> <li>• 50% joint and survivor annuity</li> <li>• 75% joint and survivor annuity</li> <li>• 100% joint and survivor annuity</li> <li>• Lump sum equal to the Cash Balance</li> </ul> <p>Any benefit under \$5,000 in value will be paid out as a lump sum.</p> |

**Schedule SB, Part V — Summary of Plan Provisions****Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through December 31, 2023, are included in this valuation:

- **Most recent plan amendments included:** Sanofi US Group Pension Plan was amended in 2019 to offer a lump sum window to certain employees who participated in the VEEP program or to certain terminated vested participants.
- **Plan amendments excluded:** None
- **Late retirement increases:** None
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Plan provisions specific to funding****Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan provision changes since prior valuation**

- Maximum compensation amount and maximum benefit amount under IRS rules were updated from 2023 to 2024.

**Schedule SB, line 32 — Schedule of Amortization Bases**

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

| Shortfall bases  |    |                     |                 |                  |
|------------------|----|---------------------|-----------------|------------------|
| Year established |    | Outstanding balance | Years remaining | 2024 installment |
| 2023             | \$ | 42,455,746          | 14              | \$ 4,052,099     |
| 2024             |    | (6,604,088)         | 15              | (600,843)        |
| Total            | \$ | 35,851,658          |                 | \$ 3,451,256     |

***Schedule SB, line 24 — Change in Actuarial Assumptions*****Actuarial assumption changes since prior valuation**

- Cash Balance interest credit rates for legacy Aventis Cash Balance participants were updated from 3.12% (in 2023) and 3.30% (2024 onwards) to 4.09% (in 2024 and 2025), 3.90% (in 2026), 3.70% (in 2027), 3.50% (in 2028) and 3.30% (2029 onwards).
- Cash Balance interest credit rates for legacy Merial Cash Balance participants were updated from 5.32% (in 2023), 5.00% (in 2024), 4.50% (in 2025), 4.00% (in 2026) and 3.50% (2027 onwards) to 6.34% (in 2024 and 2025), 5.60% (in 2026), 4.90% (in 2027), 4.20% (in 2028) and 3.50% (2029 onwards).
- Lump sum take-up assumption for legacy Aventis and Merial cash balance benefits were updated to reflect plan experience.
- Expense assumption was updated from \$4.45M to \$2.9M.