

<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>NATIXIS US CIB DEFINED BENEFIT PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIXIS NORTH AMERICA LLC</u></p> <p><u>1251 AVENUE OF THE AMERICAS</u> <u>3RD FLOOR</u> <u>NEW YORK, NY 10020</u></p>	<p>1c Effective date of plan <u>01/01/1990</u></p> <p>2b Employer Identification Number (EIN) <u>27-2765452</u></p> <p>2c Plan Sponsor's telephone number <u>212-891-6100</u></p> <p>2d Business code (see instructions) <u>523900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	BENEDICTE FOIX
	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	611
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)	153
	6a(2)	146
	6b	71
	6c	375
	6d	592
	6e	10
	6f	602
	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:
1A 3H

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

9a Plan funding arrangement (check all that apply)	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 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan NATIXIS US CIB DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 NATIXIS NORTH AMERICA LLC	D Employer Identification Number (EIN) 27-2765452

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
NEW YORK 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
13-5582869	66915	GA-10055	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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 13192085
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 604391
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 604391
d	Total of balance and additions (add lines 7b and 7c(6))	7d 13796476
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 890422
	(2) Administration charge made by carrier.....	7e(2) 66166
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 956588	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 12839888

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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>NATIXIS US CIB DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIXIS NORTH AMERICA LLC</u>	D Employer Identification Number (EIN) <u>27-2765452</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>103874903</u>
	b Actuarial value	2b	<u>108440490</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>72</u>	<u>16503979</u>
	b For terminated vested participants	<u>387</u>	<u>42111669</u>
	c For active participants	<u>153</u>	<u>27846842</u>
	d Total	<u>612</u>	<u>86462490</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>5.26 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>150000</u>
	c Target normal cost	6c	<u>150000</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>10/08/2025</u>	Date
	<u>DAVID R. KOTICK</u>	<u>23-06323</u>	Most recent enrollment number
	Type or print name of actuary	<u>330-908-4741</u>	Telephone number (including area code)
	<u>SCHWAB RETIREMENT PLAN SERVICES</u>		
	Firm name		
	<u>4150 KINROSS LAKES PARKWAY</u> <u>RICHFIELD, OH 44286</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)	31493515	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	150000	
9	Amount remaining (line 7 minus line 8)	31343515	0
10	Interest on line 9 using prior year's actual return of <u>8.98</u> %	2814648	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>5.36</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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)	34158163	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	85.91 %
15	Adjusted funding target attainment percentage	15	125.41 %
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	128.71 %
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 type="checkbox"/> Yes <input checked="" 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: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 150000
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 150000
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	160000	0	160000
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 10000
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 NATIXIS US CIB DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 NATIXIS NORTH AMERICA LLC	D Employer Identification Number (EIN) 27-2765452	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

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

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

SCHWAB RETIREMENT PLAN SERVICES

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50 64	NONE	91726	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)

NEW YORK LIFE INVESTMENT MANAGMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	66166	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 71	NONE	1114	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(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.	
SEE ATTACHMENT 94-1737782	SEE ATTACHMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 NATIXIS US CIB DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 NATIXIS NORTH AMERICA LLC	D Employer Identification Number (EIN) 27-2765452

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	131383	187750
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	90503388	86382244
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13192085	12839888
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	103826856	99409882
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	103826856	99409882

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	646	
(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)	604391	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		605037
(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)	3893829	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3893829
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4691067
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-192201

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4005170	
(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)		4005170
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	66166	
(6) Bank or trust company trustee/custodial fees	2i(6)	91726	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	61711	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		219603
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4224773

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4416974
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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		10000000
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 547974.

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

A Name of plan <u>NATIXIS US CIB DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIXIS NORTH AMERICA LLC</u>	D Employer Identification Number (EIN) <u>27-2765452</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

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

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	9
--	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Natixis US CIB Defined Benefit Pension Plan

Employer ID #: 27-2765452

Plan Number: 002

Financial Statements as of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

Supplemental Schedules as of and for the Year Ended
December 31, 2024

Natixis US CIB Defined Benefit Pension Plan

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December 31, 2024 and 2023

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Independent Auditors' Report

To the Participants and Plan Administrator of
Natixis US CIB Defined Benefit Pension Plan

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

We have performed audits of the financial statements of Natixis US CIB Defined Benefit Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Baker Tilly US, LLP

Philadelphia, Pennsylvania
October 7, 2025

Natixis US CIB Defined Benefit Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 187,750	\$ 131,383
Investments, at fair value	86,382,244	90,503,388
Group annuity contract, at contract value	<u>12,839,888</u>	<u>13,192,085</u>
Total assets	99,409,882	103,826,856
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 99,409,882</u>	<u>\$ 103,826,856</u>

See notes to financial statements

Natixis US CIB Defined Benefit Pension Plan

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

Investment Income (Loss)

Net depreciation in fair value of investments	\$ (4,691,067)
Interest and dividends	<u>4,498,866</u>
Net investment income (loss)	<u>(192,201)</u>

Deductions

Benefit payments	4,005,170
Administrative expenses	<u>219,603</u>
Total deductions	<u>4,224,773</u>
Net decrease	(4,416,974)

Net Assets Available for Benefits

Beginning of year	<u>103,826,856</u>
End of year	<u>\$ 99,409,882</u>

See notes to financial statements

Natixis US CIB Defined Benefit Pension Plan

Statements of Accumulated Plan Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving payments	<u>\$ 17,527,055</u>	<u>\$ 16,735,988</u>
Other Participants		
Active employees	25,589,366	29,566,754
Vested terminated participants	<u>44,415,657</u>	<u>45,193,960</u>
Total other participants	<u>70,005,023</u>	<u>74,760,714</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 87,532,078</u></u>	<u><u>\$ 91,496,702</u></u>

See notes to financial statements

Natixis US CIB Defined Benefit Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 91,496,702
Increase (decrease) during the year attributed to:	
Actuarial loss	772,337
Benefits paid	(4,005,170)
Assumption changes	(5,152,800)
Increase in interest due to decrease in the discount period	4,421,009
	<u>4,421,009</u>
Net decrease	<u>(3,964,624)</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	\$ 87,532,078

See notes to financial statements

Natixis US CIB Defined Benefit Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of the Natixis US CIB Defined Benefit Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan that provides certain retirement benefits to eligible employees of Natixis North America LLC (NNA) and the Natixis New York Branch (the Branch), (collectively, the Company) if they meet vesting and retirement criteria, as defined. The Plan, through its predecessor, the Natixis North America Inc. Defined Benefit Pension Plan (the NNA Plan), was initially established on January 1, 1990. Prior to January 1, 2014, all employees over the age of 21 were eligible for participation upon completion of one year of service, as defined by the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The plan document was amended and restated effective January 1, 2012 to reflect the merger (the Merger) of the Pension Plan for Employees of Natixis (the Branch Plan), a defined benefit pension plan sponsored by the Branch and the NNA Plan, a defined benefit plan sponsored by NNA. The NNA Plan was renamed the Natixis US CIB Defined Benefit Pension Plan. NNA is the plan sponsor.

The Company has appointed certain officers to act as the administrator for the Plan. The administrator is responsible for the administrative and investment decisions of the Plan. The Charles Schwab Trust Bank (the Trustee) is the trustee of the Plan's assets except for the Plan's investment in the pooled funding group annuity contract (GAC). New York Life Insurance Company (New York Life) is the custodian for the GAC.

Effective December 31, 2013, the Plan was frozen to participation and no additional benefits have been accrued by employees for future years of service.

Eligibility

Prior to the Plan freeze, under the terms of the Plan, full-time employees of the Company automatically became participants in the Plan on the first of the month after attaining age 21 and completing one year of service. A year of service was credited to an employee for each plan year the employee has worked. A plan year is based on an employee completing 12 months of service.

Benefits

The Plan's normal retirement age is 65. Benefits become payable on the first day of the month coincident with or following attainment of normal retirement age. A participant who had completed five years of service prior to the Plan freeze or who was an active eligible employee at December 31, 2013 is 100% vested in their accumulated benefit. Participants may work beyond normal retirement age and elect to receive a retirement benefit which will be payable on the first day of the month following actual retirement from the Company. Prior to the freeze discussed above, benefits under the Plan continued to accumulate until a respective participant's actual retirement date.

Early retirement may be elected any date before normal retirement provided that a participant has attained age 55 and completed five years of service. Retirement benefits will commence when a participant reaches normal retirement age unless early distribution is elected. If benefits are paid before normal retirement age, the benefit will be actuarially reduced to reflect the early commencement of the benefit payments.

Natixis US CIB Defined Benefit Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

Benefits are determined by a formula defined by the plan document that takes into account a participant's age, base salary and years of service. A participant's retirement benefit is equal to the greater of (a) below determined based on Final Average Compensation, as defined by the plan document, the Average Social Security Wage base and Years of Service, each as of May 1, 1995 and (b) below:

- (a) 40% of Final Average Compensation, plus 22.75% of Final Average Compensation in excess of the Average Social Security Wage base, reduced proportionately for each year of service less than 35 as of normal retirement age, multiplied by a fraction, the numerator of which is years of service and the denominator of which is the years of services as of normal retirement age if worked until then (subject to a maximum denominator of 15 for a nonhighly compensated participant as determined under the Internal Revenue Code (IRC));
- (b) 1.0% of Final Average Compensation, plus 0.65% of Final Average Compensation in excess of the monthly equivalent of the Average Social Security Wage base; multiplied by years of service (up to a maximum of 25).

In connection with the aforementioned Plan freeze, benefits determined under the above formulas no longer accrue subsequent to December 31, 2013.

Death Benefits

The spouse of a participant who dies after becoming eligible for a vested benefit, but before pension benefits begin, is entitled to a pension equal to 50% of the qualified joint and survivor annuity that would have been payable to the participant if the participant retired at the earliest date.

Plan Termination Policy

Although it has not expressed the intent to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the 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.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (GAAP).

Natixis US CIB Defined Benefit Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

Contributions

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts determined by the plan sponsor in consultation with the Plan's independent actuary. The Company made no contribution for the year ended December 31, 2024.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds and the money market fund are stated at fair value which is based on quoted market prices. Fair value of a financial instrument is the amount 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.

In accordance with Accounting Standards Codification (ASC) 960, *Defined Benefit Pension Plans*, the Plan's investment in the GAC is valued at contract value as reported and certified by New York Life as the holder and custodian of this investment. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses.

Purchases and sales of investments are recorded on the trade-date. Cost basis of investments sold is determined on the specific identification method for purposes of determining gains or losses. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net depreciation in fair value of investments, which consists of the realized and unrealized gains and losses on investments purchased and sold during the year, as well as held during the year and/or held at year-end.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Significant estimates reflected on the Plan's financial statements include the actuarial present value of accumulated benefits. Actual results could differ from those estimates.

Natixis US CIB Defined Benefit Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Risks and Uncertainties

The Plan's investments, such as mutual funds and the GAC, are exposed to various risks such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investments, plan management believes it is at least reasonably possible that changes in their values will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

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

As of December 31, 2024 and 2023, the Plan had investments of \$94,395,094 and \$84,859,310, respectively, that were concentrated in three funds.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are presented as of an end of year benefit information date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

3. Actuarial Present Value of Accumulated Plan Benefits

Under the Plan's provisions, accumulated plan benefits are those future payments, including periodic and lump-sum distributions that are attributable under the Plan's provisions to the employee's compensation and service employees have rendered as of 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 and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The following are the significant actuarial assumptions used in the foregoing determination of accumulated plan benefits as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Average assumed retirement age	65	65
Interest discount assumption	5.36 %	4.94 %
Mortality basis	Pri-2012/ MP-2021	Pri-2012/ MP-2021

Natixis US CIB Defined Benefit Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

The Plan shows a decrease in the actuarial present value of accumulated plan benefits due to an increase in the discount rate from 4.94% to 5.36% which decreased the actuarial present value of accumulated plan benefits by \$5,152,800 for the year ended December 31, 2024.

The Plan's funding method is the Unit Credit Cost Method. The Plan is in compliance with the ERISA minimum funding requirements for the years ended December 31, 2024 and 2023.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. Were the Plan to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these assumptions could be material to the financial statements.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund is valued at the quoted NAV of shares held by the Plan at year-end.

Natixis US CIB Defined Benefit Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy and by category of investment, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 85,880,913	\$ -	\$ -	\$ 85,880,913
Money market fund	501,331	-	-	501,331
Total investments at fair value	<u>\$ 86,382,244</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 86,382,244</u>

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 85,128,739	\$ -	\$ -	\$ 85,128,739
Money market fund	5,374,649	-	-	5,374,649
Total investments at fair value	<u>\$ 90,503,388</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 90,503,388</u>

5. Group Annuity Contract With New York Life Insurance Company

In 2017, the Plan entered into a group annuity contract with New York Life. New York Life maintains the contributions in an unallocated fund to which it adds interest at a rate of 4.30%. The interest rate is subject to change each year. At the direction of the Plan's administrator, a single premium to buy an annuity for a retiring employee is withdrawn by New York Life. The contracts are measured at contract value and total \$12,839,888 and \$13,192,085 at December 31, 2024 and 2023, respectively.

Funds under the group annuity contract that have been allocated and applied to purchase annuities (that is, New York Life is obligated to pay the related pension benefits) are excluded from the Plan's assets.

6. Information Certified by Trustee/Custodian

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Charles Schwab Trust Bank, the Trustee of the Plan and New York Life, a Custodian of the Plan have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

Natixis US CIB Defined Benefit Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

7. Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, in a letter dated September 26, 2013, that the Plan qualifies under Section 401(a) of the IRC and its related trust is therefore exempt from tax under Section 501(a) of the IRC. The Plan has been amended since receiving this determination letter. The Company and Plan's management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

GAAP requires 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Exempt-Party in Interest Transactions

Certain plan investments are shares in a money market fund managed by the Trustee and the GAC, which is managed by the Custodian. These transactions qualify as exempt-party in interest transactions.

The Trustee provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA). The Trustee or its affiliates receives revenue from mutual fund and money market fund providers for services provided to the funds. This revenue is used to offset certain amounts owed to the Trustee for its administrative services provided to the Plan.

If any excess revenue received by Trustee or its affiliates from such mutual fund or money market fund or service providers exceeds the amount owed under the MSA, the Trustee remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay the Plan's administrative expenses. The Plan or plan sponsor may make a payment to the Trustee for administrative expenses not covered by revenue sharing.

The plan document requires all expenses incurred in the administration of the Plan be paid from the Plan's assets except to the extent that the Company shall otherwise provide for such payments. Additionally, the Company provided the services of certain personnel (who may also be participants in the Plan) and other related services to the Plan at no charge.

9. Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 7, 2025, the date the financial statements were available to be issued. There were no subsequent events requiring disclosure in or adjustment to the financial statements.

Natixis US CIB Defined Benefit Pension Plan

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

EIN: 27-2765452 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	PIMCO	PIMCO Extended Duration Institutional Class Fund	\$ 5,261,939	\$ 4,325,707
	PIMCO	PIMCO Long Duration Total Retirement Fund	28,250,264	27,436,843
	PIMCO	PIMCO Long Term Credit Bond Fund	55,805,491	54,118,363
		Total mutual funds	89,317,694	85,880,913
Group Annuity Contract				
*	New York Life	New York Life Insurance Company Group Annuity Contract	12,839,888	12,839,888
Money Market Fund				
*	Charles Schwab	Schwab Government Money Market Fund	501,331	501,331
		Total investments	\$ 102,658,913	\$ 99,222,132

* A party in interest as defined by ERISA.

Natixis US CIB Defined Benefit Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 27-2765452 Plan Number: 002

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ Loss
Series in Same Security Transactions								
Purchases	PIMCO Extended Duration Institutional Class Fund	\$ 1,701,721	\$ -	N/A	\$ 120	\$ 1,701,721	\$ 1,701,721	\$ -
Sales	PIMCO Extended Duration Institutional Class Fund	-	4,927,686	N/A	96	5,503,281	4,927,686	(575,595)
Purchases	PIMCO Long Duration Total Retirement Fund	16,958,747	-	N/A	144	16,958,747	16,958,747	-
Sales	PIMCO Long Duration Total Retirement Fund	-	432,731	N/A	72	422,925	432,731	9,806
Purchases	PIMCO Long Term Credit Bond Fund	9,648,598	-	N/A	24	9,648,598	9,648,598	-
Sales	PIMCO Long Term Credit Bond Fund	-	11,726,161	N/A	192	11,640,640	11,726,161	85,521
* Purchases	Schwab Government Money Market Fund	2,888,030	-	N/A	-	2,888,030	2,888,030	-
* Sales	Schwab Government Money Market Fund	-	7,761,349	N/A	-	7,761,349	7,761,349	-

* A party in interest as defined by ERISA.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002



Schedule SB, line 26 – Schedule of Active Participant Data

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	2	2	-	-	-	-	-	-	-	4
40 to 44	-	8	13	2	-	-	-	-	-	-	23
45 to 49	1	15	8	4	2	-	-	-	-	-	30
50 to 54	1	7	8	14	5	1	-	-	-	-	36
55 to 59	-	7	7	11	4	-	-	-	-	-	29
60 to 64	-	5	7	7	3	2	1	-	-	-	25
65 to 69	-	-	2	1	1	-	1	-	-	-	5
over 70	-	-	-	-	1	-	-	-	-	-	1
Total	2	44	47	39	16	3	2	-	-	-	153

Service for the active age versus service chart above is based on credited service.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002



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

A summary of the actuarial methods and assumptions used in the valuation is presented below:

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – For ERISA contributions, the market value of assets represents the fair value of assets plus receivable contributions discounted to the valuation date using the prior year’s effective interest rate. The actuarial value of assets equals the market value of assets plus/(minus) a portion of asset losses/(gains) experienced during the prior two plan years. The resulting actuarial value is further limited to no more than 110% and no less than 90% of the market value of assets. For these purposes, the actual returns were compared to assumed returns of 2.50% for 2022 and 4.60% for 2023.

Discount Rates – For ERISA contribution requirements, discount rates are based on the January 2024 PPA Segment rates (reflecting the Funding Stabilization provisions under ARPA and its current regulations):

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.75%	During first 5 years starting from the valuation date.
2	4.96%	During years 6-20 starting from the valuation date.
3	5.59%	During years 21 and beyond starting from the valuation date.

Different interest rates were used in developing liabilities associated with the Maximum Tax Deductible Contribution. The interest rates that were used for the Maximum Tax Deductible contribution calculations are based on the January 2024 PPA Segment rates without reflecting the funding stabilization provisions within MAP-21 and its regulations:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	4.37%	During first 5 years starting from the valuation date.
2	4.96%	During years 6-20 starting from the valuation date.
3	4.95%	During years 21 and beyond starting from the valuation date.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002

The logo for Charles Schwab, featuring the word "charles" in a lowercase, serif font above the word "SCHWAB" in a bold, uppercase, sans-serif font, all contained within a blue square.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Salary Increase Rates – N/A

Social Security Wage Base – N/A

Retirement Age – Active and Terminated Vested participants are assumed to retire at age 65.

Mortality – The 2024 Static Mortality Table as prescribed by the IRS. Payments in the form of a lump sum are converted using 2024 IRS Applicable Mortality for minimum lump sums. Last year the 2023 versions of the same tables as prescribed by the IRS were used.

Percent Married – 80% of males and 80% of females were assumed to be married. The rates were 100% for former participants in the Pension Plan for Employees of Natixis.

Age of Spouse – The female spouse is assumed to be 3 years younger than the male spouse.

Rationale for Demographic assumptions – Demographic assumptions used in this report (except for mortality) have been used for several years and have not produced material gains or losses. The plan does not have enough participants for a credible experience study.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries Pension Plan Turnover Study.

Disability Rates – 50% of the 1955 UAW Disability Incidence Table rates. No disability rates were assumed for former participants in the Pension Plan for Employees of Natixis.

Form of Payment – In accordance with the annuity substitution rules prescribed by the IRS, active participants are assumed to elect an annuity upon termination. Current participants that have terminated with a vested benefit are assumed to start an annuity at age 65.

Administrative Expenses – For 2024, administrative fees were assumed to be \$150,000. This is equal to expenses paid during 2023, adjusted for the change in premiums paid to the PBGC, then rounded.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

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Discount rates were changed from 2023 to 2024, resulting in an decrease in the effective interest rate from 5.36% to 5.26%.

These changes were made to conform to statutory constraints.

Changes in Non-Prescribed Methods and Assumptions Since Prior Valuation

All non-prescribed actuarial assumptions remained unchanged from the prior valuation.

Natixis US CIB Defined Benefit Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 27-2765452 Plan Number: 002

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ Loss
Series in Same Security Transactions								
Purchases	PIMCO Extended Duration Institutional Class Fund	\$ 1,701,721	\$ -	N/A	\$ 120	\$ 1,701,721	\$ 1,701,721	\$ -
Sales	PIMCO Extended Duration Institutional Class Fund	-	4,927,686	N/A	96	5,503,281	4,927,686	(575,595)
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Sales	PIMCO Long Duration Total Retirement Fund	-	432,731	N/A	72	422,925	432,731	9,806
Purchases	PIMCO Long Term Credit Bond Fund	9,648,598	-	N/A	24	9,648,598	9,648,598	-
Sales	PIMCO Long Term Credit Bond Fund	-	11,726,161	N/A	192	11,640,640	11,726,161	85,521
* Purchases	Schwab Government Money Market Fund	2,888,030	-	N/A	-	2,888,030	2,888,030	-
* Sales	Schwab Government Money Market Fund	-	7,761,349	N/A	-	7,761,349	7,761,349	-

* A party in interest as defined by ERISA.

**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.

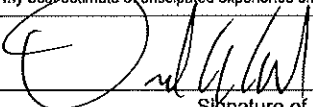
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established

A Name of plan NATIXIS US CIB DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NATIXIS NORTH AMERICA LLC		D Employer Identification Number (EIN) 27-2765452	
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	103874903
b Actuarial value		2b	108440490
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	72	16503979	16503979
b For terminated vested participants	387	42111669	42111669
c For active participants	153	27846842	27846842
d Total	612	86462490	86462490
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	5.26 %
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	150000
c Target normal cost		6c	150000

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>10/8/2025</u>
	Signature of actuary	Date
	DAVID R. KOTICK	23-06323
	Type or print name of actuary	Most recent enrollment number
SCHWAB RETIREMENT PLAN SERVICES		(330) 908-4741
Firm name		Telephone number (including area code)
4150 KINROSS LAKES PARKWAY		
Address of the firm		
RICHFIELD, OH 44286		
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

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)	31493515	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	150000	
9	Amount remaining (line 7 minus line 8)	31343515	0
10	Interest on line 9 using prior year's actual return of <u>8.98</u> %	2814648	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>5.36</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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)	34158163	0

Part III Funding Percentages			
14	Funding target attainment percentage. ...	14	85.91 %
15	Adjusted funding target attainment percentage	15	125.41 %
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	128.71 %
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 type="checkbox"/> Yes <input checked="" 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	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
	<input type="checkbox"/> N/A, full yield curve used		
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

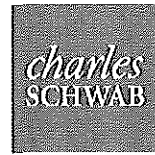
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29 0
30 Remaining amount of 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	150000	
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	150000	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	160000	0	160000
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	10000	
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

Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002



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

Active and Terminated Vested participants are assumed to retire at age 65.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002



Schedule SB, line 26 – Schedule of Active Participant Data

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
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25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	2	2	-	-	-	-	-	-	-	4
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45 to 49	1	15	8	4	2	-	-	-	-	-	30
50 to 54	1	7	8	14	5	1	-	-	-	-	36
55 to 59	-	7	7	11	4	-	-	-	-	-	29
60 to 64	-	5	7	7	3	2	1	-	-	-	25
65 to 69	-	-	2	1	1	-	1	-	-	-	5
over 70	-	-	-	-	1	-	-	-	-	-	1
Total	2	44	47	39	16	3	2	-	-	-	153

Service for the active age versus service chart above is based on credited service.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002



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Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Salary Increase Rates – N/A

Social Security Wage Base – N/A

Retirement Age – Active and Terminated Vested participants are assumed to retire at age 65.

Mortality – The 2024 Static Mortality Table as prescribed by the IRS. Payments in the form of a lump sum are converted using 2024 IRS Applicable Mortality for minimum lump sums. Last year the 2023 versions of the same tables as prescribed by the IRS were used.

Percent Married – 80% of males and 80% of females were assumed to be married. The rates were 100% for former participants in the Pension Plan for Employees of Natixis.

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Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

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All non-prescribed actuarial assumptions remained unchanged from the prior valuation.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN27-2765452 / 002



Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used for the Natixis US CIB Defined Benefit Pension Plan is presented below:

Effective Date – January 1, 1990, amended and restated November 15, 2007, amended January 1, 2012, and amended effective December 31, 2013.

Covered Employees – Generally, any employee of the Natixis North America LLC and Bleichroeder, excluding those covered by a collective bargaining agreement, leased employees, independent contractors, and consultants.

Participation Date – The first day of any month next following the attainment of age 21 and completion of One Year of Service.

Definitions:

Year of Service – Elapsed time.

Credited Service – Elapsed time.

Vesting – A Participant shall have a 100% vested interest in his Accrued Benefit after his completion of 5 Vesting Years of Service, or attainment of age 65 while actively employed.

The plan was amended to vest all employees as of December 31, 2013.

Compensation – Includable pay as provided by the plan sponsor according to the plan definition.

Average Compensation – The average annual Compensation of a Participant during the 5 highest consecutive years of his last 10 years of employment.

Covered Compensation – For each member, the average of the Social Security Taxable Wage Bases over the 35 year period ending with the calendar year a member attains his Social Security Normal Retirement Age.

Normal Retirement Date (NRD) – The first day of the month coinciding with or next following the later date on which the Participant attains age 65 or completes 5 Years of participation.

Early Retirement Date (ERD) – The first day of the month coinciding with or next following the date on which the Participant attains age 55 with 5 Years of Service.

Retirement Benefit – Monthly Benefit equal to $1/12^{\text{th}}$ of. (A + B) times C, where:

A) 1.00% of Average Compensation and

B) 0.65% of Average Compensation in excess of Covered Compensation

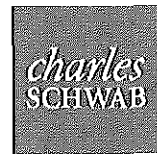
C) Years of Credited Service, not to exceed 25.

The above shall not be less than the accrued benefit as of May 1, 1995.

The plan was amended to freeze benefits for all employees as of December 31, 2013.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN27-2765452 / 002



Schedule SB, Part V – Summary of Plan Provisions (continued)

Grandfathered Retirement Benefit – Monthly Benefit equal to $1/12^{\text{th}}$ of: (A + B) times C, where:

- A) 2.00% of Average Compensation
- B) 0.62% of Average Compensation in excess of Covered Compensation
- C) Years of Credited Service, not to exceed 25

The plan was amended to freeze benefits for all employees as of December 31, 2013.

Eligibility for Benefits:

Normal Retirement - Retirement from active service on NRD.

Early Retirement - Retirement from active service on or after ERD (but before NRD).

Postponed Retirement - Retirement after NRD.

Deferred Vested - Termination for reasons other than death or retirement after becoming vested

Preretirement Spouse Benefit - Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse

Monthly Benefits Paid Upon the Following Events:

Normal Retirement - Retirement Benefit determined as of NRD.

Early Retirement - Retirement Benefit determined as of ERD, actuarially reduced for early commencement before NRD

Termination with Deferred Vested Benefit - Retirement Benefit determined as of termination date payable at the participant's NRD.

Preretirement Spouse Benefit - A Preretirement Survivor Annuity shall be paid to the Surviving Spouse of a Participant or former Participant who dies after becoming vested in a Retirement Benefit but before the commencement of payment of the Retirement Benefit. This Preretirement Survivor Annuity is 50% of the reduced amount the Participant would have received had the participant terminated employment on the date of death and elected a 50% joint and survivor annuity. Non-spouse beneficiaries are permitted.

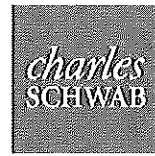
Qualified Joint and Survivor Option - An annuity payable for the life of the Participant with a survivor annuity payable for the life of the spouse in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Retirement Benefit.

Normal Form of Payment - The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor option (described above) for married participants.

Optional Form of Payments - Optional forms are a lump sum, a life annuity, a 50%, 75%, and 100% joint and survivor annuity, and a ten-year certain and life annuity. Lump sum payments are required for participants with present value of \$5,000 or less. Lump Sum Payments between \$1,000 and \$5,000 must be rolled over into an Individual Retirement Account.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN27-2765452 / 002



Schedule SB, Part V – Summary of Plan Provisions (continued)

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. EGTRRA optional election to use the \$200,000 Compensation Limit prior to 2002 was not invoked.

Disclosure of Events Subsequent to the Actuarial Valuation

None.

Changes in Plan Provisions since the Prior Valuation

None.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN 27-2765452 / 002

The logo for Charles Schwab, featuring the word "charles" in a lowercase, italicized serif font above the word "SCHWAB" in a bold, uppercase sans-serif font, all contained within a blue square.

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

Active and Terminated Vested participants are assumed to retire at age 65.

Natixis US CIB Defined Benefit Pension Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2024

EIN: 27-2765452
Plan Number: 002

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Rate of 0.02% of average daily balance of asset(s)

Natixis US CIB Defined Benefit Pension Plan

EIN/PN27-2765452 / 002

The logo for Charles Schwab, featuring the name "charles SCHWAB" in a white serif font on a blue square background.

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used for the Natixis US CIB Defined Benefit Pension Plan is presented below:

Effective Date – January 1, 1990, amended and restated November 15, 2007, amended January 1, 2012, and amended effective December 31, 2013.

Covered Employees – Generally, any employee of the Natixis North America LLC and Bleichroeder, excluding: those covered by a collective bargaining agreement, leased employees, independent contractors, and consultants.

Participation Date – The first day of any month next following the attainment of age 21 and completion of One Year of Service.

Definitions:

Year of Service – Elapsed time.

Credited Service – Elapsed time.

Vesting – A Participant shall have a 100% vested interest in his Accrued Benefit after his completion of 5 Vesting Years of Service, or attainment of age 65 while actively employed.

The plan was amended to vest all employees as of December 31, 2013.

Compensation – Includable pay as provided by the plan sponsor according to the plan definition.

Average Compensation – The average annual Compensation of a Participant during the 5 highest consecutive years of his last 10 years of employment.

Covered Compensation – For each member, the average of the Social Security Taxable Wage Bases over the 35 year period ending with the calendar year a member attains his Social Security Normal Retirement Age.

Normal Retirement Date (NRD) – The first day of the month coinciding with or next following the later date on which the Participant attains age 65 or completes 5 Years of participation.

Early Retirement Date (ERD) – The first day of the month coinciding with or next following the date on which the Participant attains age 55 with 5 Years of Service.

Retirement Benefit – Monthly Benefit equal to $1/12^{\text{th}}$ of: (A + B) times C, where:

A) 1.00% of Average Compensation and

B) 0.65% of Average Compensation in excess of Covered Compensation

C) Years of Credited Service, not to exceed 25.

The above shall not be less than the accrued benefit as of May 1, 1995.

The plan was amended to freeze benefits for all employees as of December 31, 2013.

Natixis US CIB Defined Benefit Pension Plan

EIN/PN27-2765452 / 002

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Grandfathered Retirement Benefit – Monthly Benefit equal to $1/12^{\text{th}}$ of: (A + B) times C, where:

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Normal Form of Payment – The normal form of payment is the Life Annuity option for single participants, and the Qualified Joint and Survivor option (described above) for married participants.

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Natixis US CIB Defined Benefit Pension Plan

EIN/PN27-2765452 / 002

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Maximum on Benefits and Pay - All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. EGTRRA optional election to use the \$200,000 Compensation Limit prior to 2002 was not invoked.

Disclosure of Events Subsequent to the Actuarial Valuation

None.

Changes in Plan Provisions since the Prior Valuation

None.

Natixis US CIB Defined Benefit Pension Plan

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

EIN: 27-2765452 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	PIMCO	PIMCO Extended Duration Institutional Class Fund	\$ 5,261,939	\$ 4,325,707
	PIMCO	PIMCO Long Duration Total Retirement Fund	28,250,264	27,436,843
	PIMCO	PIMCO Long Term Credit Bond Fund	55,805,491	54,118,363
		Total mutual funds	89,317,694	85,880,913
Group Annuity Contract				
*	New York Life	New York Life Insurance Company Group Annuity Contract	12,839,888	12,839,888
Money Market Fund				
*	Charles Schwab	Schwab Government Money Market Fund	501,331	501,331
		Total investments	\$ 102,658,913	\$ 99,222,132

* A party in interest as defined by ERISA.