

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>028</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MCDERMOTT WILL & SCHULTE LLP</u> <u>444 WEST LAKE STREET</u> <u>SUITE 4000</u> <u>CHICAGO, IL 60606-0029</u>	1c Effective date of plan <u>01/01/1989</u> 2b Employer Identification Number (EIN) <u>36-1453176</u> 2c Plan Sponsor's telephone number <u>312-372-2000</u> 2d Business code (see instructions) <u>541110</u>

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.	10/06/2025	DAVID M. COHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEES BENEFITS COMMITTEE SCHULTE ROTH & ZABEL LLP 919 THIRD AVENUE NEW YORK, NY 10022-3902	3b Administrator's EIN 13-3527762
	3c Administrator's telephone number 212-756-2000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name SCHULTE ROTH & ZABEL LLP c Plan Name SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN	4b EIN 13-2633996 4d PN 028
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5 Total number of participants at the beginning of the plan year	5	180
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	158
a(2) Total number of active participants at the end of the plan year	6a(2)	143
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	28
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	171
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e.....	6f	171
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 3B 3C

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

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

a Pension Schedules

- (1) **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 8
- (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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	028
C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP	D Employer Identification Number (EIN) 36-1453176	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2660416	90204	MY53690	4	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 496	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EVERGREEN CONSULTING INC **1400 WILLIAMS STREET**
CHATTANOOGA, TN 37408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
496	0	SALE AND SERVICE COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	542090

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	13414
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ COST OF INSURANCE	6d	4411

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions:

(1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 028</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP</p>	<p>D Employer Identification Number (EIN) 36-1453176</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2664016	90204	MF00195	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 2311	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EVERGREEN CONSULTING INC **1400 WILLIAMS STREET**
CHATTANOOGA, TN 37408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2311	0	SALE AND SERVICE COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	675198

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	52209
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ COST OF INSURANCE	6d	48123

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	028
C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP	D Employer Identification Number (EIN) 36-1453176	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DELAWARE LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2845273	72664	MF00413	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 1653	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EVERGREEN CONSULTING INC **1400 WILLIAMS STREET**
CHATTANOOGA, TN 37408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1653	0	SALE AND SERVICE COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	85986

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	45440
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	44237

Specify nature of costs ▶ **COST OF INSURANCE**

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	76570
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ COST OF INSURANCE	6d	76570

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	28818259

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	1619965
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ COST OF INSURANCE	6d	562160

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>028</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP</p>	<p>D Employer Identification Number (EIN) 36-1453176</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0742147	52414	2019 SRZ1	32	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 5472	(b) Total amount of fees paid 0
---	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ARTHUR J GALLAGHER & CO. 1205 WESTLAKES DRIVE SUITE 290 BERWYN, PA 19312

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5472	0	SALE AND SERVICE COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	29798295

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	196117
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ COST OF INSURANCE	6d	429323

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	75677157

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	6719993
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ COST OF INSURANCE	6d	642854

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 028</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP</p>	<p>D Employer Identification Number (EIN) 36-1453176</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	23779	00004760840	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 70646
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d 240
	Specify nature of costs ▶ COST OF INSURANCE	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity	
	(3) <input checked="" type="checkbox"/> other (specify) ▶ INDIVIDUAL ANNUITY	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee	
	(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 0
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below).....	7c(5)
	▶	
	(6) Total additions	7c(6) 0
d	Total of balance and additions (add lines 7b and 7c(6))	7d 0
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below).....	7e(4)
▶		
	(5) Total deductions	7e(5) 0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	028
C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP	D Employer Identification Number (EIN) 36-1453176	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

SYMETRA

777 108TH AVE, NE, SUITE 1200
BELLEVUE, WA 98004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 66 73 63	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JOHN HANCOCK VARIABLE INSURANCE TST

601 CONGRESS STREET
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 66 73 63	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DELAWARE LIFE INSURANCE CO.

P.O. BOX 758581
TOPEKA, KS 66675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 66 73 63	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

NEW YORK LIFE INS CO. & ANNUITY

11400 TOMAHAWK CREEK PARKWAY
SUITE 200
LEAWOOD, KS 66211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 66 73 63	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PACIFIC LIFE INSURANCE CO.

P.O. BOX 2030
OMAHA, NE 68103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 66 73 63	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PROTECTIVE LIFE INSURANCE COMPANY

2801 HIGHWAY 280 SOUTH
BIRMINGHAM, AL 35223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 66 73 63	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 028
C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP	D Employer Identification Number (EIN) 36-1453176

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7354292	9430070
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	118389873	135667630

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	125744165	145097700
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	9901	10380
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9901	10380
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	125734264	145087320

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	11375966	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11375966
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		15023378
d Total income. Add all income amounts in column (b) and enter total	2d		26399344

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4787335	
(2) To insurance carriers for the provision of benefits	2e(2)	2258953	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7046288
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7046288

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19353056
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **EISNERAMPER LLP**

(2) EIN: **87-1363769**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN)	028
C Plan sponsor's name as shown on line 2a of Form 5500 MCDERMOTT WILL & SCHULTE LLP	D Employer Identification Number (EIN) 36-1453176	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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	16

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.)
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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 type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<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 type="checkbox"/> N/A

Part III	Amendments
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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 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**SCHULTE ROTH & ZABEL LLP
SUPPLEMENTAL RETIREMENT PLAN**

FINANCIAL STATEMENTS

**DECEMBER 31, 2024 and 2023
(with supplemental information)**

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries of the
Schulte Roth & Zabel LLP Supplemental Retirement Plan

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

We have performed audits of the financial statements of Schulte Roth & Zabel LLP Supplemental Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for one year after the date that 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



In our opinion:

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

EisnerAmper LLP

EISNERAMPER LLP
New York, New York
October 6, 2025

EISNERAMPER
LLP



SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments:		
Insurance dedicated funds at fair value through:		
New York Life Insurance Company	\$ 28,818,259	\$ 29,909,722
Symetra Life Insurance Company	29,798,295	49,697,618
Protective Life Insurance Company	75,677,157	37,544,275
Other	<u>1,373,919</u>	<u>1,238,258</u>
	135,667,630	118,389,873
Employer contributions receivable	<u>9,430,070</u>	<u>7,354,292</u>
Total assets	<u>145,097,700</u>	<u>125,744,165</u>
LIABILITIES		
Accrued expenses	<u>10,380</u>	<u>9,901</u>
Total liabilities	<u>10,380</u>	<u>9,901</u>
Net assets available for benefits	<u>\$ 145,087,320</u>	<u>\$ 125,734,264</u>

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

Additions:

Investment income from insurance dedicated funds:

Net realized/unrealized appreciation in the fair value of investments:

New York Life Insurance Company	\$ 3,755,020
Symetra Life Insurance Company	5,243,079
Protective Life Insurance Company	5,899,444
Other	<u>125,835</u>

15,023,378

Employer contributions (inclusive of premiums)	<u>11,375,966</u>
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Total additions	<u>26,399,344</u>
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Deductions:

Benefits paid to participants	4,787,335
Life insurance premiums	1,807,917
Insurance-related costs	<u>451,036</u>

Total deductions	<u>7,046,288</u>
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Net increase	19,353,056
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Net assets available for benefits - beginning of year	<u>125,734,264</u>
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Net assets available for benefits - end of year	<u>\$ 145,087,320</u>
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SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of the Schulte Roth & Zabel LLP Supplemental Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

[1] General:

The Plan was originally established effective January 1, 1989 and was amended and restated effective January 1, 2018. The Plan has been amended since the restatement. As a result of the restatement, provisions relating to the allocation of contributions among the partners and the distribution of Plan assets were amended. The Plan is intended to provide retirement income for partners and certain other employees of Schulte Roth & Zabel LLP (the "Firm" or "Employer"). Effective August 1, 2025, the Employer merged with another firm and became McDermott Will & Schulte LLP. The Plan was amended effective August 1, 2025 (refer to Note B[6]). As of the date of the merger, McDermott Will & Schulte LLP became the Plan Sponsor.

The Plan is intended to meet the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") and the regulations thereunder. The trustee, who provides Plan level administrative services, is J.P. Morgan Trust Company of Delaware. New York Life Insurance Company ("New York Life"), Symetra Life Insurance Company ("Symetra") and Protective Life Insurance Company ("Protective"), the insurance companies, are the Plan's primary life insurance policy providers.

[2] Contributions:

Partners of the Firm, other than individuals specifically excluded, may join the Plan on the first day of the month coincident with or next following the month in which they become a partner. Special Counsel and specific employees ("Staff"), as designated by the Executive Committee of the Firm, are eligible to participate in the Plan on the date of such designation.

Following the end of each Plan year, the Firm, at its discretion, determines the contribution on behalf of the partners based upon a percentage of the net profit of the Firm for the Plan year. The contribution is allocated amongst partners based upon a formula that considers years of service, as well as each partner's allocation of net profit for the Plan year. The contribution on behalf of the Staff is determined by the Executive Committee of the Firm. Effective January 1, 2018, per Plan amendment, the contribution allocation for partners over the age of 65 no longer considers years of service. Effective for contributions paid by the Firm after December 22, 2023, partners with no band allocation, as defined, may elect to receive contributions directly. For 2024, contributions were either \$2,000 or \$5,000 for each Staff participant. The Firm contribution is to be paid by December 31 of the following Plan year. This contribution amounted to \$9,308,070 on behalf of the partners and \$122,000 on behalf of the Staff for the year ended December 31, 2024. As further described herein (Note A[4]), the Firm allocates forfeitures from withdrawing partners' B Account amounts amongst active partners. There were no forfeitures allocated in 2024.

The Firm shall pay premiums during the Plan year for the face value of life insurance policies held by the Plan on behalf of participants. The face value of the policy is determined annually and considers an average of partner annual income and annual Staff salary. If the face value of life insurance policies for a partner, as determined by the Plan, exceeds \$10,000,000, the partner is permitted to reduce the face value to \$10,000,000. In accordance with the Plan and the Firm partnership agreement, partners may be required to bear the cost of premiums based upon certain factors, including (1) face values over \$3,000,000 when they are at an age of 65 or older and (2) face values in excess of \$10,000,000. At December 31, 2024, the Plan held policies with a cumulative life insurance face value of approximately \$519,000,000. Life insurance premiums of \$1,945,896 were paid by the Firm for the year ended December 31, 2024 and are included in employer contributions.

Effective August 1, 2025, Plan eligibility and contributions were amended (refer to Note B[6]).

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

[3] Participant accounts:

Each participant's account is credited with the allocations of (a) the Firm's contributions (including the premiums for the face value policies) and (b) Plan earnings and (c) charged with Plan losses and the cost of the insurance and insurance-related costs applicable to the participant's face value of life insurance. Allocations are based on participant earnings or account balances, as defined.

Effective January 1, 2018, each partner's cash surrender value is separated for Firm contributions, earnings, losses and costs thereon for Plan years beginning before January 1, 2018 (A Account) and Plan years beginning on or after January 1, 2018 (B Account).

Participants may borrow from the insurance carrier 75% to 90% of the cash value, as defined by the policy. The loan amount will be maintained in an interest-bearing loan collateral account. The loan may be repaid at any time the participant is alive, and the policy is outstanding. The loan collateral account is \$200,458 at December 31, 2024. There was no balance in the loan collateral account at December 31, 2023.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account less policy loans (representing the cash surrender value of the policy); representing the Alternative Cash Surrender Value of the policy.

[4] Vesting:

All contributions, plus actual earnings/(losses) thereon, are fully vested and non-forfeitable for non-partner participants and the partners' A Account. Balances in each partners' B Account may be subject to forfeiture and revert to the Firm, as defined in the Plan, and as determined by the Firm's Executive Committee. Cash surrender value amounts held in the Policies of terminated partners that are forfeited are returned to the Firm or to the Plan trustee. The Firm allocates forfeited B Account amounts to active partners within the Plan. There were no forfeitures during the year ended December 31, 2024.

[5] Payment of benefits:

Subject to the terms of any applicable insurance policies, upon termination of service other than retirement or death, participants receive a lump sum cash distribution equal the value of their cash surrender value, and for partner participants, the partner participant's A Account, and subject to the forfeiture provisions, the value of such partner participant's B Account. The participant may also elect an alternative payment option made available by the Employee Benefits Committee or request to transfer ownership of the policies to themselves and bear the cost of future premiums. In addition, at the age of 65 or older, as the face value of the life insurance is reduced, participants may request a transfer of ownership of a policy from the Plan to themselves.

Upon retirement, subject to the terms of any applicable insurance policies, a participant shall be entitled to a distribution in the form of a lump sum cash distribution equal to the value of the cash surrender value. The participant may also elect an alternative payment option made available by the Employee Benefits Committee or request to transfer ownership of the policies to themselves and bear the cost of future premiums.

Subject to the terms of any applicable life insurance policy, upon the death of a participant, the beneficiary is entitled to receive the insured death benefit and the cash surrender value of a participant's account.

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting.

[2] Investment valuation and income recognition:

The Plan provides life insurance benefits through the New York Life Insurance and Annuity Corporation's Corporate Sponsored Private Placement Variable Universal Life Policies ("PPVUL"), through the Symetra Life Insurance Company Flexible Premium Variable Adjustment Life Insurance Policy ("FPVAL"), through the Protective Executive Benefits Registered Variable Universal Life Policy ("COLI VUL"), and through other insurance carriers that include John Hancock Life Insurance Company ("John Hancock"), Delaware Life Insurance Company ("Delaware Life") and, Nationwide Life Insurance Company ("Nationwide") under Jefferson National Life Insurance Company.

New York Life policy assets are invested primarily in a New York Life Insurance and Annuity Corporation sponsored variable universal life separate accounts. Symetra policy assets are invested primarily in the Symetra Separate Account VL. Protective policy assets are invested primarily in the Protective COLI VUL separate account. The separate accounts have numerous divisions that participants can select from to allocate contributions made by the Firm on their behalf. Each division is an Insurance Dedicated Fund ("IDF"). Firm contributions to the Plan, other than amounts paid out as premiums to purchase life insurance, are invested in the IDFs, which are established to hold assets within insurance policies as the cash surrender value. The IDFs are required to be reported at fair value and are valued on a daily basis, and the insurance companies calculate an accumulation unit value to determine the value of the investment divisions held by the Plan.

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. The net asset value ("NAV") of each registered investment company underlying an IDF is used to calculate an accumulation unit value based on accumulation units held in each IDF (see Note D for discussion of fair value measurements). The IDFs reserve the right to impose liquidity restrictions or redemption fees on withdrawals and transfers. On a daily basis, the allocations and/or redemptions from the IDF are reflected based upon the accumulation unit value. At December 31, 2024 and 2023, there were no unfunded commitments.

[3] Payment of benefits:

Benefits are recorded when paid.

[4] Plan expenses:

Substantially all expenses incurred in connection with the administration of the Plan are paid by the Firm. Participants are charged premiums on the face value of the life insurance policies and related policy costs, which are funded by the Firm.

[5] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[6] Subsequent events:

The Plan has evaluated subsequent events through October 6, 2025, the date the financial statements were available to be issued.

Effective August 1, 2025, the Employer merged with another firm and became McDermott Will & Schulte LLP. A Plan amendment was executed July 31, 2025, effective August 1, 2025, and included the following:

- Participants in the Plan on July 31, 2025 shall continue to be a participant in accordance with the terms of Plan.
- No person shall become a new participant in the Plan on or after August 1, 2025.
- The Plan has been frozen and neither the Firm or any participant shall make contributions to the Plan after July 31, 2025, except for the contributions in respect to the Plan year ending December 31, 2024, insurance premiums due on or before July 31, 2025, and insurance premiums due for specified participants through certain future periods, as defined in the Plan amendment. In addition, for administrative convenience, the Firm has provided participants with the option of having the Firm pay their premiums going forward on their behalf through December 31, 2025 and charging the cost back to them.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, New York Life, Symetra and Protective have certified to the completeness and accuracy of substantially all the Plan's investments and related investment activity as identified in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024.

Investments of \$28,818,259 and \$29,909,722, respectively, at December 31, 2024 and 2023, and net investment income of \$3,755,020 for the year ended December 31, 2024 were certified by New York Life. Investments of \$29,798,295 and \$49,697,618, respectively, at December 31, 2024 and 2023, and net investment income of \$5,243,079 for the year ended December 31, 2024 were certified by Symetra. Investments of \$75,677,157 and \$37,544,275, respectively, at December 31, 2024 and 2023 and net investment income of \$5,899,444, for the year ended December 31, 2024 were certified by Protective.

NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2: Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for investment assets measured at fair value. There have been no changes in the methodology used as of December 31, 2024 and 2023.

Insurance Dedicated Funds – These funds are used as funding vehicles for the cash surrender value of variable life insurance policies, the shares of which are not available to the public and are owned by an insurance company separate account. The IDFs are valued at the daily closing price as reported by the underlying mutual fund and the insurance companies calculate an accumulation unit value to determine the value of the investment divisions held by the Plan. This accumulation unit value, used as a practical expedient to measure fair value, is based on net premiums and transfers allocated to the divisions.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

All of the Plan's investments are invested in Insurance Dedicated Funds and are measured at fair value using the NAV per share (or its equivalent) as a practical expedient and as a result have not been classified in a fair value hierarchy table. The fair value amounts for the Plan's investments are presented in the statements of net assets available for benefits.

The Insurance Dedicated Funds comprise investments with varied strategies. The primary strategies include the following:

- a. Index funds that seek to approximate the performance of: 1) a broad market index of non-U.S. foreign securities, 2) the Barclays Capital U.S. Aggregate Index, 3) common stocks publicly traded in the United States represented by the S&P 500 Index, 4) the Russell 2000 Index, 5) an index that measures the investment return of mid-capitalization stocks, 6) an index that measures the investment return of stocks issued by companies located in developed and emerging markets, and 7) a broad market-weighted bond index.
- b. A money market IDF that seeks current income consistent with the preservation of capital and liquidity through investments in U.S. government securities and repurchase agreements.
- c. Funds focused on long-term capital appreciation and growth utilize strategies that invest in: 1) stocks of large established companies, 2) common stocks of companies domiciled outside of the United States including developing countries and growth, or 3) diversified portfolio of high-yield debt securities.
- d. Funds with a strategy of managed risk focus on companies with low price to earnings ratios or high dividend yields.
- e. Funds with a capital preservation strategy invest in a diversified portfolio of fixed income instruments with varying maturities.
- f. Funds focused on total return: 1) with emphasis on current income, or 2) benchmarked by securities comprising the Russell 2000 Index.

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Notes to Financial Statements December 31, 2024 and 2023

NOTE E - TAX STATUS

The Plan is not, and is not intended to be, qualified under Internal Revenue Code Section 401(a). 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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE F - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments are shares of IDFs managed by New York Life, Symetra and Protective as well as John Hancock, Delaware Life Insurance and Nationwide, three other insurance carriers of the Plan's life insurance policies; transactions related to these investments qualify as party-in-interest transactions. Insurance related costs and fees paid by the Plan for the year ended December 31, 2024 were \$451,036.

NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks, as well as risks related to the financial strength of the insurance companies. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2024 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE H - FEES

Underlying mutual fund investments in the IDFs are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940. These annual fees are used to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

NOTE I - PLAN TERMINATION

The Executive Committee of the Firm has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants would become fully vested in all contributions.

Effective August 1, 2025, Plan eligibility and contributions as described in Note B[6] have been frozen.

SUPPLEMENTAL INFORMATION

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
 Schedule H, Line 4i of Form 5500
 Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value
	Insurance dedicated funds:		
	Delaware Life	BNY Mellon Stock Index Fund Inc. Initial Shares	\$ 27,104
	Delaware Life	Fidelity VIP Gov Money Market Portfolio Serv Class	14,390
	Delaware Life	MFS US Gov Money Market Portfolio Initial Class	208
	Delaware Life	MFS VIT Total Return Bond Series Initial Class	44,283
*	John Hancock	JH Majestic Blue Chip Growth	40,248
*	John Hancock	JH Majestic Capital Appreciation	45,670
*	John Hancock	JH Majestic Fixed Account	99,123
*	John Hancock	JH Majestic M Capital Appreciation	52,653
*	John Hancock	JH Majestic Mid Cap Stock	34,216
*	John Hancock	JH Majestic Money Market	126,295
*	John Hancock	JH Majestic Small Cap Stock	143,885
*	John Hancock	John Hancock Variable Insurance Trust 500 Index B	156,072
*	John Hancock	John Hancock VIT American Global Growth	132,449
*	John Hancock	John Hancock VIT American International	77,194
*	John Hancock	John Hancock VIT Disciplined Value Emerging Markets Equity	16,898
*	John Hancock	John Hancock VIT Health Sciences	33,876
*	John Hancock	John Hancock VIT Investment Quality Bond	224,974
*	John Hancock	John Hancock VIT Money Market	33,738
	Nationwide: Jefferson Nat'l Life	AB VPS Discovery Value Portfolio: Class B	2,147
	Nationwide: Jefferson Nat'l Life	American Funds New World	2,062
	Nationwide: Jefferson Nat'l Life	BlackRock High Yield	4,196
	Nationwide: Jefferson Nat'l Life	Eaton Vance VT Floating-Rate Income	2,089
	Nationwide: Jefferson Nat'l Life	Fidelity VIP Growth	4,698
	Nationwide: Jefferson Nat'l Life	Fidelity VIP Investment Grade Bond	6,716
	Nationwide: Jefferson Nat'l Life	Janus Henderson VIT Enterprise Inst	2,336
	Nationwide: Jefferson Nat'l Life	Janus Henderson VIT Overseas Inst	6,228
	Nationwide: Jefferson Nat'l Life	MFS Value Series	5,066
*	Nationwide: Jefferson Nat'l Life	Nationwide VIT Small Cap Index	6,453
	Nationwide: Jefferson Nat'l Life	PIMCO VIT Real Return	3,519
	Nationwide: Jefferson Nat'l Life	PIMCO VIT Total Return	6,743
	Nationwide: Jefferson Nat'l Life	Vanguard Equity Index	11,134
	Nationwide: Jefferson Nat'l Life	Vanguard Mid-Cap Index	2,909
	Nationwide: Jefferson Nat'l Life	Vanguard Short-Term Investment Grade	1,942
	Nationwide: Jefferson Nat'l Life	Virtus Duff & Phelps Real Estate Securities	2,405
	New York Life - PPVUL	AB VPS Discovery Value-Cls A	167,228
	New York Life - PPVUL	AB VPS Large Cap Growth Portfolio - Class A	222,913
	New York Life - PPVUL	American Funds IS Global Growth Fund - Class 1	83,525
	New York Life - PPVUL	American Funds IS Washington Mutual Investors Fund - Class 1	280,879
	New York Life - PPVUL	American Funds IS® Asset Allocation Fund - Class 1 Shares	433,182
	New York Life - PPVUL	American Funds IS® Growth-Income Fund - Class 1 Shares	148,476
	New York Life - PPVUL	American Funds IS® International Fund - Class 1 Shares	202,325
	New York Life - PPVUL	BlackRock Global Allocation V.I. Fund - Class I	103,322
	New York Life - PPVUL	BlackRock High Yield V.I. - Class I	95,064
	New York Life - PPVUL	Delaware VIP Emerging Markets Series - Standard Class	21,648
	New York Life - PPVUL	Delaware VIP® Small Cap Value Series - Standard Class	127,773
	New York Life - PPVUL	DFA VA U.S. Targeted Value Portfolio	108,920
	New York Life - PPVUL	DFA VIT Inflation-Protection Securities Portfolio	163,077
	New York Life - PPVUL	DWS Small Cap Index VIP - Class A	750,214

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
 Schedule H, Line 4i of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value	
Insurance dedicated funds: (continued)			
	New York Life - PPVUL	Fidelity® VIP Bond Index Portfolio - Initial Class	\$ 1,285,799
	New York Life - PPVUL	Fidelity® VIP Contrafund Portfolio(SM) - Initial Class	134,022
	New York Life - PPVUL	Fidelity® VIP Emerging Markets Portfolio - Initial Class	131,142
	New York Life - PPVUL	Fidelity® VIP Extended Market Index Portfolio - Initial Class	643,616
	New York Life - PPVUL	Fidelity® VIP Government Money Market Portfolio - Initial Class	865,440
	New York Life - PPVUL	Fidelity® VIP Growth Opportunities Portfolio - Initial Class	171,322
	New York Life - PPVUL	Fidelity® VIP Index 500 Portfolio - Initial Class	3,764,648
	New York Life - PPVUL	Fidelity® VIP International Index Portfolio - Initial Class	604,607
	New York Life - PPVUL	Fidelity® VIP Investment Grade Bond Portfolio - Initial Class	860,198
	New York Life - PPVUL	Fidelity® VIP Real Estate Portfolio - Initial Class	28,656
	New York Life - PPVUL	Fidelity® VIP Strategic Income - Initial Class	101,388
	New York Life - PPVUL	Invesco V.I. EQV International Equity Fund-Series I Shares	573
	New York Life - PPVUL	Janus Henderson Enterprise Portfolio - Institutional Shares	163,812
	New York Life - PPVUL	LVIP Baron Growth Opportunities Fund - Service Class	1,187
	New York Life - PPVUL	LVIP Delaware Limited-Term Diversified Income Fd-Standard Cl	94,272
	New York Life - PPVUL	LVIP SSgA Bond Index Fund - Standard Class	709,513
	New York Life - PPVUL	LVIP SSgA International Index Fund - Standard Class	750,860
*	New York Life - PPVUL	MainStay VP Floating Rate - Initial Class	100,504
*	New York Life - PPVUL	MainStay VP MacKay High Yield Corporate Bond-Initial Class	422,691
*	New York Life - PPVUL	MainStay VP Small Cap Growth - Int Class	109,355
*	New York Life - PPVUL	MainStay VP U.S. Government Money Market Portfolio - Intl Cl	185,298
*	New York Life - PPVUL	MainStay VP Wellington Mid Cap - Initial Class	169,664
*	New York Life - PPVUL	MFS Mid Cap Value - Intl Class	131,524
	New York Life - PPVUL	MFS® Global Tactical Allocation Portfolio - Initial Class	140,200
	New York Life - PPVUL	MFS® International Growth Portfolio - Initial Class	70,511
	New York Life - PPVUL	MFS® International Intrinsic Value Portfolio - Initial Class	527,358
	New York Life - PPVUL	MFS® Mid Cap Growth Series - Initial Class	55,990
	New York Life - PPVUL	MFS® Value Series - Initial Class	639,153
	New York Life - PPVUL	PIMCO Income Portfolio - Institutional Class	288,362
	New York Life - PPVUL	PIMCO VIT Global Bond Opportunities (Unhedged)–Admin Cl	25,460
	New York Life - PPVUL	PIMCO VIT Low Duration Portfolio - Administrative Class	119,971
	New York Life - PPVUL	PIMCO VIT Real Return Portfolio - Administrative Class	193,914
	New York Life - PPVUL	PIMCO VIT Total Return Portfolio - Administrative Class	610,849
	New York Life - PPVUL	Schwab S&P 500 Index Portfolio	4,132,086
	New York Life - PPVUL	T. Rowe Price Blue Chip Growth Portfolio	914,162
	New York Life - PPVUL	T. Rowe Price Limited-Term Bond Portfolio	5,877
	New York Life - PPVUL	Thrivent Mid Cap Index Portfolio	104,397
	New York Life - PPVUL	Thrivent Series Small Cap Index	280,234
	New York Life - PPVUL	Vanguard VIF Balanced Portfolio	110,822
	New York Life - PPVUL	Vanguard VIF Conservative Allocation Portfolio	3,925,533
	New York Life - PPVUL	Vanguard VIF High Yield Bond Portfolio	346,309
	New York Life - PPVUL	Vanguard VIF High Yield Bond Portfolio	113,519
	New York Life - PPVUL	Vanguard VIF Real Estate Index Portfolio	152,317
	New York Life - PPVUL	Vanguard VIF Short-Term Investment-Grade Portfolio	641,842
	New York Life - PPVUL	Voya Russell™ Mid Cap Index Portfolio - Class I	227,894
	New York Life - PPVUL	Western Asset Core VIT-Class I	852,862

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
 Schedule H, Line 4i of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value
Insurance dedicated funds: (continued)			
Symetra		AB Discovery Value Portfolio - Class A	\$ 58,765
Symetra		American Funds Insurance Series Asset Allocation Fund Class 1	881,116
Symetra		American Funds Insurance Series Global Growth Fund Class 1	246,406
Symetra		American Funds IS Growth Class 1	659,139
Symetra		American Funds IS Growth-Income Class 1	45,668
Symetra		American Funds IS International Class 1	530,534
Symetra		American Funds IS New World Class 1	561,392
Symetra		BlackRock Global Allocation V.I. Fund Class I	290,540
Symetra		BlackRock High Yield V.I. Fund Class I	556,326
Symetra		BNY Mellon Investment Portfolios, Small Cap Stock Indx Portfolio	121,687
Symetra		CVT Russell 2000 Small Cap Index Portfolio Class F	647,990
Symetra		CVT Russell 2000 Small Cap Index Portfolio Class I	16,470
Symetra		DFA VA International Small Portfolio	33,197
Symetra		DFA VA International Value Portfolio	159,893
Symetra		DFA VA U.S. Targeted Value Portfolio	165,637
Symetra		DFA VIT Inflation-Protected Securities Portfolio	52,083
Symetra		DWS Small Cap Index VIP Class A	1,162,029
Symetra		Eaton Vance VT Floating-Rate Income Fund Adv Share Class	497,146
Symetra		Fidelity VIP Contrafund® Portfolio - Initial Class Shares	477,347
Symetra		Fidelity VIP Government Money Market Portfolio - Initial Class	1,442,789
Symetra		Fidelity VIP Index 500 Portfolio - Initial Class	6,441,612
Symetra		Fidelity VIP Investment Grade Bond Portfolio - Initial Class	1,685,996
Symetra		Fidelity VIP Overseas Portfolio - Initial Class	144,486
Symetra		Fidelity VIP Real Estate Portfolio - Initial Class	47,711
Symetra		Goldman Sachs Government Money Market Institutional Class	79,362
Symetra		Invesco V.I. American Value Fund - Series I Shares	44,787
Symetra		Invesco V.I. EQV International Equity Fund - Series I	36,883
Symetra		Janus Henderson Enterprise Portfolio - Institutional Shares	462,901
Symetra		Janus Henderson Flexible Bond Portfolio - Institutional Shares	1,017,181
Symetra		LVIP JPMorgan Core Bond Fund - Standard Class	31,293
Symetra		Macquarie VIP Emerging Markets Series, Standard Class	18,321
Symetra		Macquarie VIP Small Cap Value Series, Standard Class	31,774
Symetra		MFS Global Tactical Allocation Portfolio - Initial Class	273,137
Symetra		MFS International Intrinsic Value Portfolio - Initial Class	205,881
Symetra		MFS Research International Portfolio - Initial Class	1,253,571
Symetra		MFS Total Return Bond Series, Initial Class	208,158
Symetra		MFS Value Series - Initial Class	981,272
Symetra		MFS VIT III Mid Cap Value Portfolio	379,020
Symetra		MFS VITT III Global Real Estate Portfolio	55,591
Symetra		PIMCO Global Bond Opportunities Portfolio (Unhedged) - Instl Cl	42,412
Symetra		PIMCO VIT All Asset Portfolio - Institutional Class	278,785
Symetra		PIMCO VIT Commodity Real Return Strategy Portfolio- Admin Cl	46,465
Symetra		PIMCO VIT Low Duration Portfolio - Admin Class	160,429
Symetra		PIMCO VIT Real Return Portfolio - Admin Class	667,306
Symetra		PIMCO VIT Total Return Portfolio - Institutional Class	726,247
Symetra		Pioneer Strategic Income VCT Portfolio - Class I Shares	32,816
Symetra		T. Rowe Price Blue Chip Growth Portfolio	1,087,984
Symetra		T.Rowe Price Limited-Term Bond Portfolio	27,877
Symetra		Vanguard VIF - Equity Income Portfolio	824,470
Symetra		Vanguard VIF - High Yield Bond Portfolio	656,498

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
 Schedule H, Line 4i of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value
Insurance dedicated funds: (continued)			
Symetra		Vanguard VIF - Mid Cap Index Portfolio	\$ 806,092
Symetra		Vanguard VIF - Total Bond Market Index Portfolio	980,485
Symetra		Vanguard VIF - Total International Stock Market Index Portfolio	501,172
Symetra		Vanguard VIF Real Estate Index Portfolio	442,915
Symetra		Virtus KAR Small-Cap Growth Series Class I	19,026
Symetra		Virtus Newfleet Multi-Sector Intermediate Bond Series Class I	291,767
Symetra		Interest Bearing - Loan Collateral Account	200,458
Protective		American Funds IS - Growth (2)	2,339,442
Protective		American Funds IS - International (2)	146,128
Protective		American Funds IS - New World (2)	1,538,538
Protective		BlackRock Global Allocation V.I. I	78,598
Protective		BlackRock High Yield V.I. I	1,855,101
Protective		Dimensional VIT Inflation-Protected Securities Inst	233,999
Protective		DWS Small Cap Index VIP A	5,182,306
Protective		Eaton Vance VT Floating-Rate Income Init	828,534
Protective		Empower Emerging Markets Equity Inv	9,279
Protective		Empower International Index Fund Inv	6,417,768
Protective		Empower Lifetime 2030 Inv	409,849
Protective		Empower Lifetime 2040 Inv	98,602
Protective		Empower Multi-Sector Bond Fund Inv	221,445
Protective		Empower Real Estate Index Fund Inv	28,791
Protective		Empower S&P Mid Cap 400 Index Fund Inv	4,617,727
Protective		Empower S&P SmallCap 600 Index Fund Inv	350,697
Protective		Empower Short Duration Bond Fund Inv	1,137,946
Protective		Empower Small Cap Growth Inv	81,533
Protective		Federated Hermes High Income Bond II Primary	639,217
Protective		Fidelity VIP Freedom 2030 SC2	366,438
Protective		Fidelity VIP Gov Money Market Service 2	877,548
Protective		Fidelity VIP Index 500 Init	23,081,996
Protective		Fidelity VIP International Idx Svc 2	879,915
Protective		Goldman Sachs VIT Government MMkt Svc	77,808
Protective		Invesco VI EQV International Equity I	40,465
Protective		Janus Henderson VIT Balanced Portfolio Instl	5,215
Protective		Janus Henderson VIT Enterprise Portfolio Instl	2,063,570
Protective		Janus Henderson VIT Flexible Bond Portfolio Instl	3,892,717
Protective		Janus Henderson VIT Forty Portfolio Instl	42,578
Protective		Janus Henderson VIT Global Tech and Innov Port Instl	11,888
Protective		LVIP American Century Ultra Std II	166,488
Protective		LVIP American Century Value Std II	431
Protective		MFS VIT II International Growth Init	414,238
Protective		MFS VIT III Global Real Estate Initial	1,390,148
Protective		MFS VIT III Mid Cap Value Initial	1,347,642
Protective		MFS VIT Total Return Bond Init	3,825,136
Protective		MFS VIT Value Init	1,048,702
Protective		PIMCO VIT Low Duration Admin	95,657
Protective		PIMCO VIT Real Return Admin	2,359,228
Protective		PIMCO VIT Total Return Admin	327,885

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
Schedule H, Line 4i of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

(a)	(b)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value
Insurance dedicated funds: (continued)			
	Protective	Putnam VT Large Cap Value IA	\$ 2,651,118
	Protective	Putnam VT Small Cap Value IA	283,708
	Protective	T. Rowe Price Blue Chip Growth Port II	402,076
	Protective	Vanguard VIF Total Bond Mkt Index	<u>3,809,062</u>
			<u><u>\$ 135,667,630</u></u>

* Party-in-interest, as defined by ERISA.

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
 Schedule H, Line 4i of Form 5500
 Schedule of Assets (Held at End of Year)
 December 31, 2024

(a)	(b)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value
Insurance dedicated funds:			
	Delaware Life	BNY Mellon Stock Index Fund Inc. Initial Shares	\$ 27,104
	Delaware Life	Fidelity VIP Gov Money Market Portfolio Serv Class	14,390
	Delaware Life	MFS US Gov Money Market Portfolio Initial Class	208
	Delaware Life	MFS VIT Total Return Bond Series Initial Class	44,283
*	John Hancock	JH Majestic Blue Chip Growth	40,248
*	John Hancock	JH Majestic Capital Appreciation	45,670
*	John Hancock	JH Majestic Fixed Account	99,123
*	John Hancock	JH Majestic M Capital Appreciation	52,653
*	John Hancock	JH Majestic Mid Cap Stock	34,216
*	John Hancock	JH Majestic Money Market	126,295
*	John Hancock	JH Majestic Small Cap Stock	143,885
*	John Hancock	John Hancock Variable Insurance Trust 500 Index B	156,072
*	John Hancock	John Hancock VIT American Global Growth	132,449
*	John Hancock	John Hancock VIT American International	77,194
*	John Hancock	John Hancock VIT Disciplined Value Emerging Markets Equity	16,898
*	John Hancock	John Hancock VIT Health Sciences	33,876
*	John Hancock	John Hancock VIT Investment Quality Bond	224,974
*	John Hancock	John Hancock VIT Money Market	33,738
	Nationwide: Jefferson Nat'l Life	AB VPS Discovery Value Portfolio: Class B	2,147
	Nationwide: Jefferson Nat'l Life	American Funds New World	2,062
	Nationwide: Jefferson Nat'l Life	BlackRock High Yield	4,196
	Nationwide: Jefferson Nat'l Life	Eaton Vance VT Floating-Rate Income	2,089
	Nationwide: Jefferson Nat'l Life	Fidelity VIP Growth	4,698
	Nationwide: Jefferson Nat'l Life	Fidelity VIP Investment Grade Bond	6,716
	Nationwide: Jefferson Nat'l Life	Janus Henderson VIT Enterprise Inst	2,336
	Nationwide: Jefferson Nat'l Life	Janus Henderson VIT Overseas Inst	6,228
	Nationwide: Jefferson Nat'l Life	MFS Value Series	5,066
*	Nationwide: Jefferson Nat'l Life	Nationwide VIT Small Cap Index	6,453
	Nationwide: Jefferson Nat'l Life	PIMCO VIT Real Return	3,519
	Nationwide: Jefferson Nat'l Life	PIMCO VIT Total Return	6,743
	Nationwide: Jefferson Nat'l Life	Vanguard Equity Index	11,134
	Nationwide: Jefferson Nat'l Life	Vanguard Mid-Cap Index	2,909
	Nationwide: Jefferson Nat'l Life	Vanguard Short-Term Investment Grade	1,942
	Nationwide: Jefferson Nat'l Life	Virtus Duff & Phelps Real Estate Securities	2,405
	New York Life - PPVUL	AB VPS Discovery Value-Cls A	167,228
	New York Life - PPVUL	AB VPS Large Cap Growth Portfolio - Class A	222,913
	New York Life - PPVUL	American Funds IS Global Growth Fund - Class 1	83,525
	New York Life - PPVUL	American Funds IS Washington Mutual Investors Fund - Class 1	280,879
	New York Life - PPVUL	American Funds IS® Asset Allocation Fund - Class 1 Shares	433,182
	New York Life - PPVUL	American Funds IS® Growth-Income Fund - Class 1 Shares	148,476
	New York Life - PPVUL	American Funds IS® International Fund - Class 1 Shares	202,325
	New York Life - PPVUL	BlackRock Global Allocation V.I. Fund - Class I	103,322
	New York Life - PPVUL	BlackRock High Yield V.I. - Class I	95,064
	New York Life - PPVUL	Delaware VIP Emerging Markets Series - Standard Class	21,648
	New York Life - PPVUL	Delaware VIP® Small Cap Value Series - Standard Class	127,773
	New York Life - PPVUL	DFA VA U.S. Targeted Value Portfolio	108,920
	New York Life - PPVUL	DFA VIT Inflation-Protection Securities Portfolio	163,077
	New York Life - PPVUL	DWS Small Cap Index VIP - Class A	750,214

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
Schedule H, Line 4i of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

(a)	(b)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value	
Insurance dedicated funds: (continued)			
	New York Life - PPVUL	Fidelity® VIP Bond Index Portfolio - Initial Class	\$ 1,285,799
	New York Life - PPVUL	Fidelity® VIP Contrafund Portfolio(SM) - Initial Class	134,022
	New York Life - PPVUL	Fidelity® VIP Emerging Markets Portfolio - Initial Class	131,142
	New York Life - PPVUL	Fidelity® VIP Extended Market Index Portfolio - Initial Class	643,616
	New York Life - PPVUL	Fidelity® VIP Government Money Market Portfolio - Initial Class	865,440
	New York Life - PPVUL	Fidelity® VIP Growth Opportunities Portfolio - Initial Class	171,322
	New York Life - PPVUL	Fidelity® VIP Index 500 Portfolio - Initial Class	3,764,648
	New York Life - PPVUL	Fidelity® VIP International Index Portfolio - Initial Class	604,607
	New York Life - PPVUL	Fidelity® VIP Investment Grade Bond Portfolio - Initial Class	860,198
	New York Life - PPVUL	Fidelity® VIP Real Estate Portfolio - Initial Class	28,656
	New York Life - PPVUL	Fidelity® VIP Strategic Income - Initial Class	101,388
	New York Life - PPVUL	Invesco V.I. EQV International Equity Fund-Series I Shares	573
	New York Life - PPVUL	Janus Henderson Enterprise Portfolio - Institutional Shares	163,812
	New York Life - PPVUL	LVIP Baron Growth Opportunities Fund - Service Class	1,187
	New York Life - PPVUL	LVIP Delaware Limited-Term Diversified Income Fd-Standard Cl	94,272
	New York Life - PPVUL	LVIP SSgA Bond Index Fund - Standard Class	709,513
	New York Life - PPVUL	LVIP SSgA International Index Fund - Standard Class	750,860
*	New York Life - PPVUL	MainStay VP Floating Rate - Initial Class	100,504
*	New York Life - PPVUL	MainStay VP MacKay High Yield Corporate Bond-Initial Class	422,691
*	New York Life - PPVUL	MainStay VP Small Cap Growth - Int Class	109,355
*	New York Life - PPVUL	MainStay VP U.S. Government Money Market Portfolio - Intl Cl	185,298
*	New York Life - PPVUL	MainStay VP Wellington Mid Cap - Initial Class	169,664
*	New York Life - PPVUL	MFS Mid Cap Value - Intl Class	131,524
	New York Life - PPVUL	MFS® Global Tactical Allocation Portfolio - Initial Class	140,200
	New York Life - PPVUL	MFS® International Growth Portfolio - Initial Class	70,511
	New York Life - PPVUL	MFS® International Intrinsic Value Portfolio - Initial Class	527,358
	New York Life - PPVUL	MFS® Mid Cap Growth Series - Initial Class	55,990
	New York Life - PPVUL	MFS® Value Series - Initial Class	639,153
	New York Life - PPVUL	PIMCO Income Portfolio - Institutional Class	288,362
	New York Life - PPVUL	PIMCO VIT Global Bond Opportunities (Unhedged)-Admin Cl	25,460
	New York Life - PPVUL	PIMCO VIT Low Duration Portfolio - Administrative Class	119,971
	New York Life - PPVUL	PIMCO VIT Real Return Portfolio - Administrative Class	193,914
	New York Life - PPVUL	PIMCO VIT Total Return Portfolio - Administrative Class	610,849
	New York Life - PPVUL	Schwab S&P 500 Index Portfolio	4,132,086
	New York Life - PPVUL	T. Rowe Price Blue Chip Growth Portfolio	914,162
	New York Life - PPVUL	T. Rowe Price Limited-Term Bond Portfolio	5,877
	New York Life - PPVUL	Thrivent Mid Cap Index Portfolio	104,397
	New York Life - PPVUL	Thrivent Series Small Cap Index	280,234
	New York Life - PPVUL	Vanguard VIF Balanced Portfolio	110,822
	New York Life - PPVUL	Vanguard VIF Conservative Allocation Portfolio	3,925,533
	New York Life - PPVUL	Vanguard VIF High Yield Bond Portfolio	346,309
	New York Life - PPVUL	Vanguard VIF High Yield Bond Portfolio	113,519
	New York Life - PPVUL	Vanguard VIF Real Estate Index Portfolio	152,317
	New York Life - PPVUL	Vanguard VIF Short-Term Investment-Grade Portfolio	641,842
	New York Life - PPVUL	Voya Russell™ Mid Cap Index Portfolio - Class I	227,894
	New York Life - PPVUL	Western Asset Core VIT-Class I	852,862

SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
 Schedule H, Line 4i of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	Current Value
Insurance dedicated funds: (continued)			
Symetra		AB Discovery Value Portfolio - Class A	\$ 58,765
Symetra		American Funds Insurance Series Asset Allocation Fund Class 1	881,116
Symetra		American Funds Insurance Series Global Growth Fund Class 1	246,406
Symetra		American Funds IS Growth Class 1	659,139
Symetra		American Funds IS Growth-Income Class 1	45,668
Symetra		American Funds IS International Class 1	530,534
Symetra		American Funds IS New World Class 1	561,392
Symetra		BlackRock Global Allocation V.I. Fund Class I	290,540
Symetra		BlackRock High Yield V.I. Fund Class I	556,326
Symetra		BNY Mellon Investment Portfolios, Small Cap Stock Indx Portfolio	121,687
Symetra		CVT Russell 2000 Small Cap Index Portfolio Class F	647,990
Symetra		CVT Russell 2000 Small Cap Index Portfolio Class I	16,470
Symetra		DFA VA International Small Portfolio	33,197
Symetra		DFA VA International Value Portfolio	159,893
Symetra		DFA VA U.S. Targeted Value Portfolio	165,637
Symetra		DFA VIT Inflation-Protected Securities Portfolio	52,083
Symetra		DWS Small Cap Index VIP Class A	1,162,029
Symetra		Eaton Vance VT Floating-Rate Income Fund Adv Share Class	497,146
Symetra		Fidelity VIP Contrafund® Portfolio - Initial Class Shares	477,347
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SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
 Schedule H, Line 4i of Form 5500
 Schedule of Assets (Held at End of Year) (continued)
 December 31, 2024

(a)	(b)	(d)	(e)
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Protective		American Funds IS - Growth (2)	2,339,442
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SCHULTE ROTH & ZABEL LLP SUPPLEMENTAL RETIREMENT PLAN

Employer Identification No. 36-1453176, Plan No. 028
Schedule H, Line 4i of Form 5500
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

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	Protective	Vanguard VIF Total Bond Mkt Index	<u>3,809,062</u>
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