

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

<p>1a Name of plan <u>STATE STREET RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STATE STREET CORPORATION</u></p> <p><u>ONE CONGRESS STREET/ OCB 8</u> <u>BOSTON, MA 02114</u></p>	<p>1c Effective date of plan <u>09/01/1946</u></p> <p>2b Employer Identification Number (EIN) <u>04-2456637</u></p> <p>2c Plan Sponsor's telephone number <u>617-664-5433</u></p> <p>2d Business code (see instructions) <u>551111</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	SCOTT SPIEGEL
	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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	9413
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3076
	6a(2)	2824
	6b	1220
	6c	4945
	6d	8989
	6e	145
	6f	9134
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
3H 3I 1C

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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**

<p>A Name of plan STATE STREET RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 STATE STREET CORPORATION</p>	<p>D Employer Identification Number (EIN) 04-2456637</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 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
04-1414660	65099	81 GAC	0	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
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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

(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	

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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

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(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	

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**
 Specify nature of costs ▶

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 ▶ **GUARANTEED ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	2936397
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	92003
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	3028400
e Deductions:		
	7e(1)	222232
	7e(2)	15912
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	238144
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2790256

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>STATE STREET RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STATE STREET CORPORATION</u>	D Employer Identification Number (EIN) <u>04-2456637</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>886968115</u>
	b Actuarial value	2b	<u>866665201</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1302</u>	<u>103332420</u>
	b For terminated vested participants	<u>5243</u>	<u>406701818</u>
	c For active participants	<u>3003</u>	<u>228687445</u>
	d Total	<u>9548</u>	<u>738721683</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1700000</u>
	c Target normal cost	6c	<u>1700000</u>

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

SIGN HERE			
	Signature of actuary	<u>09/23/2025</u>	Date
	<u>VONDA BUI</u>	<u>23-08474</u>	Most recent enrollment number
	Firm name	<u>617-747-9500</u>	Telephone number (including area code)
	<u>99 HIGH STREET BOSTON, MA 02110</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	177406226	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1800000	0
9	Amount remaining (line 7 minus line 8)	175606226	0
10	Interest on line 9 using prior year's actual return of <u>8.39</u> %	14733362	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	190339588	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.53 %
15	Adjusted funding target attainment percentage	15	117.30 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		
0		

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

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 1700000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 1700000
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1700000	0	1700000
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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 STATE STREET RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STATE STREET CORPORATION	D Employer Identification Number (EIN) 04-2456637	

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

SSARIS ADVISORS LLC

06-1620826

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

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

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

STATE STREET GLOBAL ADVISORS

04-2456637

(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?
51 18 19 99 52 68 56	INV. ADVISORY	1355200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FID INV INST OPS CO

04-2647786

(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?
64 65 50	RECORDKEEPIN G	498498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	216206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ERNST & YOUNG, LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	67500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN HANCOCK

04-1414660

(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?
13 50	CONTRACT ADMIN	16209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	OMB No. 1210-0110 <hr/> 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 <u>STATE STREET RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STATE STREET CORPORATION</u>	D Employer Identification Number (EIN) <u>04-2456637</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US TIPS INDEX SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43388382</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED US BOND SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-119</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162858046</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HIGH-YIELD BOND INDEX CTF</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-3508891-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26299599</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US AGGREGATE BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-070</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6450274</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US TREASURY INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-479</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19677404</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>3-10 YEARS US CREDIT INDEX NL QP CT</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-480</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>169010739</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US CREDIT INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-146</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>308176132</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL MANAGED VOLATILITY NL

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 45-6204294-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33361961
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a Name of MTIA, CCT, PSA, or 103-12 IE: 3 10 YEAR US TREASURY INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 04-0025081-477	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38007877
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 STATE STREET RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STATE STREET CORPORATION	D Employer Identification Number (EIN) 04-2456637

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	3185829	1908314
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4407713	5283765
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	94117	2406906
(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)	837738276	807230414
(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)	2936397	2790257
(15) Other	1c(15)	40779492	46431340

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	889141824	866050996
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2333729	5358240
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2333729	5358240
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	886808095	860692756

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	103291	
(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)		103291
(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)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3418100	
(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)	11788071
(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	377034
d Total income. Add all income amounts in column (b) and enter total	2d	15686496

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38681068
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	38681068
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)	496934
(4) IQPA audit fees	2i(4)	67500
(5) Investment advisory and investment management fees	2i(5)	1355201
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	216206
(8) Legal fees	2i(8)	176
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	984750
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3120767
j Total expenses. Add all expense amounts in column (b) and enter total	2j	41801835

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-26115339
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: ERNST & YOUNG, LLP

(2) EIN: 34-6565596

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		200000000
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 561933.

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.
--	---	---

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

A Name of plan STATE STREET RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 STATE STREET CORPORATION	D Employer Identification Number (EIN) 04-2456637	

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): 04-3275867

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	266
--	----------	------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 8.6 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 88.2 %
 High-Yield Debt: 3.0 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: 0.2 %

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 _____.

Financial Statements and Supplemental Schedules

State Street Retirement Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors

State Street Retirement Plan
Audited Financial Statements and Supplemental Schedule
Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

To the Plan Participants and Plan Administrator of State Street Retirement Plan

Opinion

We have audited the financial statements of State Street Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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 years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our 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 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.

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.

Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material

if there is 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.

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

/s/ Ernst & Young LLP

October 2, 2025

State Street Retirement Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Cash	\$ 1,908,314	\$ 3,185,829
Investments at fair value:		
Short Term Investment Fund	2,406,906	94,117
Common and Collective Trust Funds	807,230,414	837,738,276
Limited Liability Corporations	46,431,340	40,779,492
Total investments at fair value	856,068,660	878,611,885
Investments, at contract value:		
John Hancock Group Annuity Contract	2,790,257	2,936,397
Total investments	858,858,917	881,548,282
Total investments and cash	860,767,231	884,734,111
Interest receivable	7,765	7,713
Receivable for investments sold	5,276,000	4,400,000
Total assets	866,050,996	889,141,824
Liabilities		
Payable for investments purchased	5,276,000	2,250,000
Accrued administrative expenses	82,240	83,729
Total liabilities	5,358,240	2,333,729
Net assets available for benefits	\$ 860,692,756	\$ 886,808,095

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

State Street Retirement Plan
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Additions to net assets available for benefits		
Net appreciation in fair value of investments	\$ 15,206,171	\$ 71,221,924
Interest and dividend income	480,325	505,107
Total additions	15,686,496	71,727,031
Deductions from net assets available for benefits		
Benefit payments	38,681,068	32,141,709
Administrative expenses:		
Investment management fees	1,355,201	1,371,518
Recordkeeping fees	496,934	503,379
Pension Benefit Guaranty Corporation fees	950,713	927,264
Other	317,919	305,265
Total deductions	41,801,835	35,249,135
Net (decrease)/increase in net assets available for benefits	(26,115,339)	36,477,896
Net assets available for benefits at beginning of year	886,808,095	850,330,199
Net assets available for benefits at end of year	\$ 860,692,756	\$ 886,808,095

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

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

1. Description of the Plan

General

The description of the State Street Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Summary Plan Description and Plan document for more complete information.

The Plan is a frozen defined benefit plan. The Plan Sponsor is State Street Corporation (“Plan Sponsor” or “State Street”). The Plan Administrator is the U.S. Benefits Committee of State Street. The Plan Administrator is responsible for the general administration of the Plan. State Street Bank and Trust Company (“Trustee”) serves as the trustee and custodian of the Plan.

The Plan covered U.S. employees of State Street and certain related companies (collectively, the “Company”) who were at least 21 years of age and had completed one year of service (comprising at least 1,000 hours), as defined in the Plan, except for certain specified categories of employees.

Plan Amendments

There were no amendments to the Plan in 2024 and no material amendments to the Plan in 2023.

Administrative Expenses

Certain costs and expenses incurred in connection with operations of the Plan are paid by State Street as Plan Sponsor, except for administrative fees permitted by Employee Retirement Income Security Act of 1974 (“ERISA”), which are paid by the Plan. The Plan’s administrative expenses, except for administrative fees permitted under ERISA to be paid from the Plan trust, include actuarial, recordkeeping, investment management and trustee fees.

Contributions

State Street has agreed to contribute amounts as necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants. The Corporation’s policy is to contribute no less than the minimum contribution required by law plus additional amounts as needed and as cash flow permits, at the discretion of State Street, to maximize the security of participant benefits over both the short-term and long-term. The Plan has met the minimum funding requirements of the ERISA. All contributions to the Plan, if made by the Sponsor, are paid to the Trustee. The Trustee holds contributions in trust exclusively for participants and their beneficiaries, invests them, and makes benefit payments as they become due. There were no contributions to the Plan for either 2024 and 2023.

Vesting

Participants become fully vested upon the following: (i) completion of three years of service (for employees who terminated prior to January 1, 2008, five or ten years of service depending upon their termination date); (ii) attaining age 65 while an active employee; (iii) in the event of death while an active employee of the Company, or (iv) the partial or complete termination of the Plan.

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

Cash Balance Feature

The Plan was frozen as of December 31, 2007 and no new employees were eligible to participate in the Plan after this date. The Plan includes a frozen cash balance retirement plan feature. Under the cash balance formula, individual bookkeeping accounts were established for all Plan active participants on and after January 1, 1990. These hypothetical accounts are used to keep track of the participant's credits and interest and to determine the participant's account balance under the Plan. Until December 31, 2007, credits were allocated each year based upon a percentage (the "Applicable Percentage") of the participant's eligible compensation for the year, including base salary, overtime, performance bonus and commissions (the "Pensionable Earnings").

Until December 31, 2007, the Applicable Percentage was determined by the participant's year(s) in the Plan, and ranged from 4% (first calendar year or partial calendar year of participation) to 11.25% (30th calendar year of participation). As of January 1, 2008, and through December 31, 2010, a transition contribution credit equal to 3% of base salary paid was provided to eligible Plan participants.

In addition, participant cash balance accounts are credited with accrued annual interest by the Plan. The amount of the accrued annual interest credited to participant accounts is determined based on the average of the 90-day U.S. Treasury bill rates as reported in the Wall Street Journal for the five consecutive months immediately preceding the calendar year plus 0.5%, not to exceed 10% or be less than 5%. The interest rate credited was 5.57% and 5.00% for 2024 and 2023, respectively.

Certain plan participants who were employed on December 31, 1989 are eligible for a grandfathered benefit calculation at such time that their final benefit calculation is performed. Grandfathered benefit calculations, and calculation of participant benefits accrued solely prior to the cash balance conversion on January 1, 1990, were based upon final average pay plan terms in effect from time to time prior to the conversion.

Plan Termination

State Street does not intend to terminate the Plan at this time; however, should the Plan be terminated at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all. In the event the Plan is terminated, the interest of all affected participants in benefits accrued to date of such termination will become fully vested and non-forfeitable to the extent the Plan is funded at the time. Further, the Plan trust fund, after the payment of any expenses, taxes or proper charges of the Trustee, will be allocated among the participants, their joint annuitants, and their beneficiaries (if any) in the order of precedence set forth in Section 4044(a) of ERISA and the regulations thereunder. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable to the participants by the PBGC, up to specified limitations, prescribed by ERISA.

2. Significant Accounting Policies

Basis of Accounting

The accounting records of the Plan are in conformity with generally accepted accounting principles in the United States (GAAP) and are maintained on the accrual basis.

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

Payment of Benefits

Benefits payments are recorded upon distribution.

Investment Valuation and Income Recognition

The John Hancock Group Annuity Contract is carried at contract value, the Short Term Investment Fund, Common and Collective Trust Funds and the Limited Liability Corporations are carried at fair value. Fair value is defined as 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 (an exit price). See Note 5 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation in the fair value of investments is composed of realized and unrealized gains and losses. Realized gains and losses are calculated as the difference between the proceeds from the sales and the related investments' acquisition costs. Unrealized gains and losses are calculated as the difference between the fair value of the investments at the end of the year and their fair value at the beginning of the year, or acquisition date, if acquired during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee credited service rendered up to the valuation date.

Use of Estimates

The preparation of the financial statements requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2023.

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

The actuarial present value of accumulated plan benefits as of December 31, 2023, which represents the beginning amounts for the 2024 Plan year is as follows:

	December 31, 2023
Vested benefits:	
Active participants	\$ 252,385,719
Inactive participants with deferred benefits	447,548,149
Inactive participants receiving benefits	115,416,407
Total vested benefits	815,350,275
Non-vested benefits	486
Total actuarial present value of accumulated plan benefits	\$ 815,350,761

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

	December 31, 2023
Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 793,057,530
Changes during the year attributable to:	
Benefits accumulated and non-investment (gains)/losses	6,022,095
Increase for interest due to decrease in discount period	33,570,209
Actual benefits paid	(32,795,110)
Change in actuarial assumptions	15,496,037
Net increase	22,293,231
Actuarial present value of accumulated plan benefits on December 31, 2023	\$ 815,350,761

The significant assumptions underlying the actuarial valuation are shown below:

Assumed long-term rate of return on investments	4.33% (2023) and 3.00% (2022)
Mortality	Pri-2012 white-collar mortality tables projected generationally using the MP-2021 mortality improvement scale, sex distinct, with contingent annuitant tables for current surviving beneficiaries, for 2023 and 2022.
Retirement	Active employees will retire at varying percentages from age 55 to 70.

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

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

The increase for interest due to the decrease in the discount period represents the increase in the present value of accumulated benefits as a result of being one year closer to the projected benefit payout dates at January 1, 2024 as compared to January 1, 2023.

The impact of amendments adopted after January 1, 2024 has not been reflected in the latest available accumulated plan benefit information presented.

4. Investments

The Plan does not engage directly in securities lending; however, the Plan's investments include vehicles that are allowed to participate directly in securities lending. The securities lending activities within these vehicles are done with/through an affiliate of State Street. The Diversified US Bond Securities Lending Fund and the US TIPS Index Securities Lending Fund are the only investment vehicles under the Plan's trust that may participate in securities lending as of the date of these financial statements.

5. Fair Value Measurement

Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value is defined as 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 (i.e., an exit price). ASC Topic 820 includes 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described on the next page.

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

- Level 1 Financial assets and liabilities with values based on unadjusted quoted prices for identical assets or liabilities in an active market.
- Level 2 Financial assets and liabilities with values based on quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in non-active markets;
 - Pricing models whose inputs are observable for substantially the full term of the asset or liability; and
 - Pricing models whose inputs are derived principally from, or corroborated by, observable market information through correlation or other means for substantially the full term of the asset or liability.

The securities categorized as Level 2 are the Common and Collective Trust Funds and a Short Term Investment Fund. The fair value of the securities categorized in Level 2 are measured primarily using information obtained from third parties. This third-party information is subject to review by management as part of a validation process, which includes obtaining an understanding of the underlying assumptions and the level of market participant information used to support those assumptions. In addition, management compares significant assumptions used by third parties to available market information. Such information may include known trades or, to the extent that trading activity is limited, includes comparisons to market information pertaining to credit expectations, execution prices and the timing of cash flows.

- Level 3 Financial assets and liabilities with values based on prices or valuation techniques that require inputs that are both unobservable in the market and significant to the overall fair value measurement. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the asset or liability, and are based on the best available information, none of which is internally developed. The Level 3 securities represent investments in Limited Liability Corporations.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the determination of the classification of assets or liabilities within the fair value hierarchy is based on the lowest level of the input that is significant to the fair value measurement. The assessment of the significance of the particular input to the fair value measurement, in its entirety, requires judgment and considers factors specific for the input.

Following is a description of the valuation methodologies used by the Plan for assets measured at fair value:

Common and Collective Trust Funds: Valued at the net asset value per unit held by the Plan at year end as presented by the funds. State Street Investment Management ("SSIM"), as investment manager of the Common and Collective Trust Funds, determines the net asset value per unit of the respective funds. Collective investment funds combine the assets of various individuals and organizations to create a larger, well-diversified portfolio.

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

Limited Liability Corporations: Valued at fair value as determined by the fund managers, and represent the Plan's proportionate share of the estimated fair value of the underlying net assets of the Limited Liability Corporations. The Magnitude Institutional Ltd Fund is a fund-of-funds hedge fund with a strategy to invest in a diversified set of absolute return strategies. The participation units in the Magnitude Institutional Ltd Fund are redeemable at net asset value on a quarterly basis, with a 65-day notification period. Wilton Private Equity Fund is a fund-of-funds private equity investment with a strategy to invest in privately held companies and other venture capital investments. The Plan's investment in the Wilton Private Equity Fund had a twelve-year term from the initial closing date of February 13, 2001, subject to extensions. Wilton Private Equity Fund is currently in payout status and continues to be held by the Plan until the payout stream is completed. There are no material funding obligations required of the Plan.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2024 and December 31, 2023:

	Level 1	Level 2	Level 3	Total
Common and Collective Trust Funds	\$ —	\$ 807,230,414	\$ —	\$ 807,230,414
Short Term Investment Fund	—	2,406,906	—	2,406,906
Limited Liability Corporations	—	—	46,431,340	46,431,340
Total assets in the fair value hierarchy	\$ —	\$ 809,637,320	\$ 46,431,340	\$ 856,068,660

	Level 1	Level 2	Level 3	Total
Common and Collective Trust Funds	\$ —	\$ 837,738,276	\$ —	\$ 837,738,276
Short Term Investment Fund	—	94,117	—	94,117
Limited Liability Corporations	—	—	40,779,492	40,779,492
Total assets in the fair value hierarchy	\$ —	\$ 837,832,393	\$ 40,779,492	\$ 878,611,885

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024 and December 31, 2023:

	2024 Limited Liability Corporations	2023 Limited Liability Corporations
Fair value at beginning of year	\$ 40,779,492	\$ 37,433,075
Sales	—	—
Unrealized gains/(losses)	5,651,848	3,346,417
Fair value at end of year	\$ 46,431,340	\$ 40,779,492

No transfers of financial assets between Levels 1, 2 or 3 occurred during 2024. There were no liabilities measured at fair value during 2024.

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

All realized/unrealized gains and losses are reflected in net appreciation/(depreciation) in fair value of investments within the Statement of Changes in Net Assets Available for Benefits.

6. Investments at Contract Value

Group Annuity Contract with the John Hancock Life Insurance Company: Valued at contract value, which represents the guaranteed benefit reserves of Group Annuity Contract No. 81 plus interest and appreciation, less funds used for annuity payments and administrative expenses. Contract value approximates fair value. Under the contract, which is a participating contract, the insurer guarantees all retirees benefit payments and, accordingly, requires specified amounts of Plan assets be maintained in its general account at John Hancock. These assets earn interest based on the actual financial experience of the account during a calendar year period. The assets are subject to market value adjustments under certain conditions. The effective interest rates for the years ended December 31, 2024 and 2023, were 3.47% and 3.05%, respectively. Benefits are paid directly by the insurer from the Plan assets accumulated under the contract.

7. Transactions and Agreements with Parties-in-Interest

State Street Bank and Trust Company serves as trustee and custodian of the Plan. The Plan holds units of Common and Collective Trust Funds managed by SSIM, a wholly owned subsidiary of State Street Corporation. Administrative expenses incurred by the Plan included fees paid to SSIM as investment manager of the Plan and its assets, in the amounts of \$1,355,201 and \$1,371,518 for the years ended December 31, 2024 and 2023, respectively. These transactions are considered party-in-interest transactions under ERISA; however, they are operated in accordance with class exemptions under ERISA prohibited transaction rules.

8. Risks and Uncertainties

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

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

State Street Retirement Plan
Notes to Financial Statements
December 31, 2024

9. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated January 13, 2021 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and, therefore, the related trust is tax-exempt. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Accounting principles generally accepted in the United States 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 the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Subsequent Events

Through October 2, 2025, the date the financial statements were available to be issued, no subsequent events or transactions had occurred that would have materially impacted the financial statements as of December 31, 2024.

Supplemental Schedules

State Street Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #04-2456637 Plan No #001
December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Short Term Investment Fund:			
*SSGA – Short Term Investment Fund	2,406,906 units	\$ 2,406,906	\$ 2,406,906
Limited Liability Corporations:			
Magnitude Institutional Ltd. Fund	15,666 units	25,000,000	46,241,688
Wilton Private Equity Fund	895,487 units	895,487	189,652
		<u>25,895,487</u>	<u>46,431,340</u>
*Common and Collective Trust Funds:			
Long US Credit Index Non-Lending Fund	6,497,631 units	259,913,877	308,176,133
Diversified US Bond Securities Lending Fund	5,078,205 units	135,999,050	162,858,046
SSGA Long US Treasury Index Non-Lending Fund	941,052 units	21,176,164	19,677,404
US TIPS Index Securities Lending Fund	1,453,401 units	31,843,699	43,388,382
Global Managed Volatility Non-Lending Fund	1,081,110 units	19,944,495	33,361,961
US Aggregate Bond Index Non-Lending Fund	199,730 units	6,354,882	6,450,273
High Yield Bond Index Non-Lending Fund	1,535,026 units	16,035,980	26,299,599
3-10 Year US Credit Index Non-Lending Fund	6,882,385 units	157,366,259	169,010,739
3-10 Year US Treasury Index Non-Lending Fund	2,062,283 units	38,087,598	38,007,877
		<u>686,722,004</u>	<u>807,230,414</u>
John Hancock Group Annuity Contract	3.47%	2,787,953	2,790,257
		<u>\$ 717,812,350</u>	<u>\$ 858,858,917</u>

* Indicates party-in-interest to the Plan.

State Street Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN #04-2456637 Plan #001
Year Ended December 31, 2024

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain/ (Loss)
Category (iii.) – Series of transactions in excess of 5% of Plan net assets					
3-10 Year US Credit Index Non-Lending Fund	38,131,253	15,370,603	14,618,859	53,501,856	751,744

There were no Category (i), Category (ii) and Category (iv) reportable transactions during 2024.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service ¹										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25											
25-29											
30-34											
35-39		30									30
		2,440									
40-44		331	54								385
		8,277	26,988								
45-49		159	409	74							642
		12,014	43,515	71,575							
50-54		135	287	321	54						797
		19,175	54,005	92,822	139,161						
55-59		100	192	134	166	37					629
		22,942	66,370	109,920	172,044	189,912					
60-64		44	98	86	68	90	14	2			402
		31,131	64,995	115,647	188,368	217,077					
65-69		25	13	27	10	15	11	5			106
		23,121		126,567							
70 & up		4	2	3	2		1				12
Total		828	1,055	645	300	142	26	7			3,003

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average account balance. Average account balance is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

¹ Credited service shown is as of December 31, 2007 for the non-transition participants, December 31, 2010 for transition participants in the State Street Retirement Plan, and as of December 31, 2005 for the participants who were formerly in the Investors Bank & Trust Pension Plan.

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

Discount rate sponsor elections	
• Segment rates or full yield curve	Full Yield Curve
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex generational mortality.
Cash balance plans	
• Interest accumulation rate	6.00% until 2024, 5.75% thereafter
• Whipsaw calculations	No
• Annuity conversion	
– Mortality table	2024 IRC Section 417(e) unisex generational mortality
– Interest rate basis	Funding yield curve rates, with rates shifted to reflect year of commencement
Other economic assumptions	
• Salary increases	Not applicable
• Expected investment return	4.16% per year
• Expenses	\$1,700,000 added to current year normal cost

Rationale for economic assumptions

- Cash balance interest accumulation rate – The rate is based on the 90-day Treasury rates plus 50 basis points, with a floor of 5.00%. Mercer’s Capital Market Outlook is leveraged to set the long-term assumption.
- Expected investment return – The expected investment return is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s target asset mix. The expected return on assets assumption is net of an adjustment of 35 basis points for expenses assumed to be paid from plan assets.
- Expenses – Average of two prior years’ administrative expenses, rounded to nearest \$100,000.

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

Demographic assumptions																																			
<ul style="list-style-type: none"> • Mortality sponsor elections 																																			
<ul style="list-style-type: none"> – Healthy participants 	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1.																																		
<ul style="list-style-type: none"> – Pre-1995 disabilities 	Same as healthy																																		
<ul style="list-style-type: none"> – Post-1994 disabilities 	Same as healthy																																		
<ul style="list-style-type: none"> • Withdrawal 	<p>Terminations of service for reasons other than death or retirement will be in accordance with the rates below: Age-related turnover for all participants:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Age</th> <th style="text-align: center;">Rate</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">25</td><td style="text-align: center;">18.00%</td></tr> <tr><td style="text-align: center;">30</td><td style="text-align: center;">12.20%</td></tr> <tr><td style="text-align: center;">35</td><td style="text-align: center;">8.70%</td></tr> <tr><td style="text-align: center;">40</td><td style="text-align: center;">7.25%</td></tr> <tr><td style="text-align: center;">45</td><td style="text-align: center;">6.41%</td></tr> <tr><td style="text-align: center;">50</td><td style="text-align: center;">7.00%</td></tr> <tr><td style="text-align: center;">55</td><td style="text-align: center;">4.40%</td></tr> </tbody> </table>	Age	Rate	25	18.00%	30	12.20%	35	8.70%	40	7.25%	45	6.41%	50	7.00%	55	4.40%																		
Age	Rate																																		
25	18.00%																																		
30	12.20%																																		
35	8.70%																																		
40	7.25%																																		
45	6.41%																																		
50	7.00%																																		
55	4.40%																																		
<ul style="list-style-type: none"> • Disability incidence 	Not applicable																																		
<ul style="list-style-type: none"> • Retirement age 	<p>Retirements are assumed to occur in accordance with the following table:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Age</th> <th style="text-align: center;">Retirement rate</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">55</td><td style="text-align: center;">10%</td></tr> <tr><td style="text-align: center;">56</td><td style="text-align: center;">8%</td></tr> <tr><td style="text-align: center;">57</td><td style="text-align: center;">8%</td></tr> <tr><td style="text-align: center;">58</td><td style="text-align: center;">12%</td></tr> <tr><td style="text-align: center;">59</td><td style="text-align: center;">12%</td></tr> <tr><td style="text-align: center;">60</td><td style="text-align: center;">12%</td></tr> <tr><td style="text-align: center;">61</td><td style="text-align: center;">15%</td></tr> <tr><td style="text-align: center;">62</td><td style="text-align: center;">15%</td></tr> <tr><td style="text-align: center;">63</td><td style="text-align: center;">15%</td></tr> <tr><td style="text-align: center;">64</td><td style="text-align: center;">18%</td></tr> <tr><td style="text-align: center;">65</td><td style="text-align: center;">32%</td></tr> <tr><td style="text-align: center;">66</td><td style="text-align: center;">32%</td></tr> <tr><td style="text-align: center;">67</td><td style="text-align: center;">32%</td></tr> <tr><td style="text-align: center;">68</td><td style="text-align: center;">32%</td></tr> <tr><td style="text-align: center;">69</td><td style="text-align: center;">32%</td></tr> <tr><td style="text-align: center;">70+</td><td style="text-align: center;">100%</td></tr> </tbody> </table>	Age	Retirement rate	55	10%	56	8%	57	8%	58	12%	59	12%	60	12%	61	15%	62	15%	63	15%	64	18%	65	32%	66	32%	67	32%	68	32%	69	32%	70+	100%
Age	Retirement rate																																		
55	10%																																		
56	8%																																		
57	8%																																		
58	12%																																		
59	12%																																		
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63	15%																																		
64	18%																																		
65	32%																																		
66	32%																																		
67	32%																																		
68	32%																																		
69	32%																																		
70+	100%																																		
<ul style="list-style-type: none"> • Pre-retirement Death Benefit 	The vested account balance is payable to the beneficiary upon death of the participant.																																		

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

• Grandfathered Pre-retirement Death Benefit	It is assumed that the payment of the full account balance upon death exceeds the required pre-retirement spouse death benefit on the grandfathered benefit.	
• Benefit commencement age		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse Assumption (IBT Plan)	Male participants	Female participants
– Percentage married	80%	80%
– Spouse age difference	3 years younger	3 years older

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

Form of payment	<u>Terminations from active status:</u>	
	Lump Sum (Immediate)	20%
	Lump Sum (Deferred to age 65)	60%
	Life Annuity (Deferred to age 65)	20%
	<u>Retirements from active status:</u>	
	Lump Sum (Immediate)	25%
	Life Annuity (Immediate)	10%
	Lump Sum (Deferred to age 65)	60%
	Life Annuity (Deferred to age 65)	5%
	<u>Terminated Vested of the IBT Plan:</u>	
	Lump Sum (Immediate)	20%
	Lump Sum (Deferred to age 65)	50%
	Life Annuity (Deferred to age 65)	30%

Terminated Vested participants with deferred benefits retaining a cash balance account (terminating employment after January 1, 1999):

<u>Form of payment</u>	<u>Terminated within last 2 years</u>	<u>Terminated prior to last 2 years</u>
Lump Sum (Immediate)	25%	0%
Lump Sum (Deferred to age 65)	60%	80%
Life Annuity (Deferred to age 65)	15%	20%

Terminated vested participants of the State Street Retirement Plan with deferred benefits terminating employment before January 1, 1999 and deferred beneficiaries are assumed to be paid as annuities commencing when the participants turn age 65.

Terminated vested grandfathered participants who elected the VSP and are entitled to the greater of the VSP enhanced annuity or VSP enhanced cash balance account are assumed to be paid in five-year installments commencing immediately.

Death benefits are assumed to be paid as lump sums.

Unpredictable contingent event assumptions	Not applicable
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Rationale for demographic assumptions

- Mortality – Prescribed by the IRS and based on the plan sponsor’s election.
- Withdrawal – The withdrawal rates were developed based on an experience study undertaken in 2021 using data from 2016 through 2020.
- Retirement age – The retirement ages were developed based on an experience study undertaken in 2021 using data from 2016 through 2020.
- Benefit commencement age – The benefit commencement ages were developed based on an experience study undertaken in 2011 using data from 2005 through 2010. A review of the experience from 2010 through 2014 and again from 2016 through 2020 was performed and determined that no refinements were needed.
- Form of payment – The form of payment assumptions were developed based on an experience study undertaken in 2021 using data from 2016 through 2020.

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

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for the last month preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** State Street Corporation has an annuity contract with John Hancock. In the past, these participants (and the associated assets) have been included in funding and ASC 960 liabilities. Per PPA and IRS proposed regulations, State Street Corporation made the election to include these participants in the funding valuation.

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

State Street Retirement Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN #04-2456637 Plan #001
Year Ended December 31, 2024

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain/ (Loss)
Category (iii.) – Series of transactions in excess of 5% of Plan net assets					
3-10 Year US Credit Index Non-Lending Fund	38,131,253	15,370,603	14,618,859	53,501,856	751,744

There were no Category (i), Category (ii) and Category (iv) reportable transactions during 2024.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan STATE STREET RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STATE STREET CORPORATION		D Employer Identification Number (EIN) 04-2456637	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	886,968,115	
b Actuarial value	2b	866,665,201	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,302	103,332,420	103,332,420
b For terminated vested participants	5,243	406,701,818	406,701,818
c For active participants.....	3,003	228,687,445	228,805,753
d Total	9,548	738,721,683	738,839,991
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.13%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	1,700,000	
c Target normal cost	6c	1,700,000	

Statement by Enrolled Actuary

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

SIGN HERE	<u>VEB</u>	<u>9/23/2025</u>
	Signature of actuary	Date
VONDA BUI	Type or print name of actuary	2308474
		Most recent enrollment number
MERCER	Firm name	617-747-9500
		Telephone number (including area code)
99 HIGH STREET	Address of the firm	
BOSTON MA 02110		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	177,406,226	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,800,000	0
9	Amount remaining (line 7 minus line 8)	175,606,226	0
10	Interest on line 9 using prior year's actual return of <u>8.39%</u>	14,733,362	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	190,339,588	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.53 %
15	Adjusted funding target attainment percentage	15	117.30 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
				0	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:				
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c	If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year				
	(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------	-------------------	-------------------	--

b Applicable month (enter code)..... **21b**

22 Weighted average retirement age **22** 61

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 1,700,000

b Excess assets, if applicable, but not greater than line 31a **31b** 0

	Outstanding Balance	Installation
32 Amortization installments:		
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 1,700,000

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,700,000	0	1,700,000

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

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

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.0%	10,000	1,000.00	55,000
56	8.0%	9,000	720.00	40,320
57	8.0%	8,280	662.40	37,757
58	12.0%	7,617	914.11	53,018
59	12.0%	6,703	804.42	47,461
60	12.0%	5,899	707.89	42,473
61	15.0%	5,191	778.68	47,499
62	15.0%	4,412	661.88	41,036
63	15.0%	3,750	562.59	35,443
64	18.0%	3,188	573.85	36,726
65	32.0%	2,614	836.54	54,375
66	32.0%	1,778	568.85	37,544
67	32.0%	1,209	386.82	25,917
68	32.0%	822	263.03	17,886
69	32.0%	559	178.86	12,342
70	100.0%	380	380.09	26,606
Total			10,000.00	611,404
Average				61.1

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	9,667,642	50,014,754	11,805,140	71,487,536
2025	10,517,580	20,385,100	11,259,978	42,162,658
2026	11,984,603	25,484,152	10,261,773	47,730,528
2027	13,821,266	25,388,189	9,476,679	48,686,134
2028	17,016,141	25,006,476	8,810,250	50,832,867
2029	18,187,956	30,290,764	8,283,189	56,761,909
2030	19,244,970	29,646,731	7,958,715	56,850,416
2031	19,039,195	27,691,859	7,618,660	54,349,714
2032	20,184,245	30,409,434	7,279,012	57,872,691
2033	18,833,229	30,057,422	6,929,574	55,820,225
2034	18,330,833	33,374,488	6,571,935	58,277,256
2035	18,709,393	28,952,906	6,218,659	53,880,958
2036	20,415,038	33,380,611	5,861,739	59,657,388
2037	17,266,451	29,186,052	5,502,407	51,954,910
2038	15,682,226	26,869,862	5,142,051	47,694,139
2039	14,673,143	25,652,307	4,782,226	45,107,676
2040	14,579,325	24,546,126	4,424,611	43,550,062
2041	13,180,696	21,755,520	4,071,029	39,007,245
2042	11,462,228	21,320,330	3,723,430	36,505,988
2043	10,056,283	18,647,138	3,383,819	32,087,240
2044	9,062,575	15,846,779	3,054,177	27,963,531
2045	8,408,264	13,267,692	2,736,434	24,412,390
2046	7,798,996	11,955,298	2,432,427	22,186,721
2047	7,229,385	10,718,461	2,143,920	20,091,766
2048	6,675,240	8,745,609	1,872,592	17,293,441
2049	6,253,545	7,826,090	1,619,998	15,699,633
2050	5,915,895	7,282,758	1,387,473	14,586,126
2051	5,642,585	6,978,763	1,175,998	13,797,346
2052	5,382,613	6,480,665	986,130	12,849,408
2053	5,121,664	6,069,214	817,961	12,008,839
2054	4,870,265	5,654,163	671,089	11,195,517
2055	4,618,660	5,240,857	544,662	10,404,179
2056	4,364,705	4,827,588	437,423	9,629,716
2057	4,105,548	4,419,857	347,799	8,873,204
2058	3,841,593	4,020,843	274,007	8,136,443
2059	3,574,492	3,633,538	214,149	7,422,179
2060	3,305,374	3,260,792	166,302	6,732,468
2061	3,035,876	2,905,234	128,596	6,069,706
2062	2,767,832	2,569,060	99,272	5,436,164
2063	2,503,220	2,254,141	76,734	4,834,095
2064	2,244,234	1,961,876	59,585	4,265,695
2065	1,993,300	1,693,221	46,641	3,733,162
2066	1,752,886	1,448,666	36,923	3,238,475
2067	1,525,308	1,228,171	27,387	2,780,866
2068	1,312,546	1,031,397	21,927	2,365,870
2069	1,116,272	857,666	17,811	1,991,749
2070	937,809	705,887	14,678	1,658,374
2071	777,932	579,688	12,258	1,369,878
2072	636,845	467,683	10,356	1,114,884
2073	514,249	373,178	8,830	896,257

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions of the State Street Retirement Plan

Effective date and plan year	Original plan: September 1, 1946 Restated plan: January 1, 2020 Plan year: Calendar year
Status of the plan	Employees are included in the Plan on the first January 1, April 1, July 1 or October 1 following the completion of one year of service (1,000 hours) and attainment of age 21. No new entrants are permitted after December 31, 2007 and accruals are frozen as of December 31, 2010.
Significant events that occurred during the year	None

Definitions

- Compensation for cash balance plan benefits**

Prior to 2008, total compensation (including base salary, performance bonuses, commissions, overtime payments and amounts deferred under any non-qualified deferred compensation plan) for the Plan Year. Beginning in 2008, plan compensation includes only base salary, shift differentials and overtime payments for the Plan Year. This is used to calculate transition benefits for eligible participants.
- Contributions**

Prior to 2008, each participant's account is credited at the end of the year or upon termination, if earlier, with a percentage of his/her Compensation for that year determined in accordance with the following table:

Calendar Year		Calendar Year	
in Plan	%	in Plan	%
1	4.00%	16	7.75%
2	4.25	17	8.00
3	4.50	18	8.25
4	4.75	19	8.50
5	5.00	20	8.75
6	5.25	21	9.00
7	5.50	22	9.25
8	5.75	23	9.50
9	6.00	24	9.75
10	6.25	25	10.00
11	6.50	26	10.25
12	6.75	27	10.50
13	7.00	28	10.75
14	7.25	29	11.00
15	7.50	30	11.25

Beginning in 2008, 3% of compensation is credited to accounts of plan participants eligible for transition benefits. The group eligible for transition benefits comprises participants employed on December 31, 2007, who attained age 47 and 7 years of vesting service as of that date. Participants not receiving transition benefits receive no additional contributions after

Schedule SB, Part V — Summary of Plan Provisions

	<p>December 31, 2007. Transition-eligible participants receive no additional credits after December 31, 2010 (or their date of termination of employment, if earlier).</p> <p>No contributions are made for service in excess of 30 years.</p> <p>Furthermore, participants who elected to terminate employment during the second quarter of 2003 via the Voluntary Separation Program (VSP) and who were at least 50 years old and had at least five years of vesting service as of August 31, 2003 received an additional five years of contribution credits. The additional credits were based upon the above schedule and the participant's rate of pay at termination of employment.</p>
• Interest earnings	<p>Each year interest is credited to the account balance at the beginning of the year at a rate which, when compounded quarterly, will equal the average of the 90 day Treasury Bill rates for the preceding calendar year, plus 1/2%, subject to a minimum rate of 5%. Such credits are made quarterly. Interest is credited up to the date of retirement or termination.</p>
Normal retirement	
• Eligibility	<p>The first day of the month coinciding with or next following the employee's 65th birthday.</p>
• Benefit	<p>The amount of the account balance as of the date of termination or an actuarially equivalent annuity computed using IRC Section 417(e) mortality and PPA segment rates. These rates are based on the rates for the fourth month prior to the first date of the plan year in which the determination is made.</p>
• Minimum grandfathered benefit	<p>For employees in the service of the Bank on December 31, 1989 with continuous service to retirement, the Plan provides for a minimum guaranteed benefit equal to the greatest of A, B or C below:</p> <p>A. The sum of</p> <ol style="list-style-type: none"> 1) the monthly accrued benefit under the Plan as of June 30, 1989, multiplied by Final Average Salary as of retirement and divided by Final Average Salary as of June 30, 1989 2) 1.5% of Final Average Salary multiplied by years of credited service after June 30, 1989 (total credited service, including pre- June 30, 1989 service, is limited to thirty years). <p>B. 1.6667% of Final Average Salary minus 1.6667% of the Social Security Benefit, multiplied by years of accrual service (as defined in the prior plan) not in excess of thirty.</p> <p>C. For participants employed on December 31, 1970, 1.25% of annual compensation (as defined in the prior plan) for each year of service, plus 0.5% of Final Average Salary in excess of \$4,800 multiplied by service. Service is the sum of Past Service and Future Service as defined under the prior plan.</p> <p>Final Average Salary is the highest average base rate of pay as of July 1 for any five consecutive years out of the last ten years preceding determination. Benefit Accruals under the Minimum Grandfathered Benefit Formula were frozen effective August 31, 2003.</p>

Schedule SB, Part V — Summary of Plan Provisions

Early retirement

- **Eligibility** Attainment of age 55 and completion of ten years of vesting service. For participants terminating employment during the second quarter of 2003 via the Voluntary Separation Program (VSP), the eligibility criteria was lowered to the attainment of age 50 and completion of five years of vesting service as of August 31, 2003.
- **Benefit** The amount of the account balance as of the date of early retirement or an actuarially equivalent annuity.
- **Minimum grandfathered benefit** Minimum grandfathered benefits are reduced for early commencement prior to age 65 according to the following schedule:

Age at Commencement	20 or More Years of Service		Less Than 20 Years of Service	
	Standard Factor	Enhanced Factor Under VSP	Standard Factor	Enhanced Factor Under VSP
65	100%	130%	100%	130%
64	100%	130%	93%	124%
63	100%	130%	87%	118%
62	100%	130%	80%	112%
61	96%	124%	73%	106%
60	92%	118%	67%	100%
59	88%	112%	63%	93%
58	84%	106%	60%	87%
57	81%	100%	57%	80%
56	78%	96%	53%	73%
55	75%	92%	50%	67%
54	N/A	88%	N/A	63%
53	N/A	84%	N/A	60%
52	N/A	81%	N/A	57%
51	N/A	78%	N/A	53%
50	N/A	75%	N/A	50%

The enhanced factors were available to participants in the 2003 Voluntary Separation Program (VSP) who were at least 50 years old at termination of employment.

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

- **Benefit** Cash balance accounts continue to receive interest credits, and previously they received continued accrual of benefits subject to 30 year contribution maximum. Grandfathered benefit amounts under the final average pay formula are actuarially increased, if applicable.
- **Minimum grandfathered benefit** For employees in the service of the Bank on December 31, 1989 with continuous service to retirement, the Plan provides for a minimum guaranteed benefit calculated as under Normal Retirement, but reflecting service and Final Average Salary as of late retirement date and the benefit freeze date of August 31, 2003.

Vesting on Termination

- **Eligibility** Three years (five years prior to 2008) of vesting service or age 65, if earlier. Participants in the 2003 Voluntary Separation Program were granted vested status.
- **Benefit** The amount of the account balance payable at termination date, or the account balance at termination date with interest credits to any date of commencement between termination and age 65.
Alternatively, participants may elect an equivalent annuity, computed using IRC Section 417(e) mortality and interest rates, commencing at any date prior to or at Normal Retirement Date.
These interest rates are based on the segment rates for the fourth month prior to the first date of the plan year in which the determination is made.
- **Involuntary cash-out of vested benefit** If a participant terminates and is entitled to a vested benefit, the Committee will pay the entire account balance upon termination provided that the value of such payment is not in excess of \$1,000 or such higher amount permitted under applicable law. In the case where a participant's balance is between \$1,000 and \$5,000, in absence of an election, the balance will be automatically rolled over into an Individual Retirement Arrangement (IRA).

Disability

- **Eligibility** Enrolled in the Company's Long Term Disability Program.
- **Benefit** Continued accrual of benefits under the Plan at the rate of Compensation in effect on the date of disablement. Participants not receiving transition receive no additional contributions after December 31, 2007. Transition-eligible participants receive no additional credits after December 31, 2010 (or their date of termination of employment, if earlier).

Pre-retirement death

- **Eligibility** Employee must be vested. If the employee was married at the time of death, the entire account balance will be payable to the spouse, unless the spouse has consented in writing to another beneficiary.
- **Benefit** The actuarial equivalent of the amount of the qualified account balance or the actuarial equivalent of the 50% Qualified Joint & Survivor annuity form on the grandfathered benefits. Actuarial equivalence is computed using IRC Section 417(e) mortality and interest rates. These interest rates are based on the segment rates for the fourth month prior to the first date of the plan year in which the determination is made.

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

• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Reduced 50% Joint and Survivor annuity option unless the Employee elects not to be covered.
• Optional forms	The optional forms are as follows: - Single Life Annuity - Lump Sum - 5-Year Certain and Continuous Annuity - 10-Year Certain and Continuous Annuity - 50%, 66 2/3%, 75%, 100% Joint and Survivor Annuity - 5-Year installment
• Optional form conversion factors	Actuarial equivalence is computed using IRC Section 417(e) mortality and interest rates. These interest rates are based on the segment rates for the fourth month prior to the first date of the plan year in which the determination is made.

Miscellaneous

• Maximum compensation	Not applicable, the plan is frozen.
• Maximum benefits	Not applicable, the plan is frozen.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions of the Investors Bank & Trust Pension Plan
(Merger into the State Street Retirement Plan effective December 15, 2011)**

Effective date and plan year	Original plan: September 1, 1946 Restated plan: January 1, 2007 with most recent amendment as of December 20, 2011 Plan year: Calendar year
------------------------------	---

Status of the plan	Effective December 31, 2005 future service accruals were frozen with respect to any participant.
--------------------	--

Significant events that occurred during the year	None
--	------

Definitions

- | | |
|------------------------------|--|
| • Participation | Participation is frozen as of December 31, 1996. |
| • Years of benefit service | The sum of years and months of service as an active plan participant. Periods of service are measured in years and months with any part of a month of service counted as a full month. |
| • Final average compensation | Participant's highest 60 consecutive months' average compensation for the 5 consecutive years of highest compensation of the last 10 years. Maximum annual compensation: \$210,000 for 2005. |
| • Covered compensation | The average of the Social Security taxable wage bases for the 35-year period ending in the year the employee attains his Social Security Retirement Age. |
| • Accrued benefit | Normal Retirement Benefit the participant would receive at Normal Retirement Date, assuming the Years of Benefit Service continue without interruption to Normal Retirement Date multiplied by a fraction, the numerator of which is the number of Years of Benefit Service credited to the Participant on the date of determination and the denominator of which is the total number of Years of Benefit Service which the Participant would be credited with if his/her employment terminated on his/her Normal Retirement Date. |

Normal retirement

- | | |
|---------------|--|
| • Eligibility | The first day of the month coinciding with or next following attainment of age 65. |
| • Benefit | (1) 1.6% times Final Average Compensation up to Covered Compensation times Years of Benefit Service at Normal Retirement up to 25, plus
(2) 2.15% times Final Average Compensation in excess of Covered Compensation times Years of Benefit Service at Normal Retirement up to 25, plus
(3) 0.75% times Final Average Compensation times Years of Benefit Service at Normal Retirement in excess of 25 up to 40 years. |

Early retirement

- | | |
|---------------|---|
| • Eligibility | Age 55 and 10 years of vesting service. |
| • Benefit | The amount of benefit is equal to the Normal Retirement Benefit multiplied by a ratio of Years of Benefit Service at Early Retirement over Years of Benefit Service at Normal Retirement and reduced for early payment. Early retirement reduction is 0.6% per month for the first 60 months and 0.3% per month for the next 60 months. |

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Eligibility	First day of the month following the date of actual retirement after reaching Normal Retirement Eligibility.
• Benefit	The Normal Retirement Benefit actuarially increased to Late Retirement.
Vesting on Termination	
• Eligibility	Termination for reasons other than death or retirement after completing 5 years of vesting service.
• Benefit	100% of the Accrued Benefit payable at Normal Retirement Date. If the participant terminates his/her employment prior to satisfying the age requirement for Early Retirement, but after satisfying the service requirement, he/she can elect to receive his/her vested Accrued Benefit, reduced for early payment, on his/her Early Retirement Date upon satisfying the age requirement.
Disability	
• Eligibility	Total and permanent disability after attaining age 55 and 10 years of vesting service.
• Benefit	Accrued pension payable immediately. Reduction and offset same as for Early Retirement.
Pre-retirement death	
• Eligibility	Death in active service after becoming vested or death after termination of employment with entitlement to a deferred vested pension.
• Benefit	The present value of Accrued Benefits payable to a beneficiary, however in no event will the benefits payable be less than the minimum spouse's death benefit. In the case of a married participant, the beneficiary is deemed to be the spouse, unless the participant elects an alternative beneficiary.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Reduced 50% Joint and Survivor annuity with spouse as beneficiary.
• Optional forms	The optional forms are as follows: (1) Life Annuity (2) 50% Joint and Survivor annuity. (3) 66-2/3% Joint and Survivor annuity. (4) 75% Joint and Survivor annuity. (5) 100% Joint and Survivor annuity. (6) Lump Sum.
Miscellaneous	
• Maximum compensation	Not applicable, the plan is frozen.
• Maximum benefits	Not applicable, the plan is frozen.

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

Unless noted below, all benefits provided by the plan, as restated January 1, 2020, are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *SSRP Active participants:* Cash balance accounts continue to receive interest credits, and previously they received continued accrual of benefits subject to 30 year contribution maximum. In addition, grandfathered benefit amounts under the final average pay formula are actuarially increased, if applicable.
 - *IBT Active participants:* Active participants assumed to retire after normal retirement age are valued including the late retirement actuarial increase.
 - *SSRP Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase if their benefit is computed under grandfathered final average pay formula.
 - *IBT Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

Schedule SB, Part V — Summary of Plan Provisions

- **Benefit accruals:** The plan’s funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

None.

State Street Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #04-2456637 Plan No #001
December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Short Term Investment Fund:			
*SSGA – Short Term Investment Fund	2,406,906 units	\$ 2,406,906	\$ 2,406,906
Limited Liability Corporations:			
Magnitude Institutional Ltd. Fund	15,666 units	25,000,000	46,241,688
Wilton Private Equity Fund	895,487 units	895,487	189,652
		<u>25,895,487</u>	<u>46,431,340</u>
*Common and Collective Trust Funds:			
Long US Credit Index Non-Lending Fund	6,497,631 units	259,913,877	308,176,133
Diversified US Bond Securities Lending Fund	5,078,205 units	135,999,050	162,858,046
SSGA Long US Treasury Index Non-Lending Fund	941,052 units	21,176,164	19,677,404
US TIPS Index Securities Lending Fund	1,453,401 units	31,843,699	43,388,382
Global Managed Volatility Non-Lending Fund	1,081,110 units	19,944,495	33,361,961
US Aggregate Bond Index Non-Lending Fund	199,730 units	6,354,882	6,450,273
High Yield Bond Index Non-Lending Fund	1,535,026 units	16,035,980	26,299,599
3-10 Year US Credit Index Non-Lending Fund	6,882,385 units	157,366,259	169,010,739
3-10 Year US Treasury Index Non-Lending Fund	2,062,283 units	38,087,598	38,007,877
		<u>686,722,004</u>	<u>807,230,414</u>
John Hancock Group Annuity Contract	3.47%	2,787,953	2,790,257
		<u>\$ 717,812,350</u>	<u>\$ 858,858,917</u>

* Indicates party-in-interest to the Plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The cash balance interest accumulation rate assumption was updated to better reflect future expectations.
- The expected investment return was updated from 4.30% to 4.16%.
- The expenses were updated from \$1,800,000 to \$1,700,000.