

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

Table with 4 columns: 1a Name of plan (SG PENSION PLAN), 1b Three-digit plan number (003), 1c Effective date of plan (01/01/1999), 2a Plan sponsor's name and address (SOCIETE GENERALE, 245 PARK AVENUE, NEW YORK, NY 10167), 2b Employer Identification Number (52-1128875), 2c Plan Sponsor's telephone number (212-278-7181), 2d Business code (523110).

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

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

Table for signatures with columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	2081
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)	414
	6a(2)	359
	6b	557
	6c	1057
	6d	1973
	6e	79
	6f	2052
	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 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
---	--	--

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>SG PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOCIETE GENERALE</u>	D Employer Identification Number (EIN) <u>52-1128875</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>244851335</u>
	b Actuarial value	2b	<u>269336468</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>601</u>	<u>99546534</u>
	b For terminated vested participants	<u>1078</u>	<u>86127036</u>
	c For active participants	<u>414</u>	<u>42105332</u>
	d Total	<u>2093</u>	<u>227778902</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>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>550000</u>
	c Target normal cost	6c	<u>550000</u>

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

SIGN HERE		
	Signature of actuary	<u>09/29/2025</u> Date
	<u>MOSHE KATZ</u> Type or print name of actuary	<u>23-08605</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>212-345-4541</u> Telephone number (including area code)
	<u>1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036</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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.04</u> %	0	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>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	117.89 %
15	Adjusted funding target attainment percentage	15	117.89 %
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	114.05 %
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 type="checkbox"/> Yes <input checked="" 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 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		

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	550000
b Excess assets, if applicable, but not greater than line 31a	31b	550000

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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE 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.
--	--	---

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

A Name of plan SG PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETE GENERALE	D Employer Identification Number (EIN) 52-1128875	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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

(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

(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

(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

(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)

MERCER INVESTMENTS LLC

99 HIGH STREET
BOSTON, MA 02110

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	FIDUCIARY	378220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	336230	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 18	NONE	93469	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET BANK & TRUST COMPANY

13-3142135

(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?
27	NONE	865	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>SG PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOCIETE GENERALE</u>	D Employer Identification Number (EIN) <u>52-1128875</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACTIVE INTER CREDIT FIXED INC PRT</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>85-2621954-048</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44491774</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACTIVE LONG CORP FIXED INC PRT</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>45-6178746-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>94145321</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG STRIPS FIXED INC PRT</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>80-6243236-019</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33916583</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LG CAP CORE PASSIVE EQUITY PORT</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9753444</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PASSIVE LONG GOV FIXED INC PRT</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>51-0560117-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22854219</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULTRA LONG DURATION PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
c EIN-PN <u>83-2461327-047</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5155588</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL SMALL/MID CAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-453</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2552760</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALL CAP EQUITY EX-US INDEX

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

c EIN-PN 90-0337987-299	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11577503
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INV FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1062626
--------------------------------	------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SG PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETE GENERALE	D Employer Identification Number (EIN) 52-1128875

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	0
(2) Participant contributions	1b(2)	0
(3) Other	1b(3)	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(2) U.S. Government securities	1c(2)	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	0
(B) All other	1c(3)(B)	0
(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)	245341044
(10) Value of interest in pooled separate accounts	1c(10)	225509818
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

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	245341044	225509818
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	489709	252724
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	489709	252724
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	244851335	225257094

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	86717	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)		-5393230
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-5306513

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13268764	
(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)		13268764
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)	172947	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	378220	
(6) Bank or trust company trustee/custodial fees	2i(6)	94333	
(7) Actuarial fees	2i(7)	163283	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	210181	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1018964
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14287728

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-19594241
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		27100000
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.)			
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 561687.

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

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

A Name of plan SG PENSION PLAN	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETE GENERALE	D Employer Identification Number (EIN) 52-1128875	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 36-1561860

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	18
--	----------	-----------

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: 10.6 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 88.9 %
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 0.5 % 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 _____.

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	SG PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	52-1128875	PN	003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	416455	765740	9005190	10187385
2025	787670	1242255	8852516	10882441
2026	1123202	1829434	8684592	11637228
2027	1474833	2343681	8505705	12324219
2028	1807424	2787883	8293168	12888475
2029	2140068	3632164	8087129	13859361
2030	2422177	4120894	7866802	14409873
2031	2673934	4610409	7632564	14916907
2032	2903807	5089053	7383264	15376124
2033	3090973	5559917	7119275	15770165
2034	3238858	6054328	6832882	16126068
2035	3367162	6416316	6534756	16318234
2036	3462705	6946880	6232319	16641904
2037	3541418	7156454	5914815	16612687
2038	3609282	7276899	5589554	16475735
2039	3645620	7363797	5250493	16259910
2040	3640947	7467398	4910061	16018406
2041	3676878	7565805	4552086	15794769
2042	3664166	7654872	4197202	15516240
2043	3637741	7685989	3847715	15171445
2044	3575400	7730670	3500838	14806908
2045	3514765	7684937	3159494	14359196
2046	3439915	7591200	2826775	13857890
2047	3354254	7502476	2505883	13362613
2048	3246813	7405830	2200004	12852647

Name of Plan	SG PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	52-1128875	PN	003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	3113061	7222312	1912101	12247474
2050	2968861	7004422	1644670	11617953
2051	2822971	6765107	1399645	10987723
2052	2659875	6476867	1178296	10315038
2053	2487687	6162085	981187	9630959
2054	2312521	5832249	808207	8952977
2055	2133611	5494835	658620	8287066
2056	1955982	5144305	531174	7631461
2057	1782689	4790853	424220	6997762
2058	1614329	4438032	335816	6388177
2059	1453124	4089312	263842	5806278
2060	1300359	3748007	206116	5254482
2061	1157028	3417209	160483	4734720
2062	1023806	3099601	124905	4248312
2063	901045	2797410	97518	3795973
2064	788828	2512299	76666	3377793
2065	686997	2245406	60919	2993322
2066	595197	1997358	49077	2641632
2067	512937	1768306	40148	2321391
2068	439647	1558019	33345	2031011
2069	374689	1365948	28061	1768698
2070	317410	1191341	23852	1532603
2071	267159	1033316	20398	1320873
2072	223307	890925	17477	1131709
2073	185257	763220	14944	963421

SG Pension Plan

Employer Identification No. 52-1128875
Plan No. 003

Financial Statements as of and for the
Years Ended December 31, 2024 and 2023,
Supplemental Schedules as of and for the year
December 31, 2024, and
Independent Auditor's Report

SG PENSION PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS OF THE SG PENSION PLAN:	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	5
Notes to Financial Statements as of and for the Years Ended December 31, 2024 and 2023	6-14
SUPPLEMENTAL SCHEDULES—	15
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2024	16
Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions for the year ended 2024	17-18
NOTE: All Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Independent Auditors' Report

To the Participants and Plan Administrator of
SG Pension Plan

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

We have performed audits of the financial statements of SG 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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 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 8, 2025

SG PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Investments held at fair value (Notes 5 and 6)	<u>\$ 225,509,818</u>	<u>\$ 245,341,044</u>
Total assets	225,509,818	245,341,044
LIABILITIES — Accrued administrative expenses	<u>252,724</u>	<u>489,709</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 225,257,094</u>	<u>\$ 244,851,335</u>

See notes to financial statements.

SG PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
INVESTMENT INCOME:		
Dividends and Interest Income	\$ 86,717	\$ 40,490
Net (depreciation)/appreciation in fair value of investments	<u>\$ (5,393,230)</u>	<u>19,357,587</u>
Net investment (loss)/income	<u>\$ (5,306,513)</u>	<u>19,398,076</u>
DEDUCTIONS:		
Benefits paid directly to participants	\$ (13,268,764)	(12,733,805)
Administrative expenses	<u>\$ (1,018,964)</u>	<u>(1,264,109)</u>
Total deductions	<u>\$ (14,287,728)</u>	<u>(13,997,914)</u>
NET (DECREASE)/INCREASE IN NET ASSETS	\$ (19,594,241)	5,400,163
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>\$ 244,851,335</u>	<u>239,451,173</u>
End of year	<u>\$ 225,257,094</u>	<u>\$ 244,851,335</u>

See notes to financial statements.

SG PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of the SG Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General — The Plan is a defined benefit pension plan covering substantially all employees of Société Générale (the “Company” or “Plan Sponsor”). Effective January 1, 1999, employees who have completed one year of service and are at least 21 years of age, hired after January 1, 1996, will be covered by the Plan. On December 31, 2014, the Plan was amended and frozen. No new employees may become participants of the Plan. All Plan participants were 100 percent vested in their accrued benefits on this date, and no further benefits may be earned. Only years of service and compensation earned prior to December 31, 2014 will be included in the retirement benefit. SG U.S. Qualified Retirement Plans Committee (the “Plan Administrator”) controls and manages the operation and administration of the Plan. The Northern Trust Company is the trustee of the plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits — Participants are eligible for a normal retirement pension after attainment of age 65. In general, normal retirement benefits shall be equal to the amount computed in accordance with the following benefit accrual formula:

- For participants in the SG Pension Plan prior to the merger of the SG US Operations Pension Plan into the SG Pension Plan: 0.7% of the latest five-year average participant earnings multiplied by the participant’s years of service after satisfying the eligibility requirement.
- For participants in the SG US Operations Pension Plan prior to the merger into the SG Pension Plan, the greater of (A) or (B):

(A) The gross benefit less the offset benefit as defined below:

- (1) Gross Benefit: 2% of the latest five-year average participant earnings multiplied by years of service, not greater than 30 years.
- (2) Offset Benefit: 0.65% of the participant’s latest three-year average earnings not in excess of Covered Compensation, as defined in the Plan Document, multiplied by years of service not greater than 30 years.

(B) The sum of the participant’s accrued benefit as defined in the Plan as of December 31, 1988, and the benefits computed under (A) above but based on years of service after December 31, 1988.

For all participants:

- Participants become 100% vested after five years of service.
- The Plan provides for early retirement at age 55 provided the participant has five years of vesting service at the time of retirement. The early retirement benefit provides the same benefit as at normal retirement reduced by 4% for each year commencement of payment precedes normal retirement. For participants in the SG US Operations Pension Plan prior to merger, the gross benefit is reduced by 4% for each year of commencement of payment precedes normal retirement. An alternative percentage may be applied to the offset benefit in accordance with government regulations.
- Participants may elect to receive the value of their accumulated plan benefits as (a) a life annuity payable monthly from retirement (normal form of payment for an unmarried participant), (b) an actuarially equivalent benefit providing the participant with a reduced retirement benefit commencing on the retirement date, with fifty percent of such reduced retirement benefit to be continued during the lifetime of his or her spouse upon the participant's death (normal form of payment for a married participant).
- Participants have a third option, (c) an actuarially equivalent benefit providing the participant with a reduced retirement benefit commencing on the retirement date, with fifty percent, seventy-five percent, or one hundred percent of such reduced retirement benefit to be continued during the lifetime of his or her specified beneficiary upon the participant's death, or a fourth option (d) a period certain life annuity which allows payment over a ten, fifteen, or twenty year period.
- Participants also have the option (e) to elect to receive their benefits as a lump sum. This is a one-time option only available upon termination or retirement from active status.

Disability Benefits — A participant who becomes disabled will continue to accrue pension benefits based upon compensation at the time disability begins as long as the participant continues his employment with the employer. If the participant remains disabled, pension benefits will be payable at normal retirement or an unreduced benefit may be payable at any month after age 55, but prior to age 65 provided the participant has five years of vesting service.

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 — Although it has not expressed any intention 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 plan 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 Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. The PBGC guarantees most vested normal age retirement benefits, early retirement

benefits, and certain disability and survivors' 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 accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates — The preparation of financial statements in conformity with GAAP requires Plan 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 and changes therein at the date of the financial statements. Actual results could differ from those estimates. Significant estimates reflected in the Plan's financial statements includes the actuarial present value of accumulated plan benefits.

Risks and Uncertainties — The Plan utilizes various investments that, in general, are exposed to various risks such as interest rate risk, credit risk, and overall market volatility. In addition, the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to such risks and uncertainties, it is at least reasonably possible that changes in these estimates and assumptions in the near-term may be material and may affect the amounts reported in the financial statements.

Contributions — Contributions to provide benefits under the Plan are made solely by the Company and based on amounts as determined by the Plan's independent actuary in such a manner that there is never an accumulated funding deficiency at the end of a plan year.

Investment Valuation and Income Recognition — Investments are stated at fair value. 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. The Plan's investments in collective investment trust funds are fair valued using net asset value ("NAV") as practical expedient. The net asset value of the collective trust funds is primarily driven by the fair value of the underlying liquid instruments. The realized gains and losses resulting from the sales of securities are calculated as the selling price less the carrying value of the investment and are included in net appreciation (depreciation) of fair value of investments on the statements of changes in net assets available for benefits. Purchases and sales of mutual funds are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Administrative Expenses — Administrative expenses for actuarial services and all record keeping services are paid by the Plan. PBGC premiums are also paid by the Plan. The Plan Sponsor pays certain expenses on behalf of the Plan including accounting, auditing and legal fees.

Payment of Benefits — Benefit payments to participants are recorded upon distribution.

3. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to contribute amounts at least sufficient to meet the funding requirements set forth in Pension Protection Act (PPA) of 2006 and no more than the maximum deductible amount. The Company made no contributions for the years ended December 31, 2024 and 2023, respectively, as no contributions were required.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by participants as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) present participants or their beneficiaries. 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2024 recognized in the present value of accumulated plan benefits. The actuarial present value of accumulated plan benefits presented in the accompanying financial statements at December 31, 2024 and 2023 are presented using beginning of year benefit information date. The actuarial present value of accumulated plan benefits below is measured as of January 1, 2024, which is a proxy for December 31, 2023.

	2024
Vested benefits:	
Active Participants	44,852,762
Inactive participants with deferred benefits	96,693,187
Inactive participants with receiving benefits	105,250,227
Total vested benefits	<u>246,796,176</u>
Nonvested benefits	613,820
Total actuarial present value of accumulated plan benefits	<u>247,409,996</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended January 1, 2024, are as follows:

Actuarial present value of accumulated plan benefits — January 1, 2023	\$ 246,539,260
Increase/(decrease) during the year attributable to:	
Benefits accumulated and (gains) losses	2,080,160
Interest due to the decrease in the discount period	12,173,803
Benefits paid	(12,733,805)
Change in actuarial assumptions	<u>(649,422)</u>
Net - Increase	\$ 870,736
 Actuarial present value of accumulated plan benefits — January 1, 2024	 <u>\$ 247,409,996</u>

The Plan shows an increase in the actuarial present value of accumulated plan benefits of \$870,736. Changes in actuarial assumptions are totaling a decrease of \$649,422 as of the valuation date of January 1, 2024. The significant actuarial assumptions used in the January 1, 2024 and 2023, valuations were:

- For purposes of calculating the minimum funding requirements: 2024 PPA, separate static annuitant and non-annuitant mortality table for the January 1, 2024 valuation and 2023 PPA, separate static annuitant and non-annuitant mortality table for the January 1, 2023 valuation.
- For purposes of calculating the actuarial present value of accumulated plan benefits: For 2024, the mortality assumption was the separate annuitant and non-annuitant Pri-2012 mortality tables for males and females and generational mortality improvements projected using the MP-2021 scale, with an adjustment for white collar workers. For 2023, the mortality assumption was the separate annuitant and non-annuitant Pri-2012 mortality tables for males and females with generational mortality improvements projected using the MP-2021 scale, with an adjustment for white collar workers.
- Lump sum payments are calculated using the three segment interest rates, under the Internal Revenue Code (IRC) 417(e) and the Internal Revenue Service (IRS)-mandated mortality table in effect at the time the lump sum is made. For 2024, lump sums (for those assumed to elect that form of payment at termination or retirement) were calculated using the segment rates in effect for December 2023: 5.01% for the first 5 years, 5.13% for the next 15 years and 5.15% thereafter. For 2023, the segment rates were the rates in effect for December 2022 of 4.84% for the first 5 years, 5.15% for the next 15 years and 4.85% thereafter. For 2024, the mortality basis was the IRS table for 2025 lump sums with future mortality projected using the MP-2021 scale. For 2023, the mortality basis was the IRS table for 2024 lump sums with future mortality projected using the MP-2021 scale.
- Retirement age: For 2024: 8% at ages 55 to 61, 10% at ages 62 to 64, 35% at ages 65 to 69, and 100% at age 70. For 2023: 2% at ages 55 to 59, 5% at ages 60 to 61, 10% at ages 62 to 64, 25% at ages 65, 20% at ages 66 to 69, and 100% at age 70. Such change in significant actuarial assumptions, along with changes in withdrawal rates, active form of payment, and benefit commencement age decreased the actuarial present value of accumulated plan benefits excluding non-interest rate related items by \$(3,719,720).
- Investment return for 2024: 4.95%, for 2023: 5.08%. Such change in significant actuarial assumptions increased the actuarial present value of accumulated plan benefits excluding non-interest rate related items by \$3,565,596.

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

5. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the unaudited information regarding the Plan as of December 31, 2024 and 2023, and for the years then ended included in the Plan's financial statements, footnotes and supplemental schedules, that was prepared by or derived from information prepared by the Trustee and furnished to the Plan Sponsor. The Plan Sponsor has obtained certifications from the Trustee that such information is complete and accurate.

The fair values of investments at December 31, 2024 and 2023, are as follows:

Statements of Net Assets Available for Benefits	2024	2023
Investments at fair value	\$ 225,509,818	\$ 245,341,044
 Statement of Changes in Net Assets Available for Benefits		
Investment income:		
Dividends and Interest	\$ 86,717	\$ 40,490
Net appreciation/(depreciation) in fair value of investments	(5,393,230)	19,357,587

The Trustee holds the Plan's investment assets and executes investment transactions. All investment information disclosed in the accompanying financial statements, footnotes and supplemental schedule were obtained or derived from the information supplied to the Plan Administrator and certified as complete and accurate by the Trustee, excluding the leveling and classification of investments.

6. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820, Fair Value Measurements, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. A review of the fair value hierarchy classification is conducted on an annual basis. Changes in the observability of valuation inputs may result in a reclassification.

In accordance with the ASC 820-10, the following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measure at fair value on a recurring basis at December 31, 2024 and 2023.

Refer to Note 2 for a summary of the Plan’s investment valuation accounting policies. There were no transfers in or out of Level 1, Level 2 or Level 3 during the years ended December 31, 2024 and 2023.

In accordance with the ASC 820-10, the table below includes the major categorization of the Plan’s investments measured at fair value, on a recurring basis, based on the nature and risk of the investments at December 31, 2024 and 2023.

	Fair Value Measurements at December 31, 2024, Using			
	Unadjusted			
	Quoted Prices in	Significant	Significant	
	Active Markets	Other	Significant	
	for Identical	Observable	Unobservable	
	Assets	Inputs	Inputs	
	(Level 1)	(Level 2)	(Level 3)	Total
Investments measured at NAV:				
Collective Investment Funds - Short-term Funds	\$	\$	\$	\$ 1,062,626
Collective Investment Funds - Common Stocks				190,530,610
Collective Investment Funds - Corporate Bonds.				<u>33,916,583</u>
Total Assets	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 225,509,818</u>

	Fair Value Measurements at December 31, 2023, Using			
	Unadjusted			
	Quoted Prices in	Significant	Significant	
	Active Markets	Other	Significant	
	for Identical	Observable	Unobservable	
	Assets	Inputs	Inputs	
	(Level 1)	(Level 2)	(Level 3)	Total
Investments measured at NAV:				
Collective Investment Funds - Short-term Funds	\$	\$	\$	\$ 1,080,609
Collective Investment Funds - Common Stocks				218,501,042
Collective Investment Funds - Corporate Bonds.				<u>25,759,393</u>
Total Assets	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$ 245,341,044</u>

Collective Investment Trust Funds – Valued at the net asset value of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is driven primarily based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay

withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

7. NET ASSET VALUE

The following table for December 31, 2024 & 2023, sets forth a summary of the Plan's investments with a reported NAV.

Fair Value Measurements Using Net Asset Value at December 31, 2024

	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Collective Investment Funds - Short-term Funds:					
NORTHERN TRUST - COLLECTIVE SHORT-TERM FUNDS	\$ 1,062,626	\$ -	Daily	None	None
Collective Investment Funds - Common Stocks:					
CF 410 MERCER US LARGE CAP CORE PASSIVE EQUITY PORT	9,753,444	-	Daily	None	None
CF MERCER ACTIVE INTER CR FIXED INCOME PORT	44,491,774	-	Daily	None	None
CF MERCER ACTIVE LONG CORP INV PORTFOLIO	94,145,321	-	Daily	None	None
CF MERCER LONG DURATION PASSIVE FIXED INC CT	22,854,219	-	Daily	None	None
CF MERCER ULTRA LONG DURATION PORTFOLIO	5,155,588	-	Daily	None	None
CF SSGA RUSSELL SMID CAP COMP INDEX - CMZ1	2,552,760	-	Daily	None	None
CF STATE STREET ACWI EX US IMI INDEX - CMLH1	11,577,503	-	Daily	None	None
Collective Investment Funds - Corporate Bonds:					
CF 630 MERCER LONG STRIPS FIXED INCOME PORTFOLIO	33,916,583	-	Daily	None	None
Total Assets	<u>\$ 225,509,818</u>	<u>\$ -</u>			

* The fair values of the investments have been estimated using the net asset value of the investment.

Fair Value Measurements Using Net Asset Value at December 31, 2023

	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Collective Investment Funds - Short-term Funds:					
NORTHERN TRUST - COLLECTIVE SHORT-TERM FUNDS	\$ 1,080,609	\$ -	Daily	None	None
Collective Investment Funds - Common Stocks:					
CF 410 MERCER US LARGE CAP CORE PASSIVE EQUITY PORT	9,933,609	-	Daily	None	None
CF MERCER ACTIVE INTER CR FIXED INCOME PORT	51,994,320	-	Daily	None	None
CF MERCER ACTIVE LONG CORP INV PORTFOLIO	91,264,057	-	Daily	None	None
CF MERCER LONG DURATION PASSIVE FIXED INC CT	37,132,726	-	Daily	None	None
CF MERCER ULTRA LONG DURATION PORTFOLIO	13,353,433	-	Daily	None	None
CF SSGA RUSSELL SMID CAP COMP INDEX - CMZ1	2,591,441	-	Daily	None	None
CF STATE STREET ACWI EX US IMI INDEX - CMLH1	12,231,455	-	Daily	None	None
Collective Investment Funds - Corporate Bonds:					
CF 630 MERCER LONG STRIPS FIXED INCOME PORTFOLIO	25,759,393	-	Daily	None	None
Total Assets	<u>\$ 245,341,044</u>	<u>\$ -</u>			

* The fair values of the investments have been estimated using the net asset value of the investment.

8. RELATED PARTY AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Investments managed by the Trustee, qualify as party-in-interest transactions. Trustee and advisory fees paid by the Plan during December 2024 and 2023 for the year ended amounted to \$1,026 and \$967 respectively and are recorded as administrative expenses that were paid directly to the Trustee by the Plan. Fees paid for management services were included as a reduction of the return earned on the fund.

Certain officers and employees of the Company (who may also be participants in the Plan) perform administrative services related to the operation, record keeping and financial reporting of the Plan. The Company pays these individuals' salaries and also pays other administrative expenses on behalf of the Plan, including auditing fees. Certain fees, to the extent not paid by the Company, are paid by the Plan and are included in administrative expenses.

The related-party transactions are not deemed prohibited party-in-interest transactions, because they are covered by statutory or administrative exemptions from the IRS and ERISA's rules on prohibited transactions.

9. FEDERAL INCOME TAX STATUS

The IRS determined and informed the Company by a letter dated August 18, 2017, that the Plan and related trust are designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. All of the Plan's filings are subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

10. SUBSEQUENT EVENTS

There were no subsequent events through October 15, 2025, the date the financial statements were available to be issued, that would require recognition or disclosure in the financial statements.

* * * * *

SUPPLEMENTAL SCHEDULES

SG PENSION PLAN

EIN 52-1128875

PN 003

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2024

Identity of Issuer	Description of Asset	Number of Shares	Cost	Current Value
CF 410 MERCER US LARGE CAP CORE PASSIVE EQUITY PORT	Funds - Common Stock	139,554	\$ 5,977,553	\$ 9,753,444
CF MERCER ACTIVE INTER CR FIXED INCOME PORT	Funds - Common Stock	4,311,218	40,727,310	44,491,774
CF MERCER ACTIVE LONG CORP INV PORTFOLIO	Funds - Common Stock	5,370,526	90,726,545	94,145,321
CF MERCER LONG DURATION PASSIVE FIXED INC CT	Funds - Common Stock	1,235,363	23,876,141	22,854,219
CF MERCER ULTRA LONG DURATION PORTFOLIO	Funds - Common Stock	1,586,335	7,598,479	5,155,588
CF SSGA RUSSELL SMID CAP COMP INDEX - CMZ1	Funds - Common Stock	25,272	2,131,562	2,552,760
CF STATE STREET ACWI EX US IMI INDEX - CMLH1	Funds - Common Stock	599,374	10,661,769	11,577,503
CF 630 MERCER LONG STRIPS FIXED INCOME PORTFOLIO	Funds - Corporate Bond	3,475,060	49,070,156	33,916,583
* NT COLLECTIVE SHORT TERM INVT FD	Funds - Short Term Investment	1,062,626	1,062,626	1,062,626
Total investments			\$ 231,832,140	\$ 225,509,818

* Represents party-in-interest.

SG PENSION PLAN

EIN 52-1128875
PN 003

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

Identity of Party Involved	Description of assets	Acquisition price	Disposition price	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net Gain (Loss)
Series of Transactions in excess of 5%:							
	Funds - Common Stock	\$ 5,149,689		\$ -	\$ 5,149,689	\$ 5,149,689	
	Funds - Common Stock		\$ 15,215,078	\$ -	\$ 13,988,538	\$ 15,215,078	\$ 1,226,540
	Funds - Common Stock	\$ 10,630,872		\$ -	\$ 10,630,872	\$ 10,630,872	
	Funds - Common Stock		\$ 5,603,749	\$ -	\$ 5,356,153	\$ 5,603,749	\$ 247,596
	Funds - Common Stock	\$ 12,638,757		\$ -	\$ 12,638,757	\$ 12,638,757	
	Funds - Common Stock		\$ 25,493,833	\$ -	\$ 25,903,720	\$ 25,493,833	\$ (409,888)
	Funds - Corporate Bond	\$ 23,556,707		\$ -	\$ 23,556,707	\$ 23,556,707	
	Funds - Corporate Bond		\$ 10,716,543	\$ -	\$ 13,983,264	\$ 10,716,543	\$ (3,266,721)
* NT COLLECTIVE SHORT TERM INVT FD	Funds - Short Term Investment	\$ 12,585,039		\$ -	\$ 12,585,039	\$ 12,585,039	
* NT COLLECTIVE SHORT TERM INVT FD	Funds - Short Term Investment		\$ 12,618,401	\$ -	\$ 12,618,401	\$ 12,618,401	\$ -

* Represents party-in-interest.

SG PENSION PLAN

EIN 52-1128875
PN 003

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

Identity of Party Involved	Description of assets	Acquisition price	Disposition price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net Gain (Loss)
Single Transactions in excess of 5%:							
CF 630 MERCER LONG STRIPS FIXED INCOME PORTFOLIO	Funds - Corporate Bond	\$ 20,300,984		\$ -	\$ 20,300,984	\$ 20,300,984	
CF MERCER LONG DURATION PASSIVE FIXED INC CT	Funds - Common Stock		\$ 21,674,625	\$ -	\$ 22,243,792	\$ 21,674,625	\$ (569,167)

* Represents party-in-interest.

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

Attained age	Years of credited service ¹										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		4									4
35–39	1	29	4								34
40–44	1	32	20	5							58
45–49		23	18	11	16						68
50–54	1	18	24	13	18	2	1				77
55–59	1	18	15	7	30	4	6	2			83
60–64		13	16	7	21	1	2	3	1		64
65–69		3	7	3	10		1				24
70 & up		1	1								2
Total	4	141	105	46	95	7	10	5	1		414

In each cell, the number shown is the count of active participants for each age/service combination.

¹ Credited service is as of the plan freeze date of December 31, 2014.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	<u>Stabilized rates</u>	<u>Nonstabilized Rates</u>
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%
– Rationale	Assumptions prescribed by IRS; selected by the plan sponsor, including discount rate relief provisions under the American Rescue Plan Act of 2021 (ARPA)	
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.	
• Disabled participants	Same as for healthy participants	
– Rationale	Assumptions prescribed by IRS and selected by the plan sponsor	
Other economic assumptions		
• Expected investment return	4.95% for 2024, 5.08% for 2023, 2.60% for 2022	
– Rationale	The expected investment return is based on the median simulated investment returns using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current asset mix, net of an adjustment for investment expenses assumed to be paid from plan assets.	
• Expenses	\$550,000 added to current year normal cost	
– Rationale	Expenses are assumed to be the same as the prior year's administrative expenses paid from plan assets, net of investment expenses, adjusted if material for this purpose for expected changes in the current year.	
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.	
• Actuarial equivalence basis for late retirement factors	Late retirement factors are calculated using the interest rates and mortality tables used for valuation purposes.	

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

Demographic assumptions				
•	Withdrawal	See table of sample rates.		
•	Disability incidence	None		
•	Retirement age	Attained age	Rate	
		55-61	8%	
		62-64	10%	
		65-69	35%	
		70	100%	
—	Rationale	Withdrawal and retirement rates are based on an experience study undertaken in 2023 using data from 2018-2023 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.		
•	Benefit commencement age for			
—	Future vested deferred	65		
—	Current vested deferred	65		
—	Rationale	The benefit commencement age is based on an experience study undertaken in 2023 using data from 2018-2023; future assumed commencement ages were updated to reflect the actual experience.		
•	Spouse assumptions	Male participants	Female participants	
—	Percentage married	80%	80%	
—	Spouse age difference	3 years younger	3 years older	
•	Missing spousal data	For retirees who elect a joint and survivor form of payment, 10% of future beneficiaries are assumed to die prior to receiving benefits.		
—	Rationale	Based on an analysis of plan experience		
	Form of payment	Lump sum	Single life	50% J&S
•	Active retirements	85%	5%	5%
•	Future vested deferred	85%	5%	5%
•	Future deaths	0%	0%	100%
•	Current vested deferred	0%	40%	30%
—	Rationale	Form of payment assumption is based on an experience study undertaken in 2023 using data from 2018-2023; future form of payment elections were updated to reflect the actual experience.		
	Unpredictable contingent event assumptions	N/A		

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

ATTAINED AGE	WITHDRAWAL UNISEX
30	21.96%
35	15.66%
40	12.42%
45	10.98%
50	10.08%
54	8.28%

Actuarial Methods for Funding**Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

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

Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

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

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

Under Rev. Proc. 2017-57, automatic approval of the methods used upon merger of the U.S. Operations Plan into the SG Pension Plan effective December 31, 2018 applied.

SG PENSION PLAN

EIN 52-1128875
PN 003

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

Identity of Party Involved	Description of assets	Acquisition price	Disposition price	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net Gain (Loss)
Series of Transactions in excess of 5%:							
	Funds - Common Stock	\$ 5,149,689		\$ -	\$ 5,149,689	\$ 5,149,689	
	Funds - Common Stock		\$ 15,215,078	\$ -	\$ 13,988,538	\$ 15,215,078	\$ 1,226,540
	Funds - Common Stock	\$ 10,630,872		\$ -	\$ 10,630,872	\$ 10,630,872	
	Funds - Common Stock		\$ 5,603,749	\$ -	\$ 5,356,153	\$ 5,603,749	\$ 247,596
	Funds - Common Stock	\$ 12,638,757		\$ -	\$ 12,638,757	\$ 12,638,757	
	Funds - Common Stock		\$ 25,493,833	\$ -	\$ 25,903,720	\$ 25,493,833	\$ (409,888)
	Funds - Corporate Bond	\$ 23,556,707		\$ -	\$ 23,556,707	\$ 23,556,707	
	Funds - Corporate Bond		\$ 10,716,543	\$ -	\$ 13,983,264	\$ 10,716,543	\$ (3,266,721)
* NT COLLECTIVE SHORT TERM INVT FD	Funds - Short Term Investment	\$ 12,585,039		\$ -	\$ 12,585,039	\$ 12,585,039	
* NT COLLECTIVE SHORT TERM INVT FD	Funds - Short Term Investment		\$ 12,618,401	\$ -	\$ 12,618,401	\$ 12,618,401	\$ -

* Represents party-in-interest.

SG PENSION PLAN

EIN 52-1128875
PN 003

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

Identity of Party Involved	Description of assets	Acquisition price	Disposition price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net Gain (Loss)
Single Transactions in excess of 5%:							
CF 630 MERCER LONG STRIPS FIXED INCOME PORTFOLIO	Funds - Corporate Bond	\$ 20,300,984		\$ -	\$ 20,300,984	\$ 20,300,984	
CF MERCER LONG DURATION PASSIVE FIXED INC CT	Funds - Common Stock		\$ 21,674,625	\$ -	\$ 22,243,792	\$ 21,674,625	\$ (569,167)

* Represents party-in-interest.

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
---	--	--


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 SG PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOCIETE GENERALE	D Employer Identification Number (EIN) 52-1128875	
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	244,851,335	
b Actuarial value	2b	269,336,468	
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	601	99,546,534	99,546,534
b For terminated vested participants	1,078	86,127,036	86,127,036
c For active participants	414	42,105,332	42,781,767
d Total	2,093	227,778,902	228,455,337
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		5.18%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		550,000
c Target normal cost	6c		550,000

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

SIGN HERE	 Signature of actuary	<u>9/29/25</u> Date
	MOSHE KATZ Type or print name of actuary	2308605 Most recent enrollment number
	MERCER Firm name	212-345-4541 Telephone number (including area code)
	1166 AVENUE OF THE AMERICAS NEW YORK NY 10036 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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.04</u> %	0	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>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	117.89 %
15	Adjusted funding target attainment percentage	15	117.89 %
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	114.05 %
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 type="checkbox"/> Yes <input checked="" 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 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	550,000	
b Excess assets, if applicable, but not greater than line 31a	31b	550,000	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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 SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	8.0%	1,000	80	4,400
56	8.0%	920	74	4,122
57	8.0%	846	68	3,860
58	8.0%	779	62	3,613
59	8.0%	716	57	3,381
60	8.0%	659	53	3,164
61	8.0%	606	49	2,959
62	10.0%	558	56	3,459
63	10.0%	502	50	3,163
64	10.0%	452	45	2,892
65	35.0%	407	142	9,252
66	35.0%	264	93	6,106
67	35.0%	172	60	4,029
68	35.0%	112	39	2,658
69	35.0%	73	25	1,753
70	100.0%	47	47	3,303
Total			1,000	62,113
Average				62.11

Schedule SB, Part V — Summary of Plan Provision

Summary of major plan provisions – SG Pension Plan

Effective date and plan year	Original plan: January 1, 1999 Restated plan: January 1, 2016 Plan year: Calendar year
Status of the plan	The plan was frozen as of December 31, 2014 for participation and benefit accruals. As of December 31, 2017, the Societe Generale U.S. Operations Plan was merged into the SG Pension Plan. The plan provisions for each of the component plans prior to merger did not change.
Significant events that occurred during the year	None
Definitions	
• Earnings	Earnings include salary, overtime, bonus, commissions and other incentive compensation, subject to IRS limits under Section 401(a)(17).
• Accrued benefit	0.7% of five year average earnings multiplied by years of service after satisfying the eligibility requirement, but not more than the IRS maximum. Years of service and earnings are frozen as of December 31, 2014.
• Participation	Employees become participants on attaining age 21 and completing 1 year of service, but not earlier than the effective date. Participation is frozen as of December 31, 2014. No person may become a participant after that date.
• Employee contributions	The company pays the full cost of benefits under the plan.
• Credited service	Number of full and fractional years from date of hire, no later than December 31, 2014.
Normal retirement	
• Eligibility	An employee eligible for a normal retirement pension after attainment of age 65.
• Benefit	Accrued benefit
Early retirement	
• Eligibility	Early retirement is permitted at age 55 provided the employee has 5 years of service at the time of retirement.
• Benefit	The same benefit as at normal retirement but based on service and salary to his earlier retirement date. The benefit is reduced by 4% for each year commencement of payment precedes normal retirement.
Late retirement	
• Eligibility	After age 65.
• Benefit	Accrued benefit
Deferred vested	
• Eligibility	An employee is 100% vested in his accrued benefit if he has completed at least 5 years of service.
• Benefit	The benefit is reduced by 4% for each year commencement of payment precedes normal retirement.

Schedule SB, Part V — Summary of Plan Provision

Disability	
• Benefit	An employee who becomes disabled will continue to accrue pension benefits based on compensation at the time disability begins through termination. If the employee remains disabled, a full pension will be payable at normal retirement. Years of service and earnings are frozen as of December 31, 2014.
Death	
• Benefit	A married participant who is vested is covered by the pre-retirement joint and survivor annuity benefit. Such benefit provides that the first day of the month coincident with or next following his date of death, but no earlier than the date he would have been eligible to retire early, shall be regarded as his retirement date and payment of the surviving spouse's retirement benefit shall be made during the life of the deceased married participant's spouse, assuming he would have retired on his date of death and elected a 50% joint and survivor annuity.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	50% Joint and Survivor Annuity
• Optional forms	Other forms are available on actuarial equivalent basis: <ul style="list-style-type: none"> • 100% Joint and Survivor Annuity • 75% Joint and Survivor Annuity • 10 Years Certain and Life • 15 Years Certain and Life • 20 Years Certain and Life • Lump sum (one-time option only available upon termination from active status)
• Optional form conversion factors	Interest rate of 7.00% and the mortality table used to determine lump sums as described in Rev. Ruling 2001-62, except for lump sums that are based on IRC Section 417(e) mortality and segment interest rates.
Lump sum window	
• 2014 lump sum window	Certain vested participants who terminated employment before January 1, 2014 and whose benefit has a present value greater than \$5,000 were offered a limited time opportunity to elect to receive their retirement benefit as a lump sum on December 1, 2014.
• 2015 lump sum window	Certain vested participants who terminated employment during 2014 and whose benefit has a present value greater than \$5,000 were offered a limited time opportunity to elect to receive their retirement benefit as a lump sum on November 1, 2015.

Schedule SB, Part V — Summary of Plan Provision**Summary of major plan provisions – Operations Plan**

Definitions	
• Earnings	Earnings include salary, overtime, bonus, commissions and other incentive compensation, subject to IRS limits under Section 401(a)(17).
• Accrued benefit	<p>The greater of (A) or (B), but not more than IRS maximum:</p> <p>(A) The gross benefit less the offset benefit as defined below:</p> <p>(1) <u>Gross Benefit</u> – Two percent of five-year average earnings multiplied by years of service, not greater than 30 years.</p> <p>(2) <u>Offset Benefit</u> – .65% of the participant's three-year average earnings not in excess of covered compensation multiplied by years of service not greater than 30 years.</p> <p>(B) The sum of the participant's accrued benefit as of December 31, 1988 and the benefits computed under (A) above based on years of service after December 31, 1988.</p> <p>Years of service, earnings and covered compensation are frozen as of December 31, 2014.</p>
• Participation	Employees of Societe Generale hired prior to December 31, 1998 were eligible to become participants on attaining age 21 and completing 1 year of service. Employees hired between January 1, 1996 and December 31, 1998 have a frozen benefit in this plan for the period from their hire date through December 31, 1998 and starting with January 1, 1999 became eligible to participate in the SG Pension Plan instead. Employees of Cowen & Company immediately prior to July 1, 1998 are not eligible to participate in the plan.
• Employee contributions	The company pays the full cost of benefits under the plan.
• Credited service	Number of full and fractional years from date of hire, no later than December 31, 2014.
Normal retirement	
• Eligibility	An employee eligible for a normal retirement pension after attainment of age 65.
• Benefit	Accrued benefit
Early retirement	
• Eligibility	Early retirement is permitted at age 55 provided the employee has 5 years of service at the time of retirement.
• Benefit	The same benefit as at normal retirement but based on service and salary to his earlier retirement date. The Gross Benefit is reduced by 4% for each year commencement of payment precedes normal retirement while the Offset Benefit is reduced by the statutory requirement (i.e., the Offset factor at ages 55 through 64 are: 0.316%, 0.344%, 0.375%, 0.4%, 0.425%, 0.45%, 0.475%, 0.5%, 0.55% and 0.6%).
Late retirement	
• Eligibility	After age 65.
• Benefit	Accrued benefit
Deferred vested	

Schedule SB, Part V — Summary of Plan Provision

• Eligibility	An employee is 100% vested in his accrued benefit if he has completed at least 5 years of service.
• Benefit	Same as Early, Normal, or Late Retirement Benefit, based on date of commencement.
Disability	
• Benefit	An employee who becomes disabled will continue to accrue pension benefits based on compensation at the time disability begins through their termination date. If the employee remains disabled, a full, unreduced pension will be payable at normal retirement. Years of service, earnings and covered compensation are frozen as of December 31, 2014.
Pre- retirement death	
• Benefit	A married participant who is vested is covered by the pre-retirement joint and survivor annuity benefit. Such benefit provides that the first day of the month coincident with or next following his date of death, but no earlier than the date he would have been eligible to retire early, shall be regarded as his retirement date and payment of the surviving spouse's retirement benefit shall be made during the life of the deceased married participant's spouse, assuming he would have retired on his date of death and elected a 50% joint and survivor annuity.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	50% Joint and Survivor Annuity

Schedule SB, Part V — Summary of Plan Provision

• Optional forms	Other forms are available on actuarial equivalent basis: <ul style="list-style-type: none"> • 100% Joint and Survivor Annuity • 75% Joint and Survivor Annuity • 10 Years Certain and Life • 15 Years Certain and Life • 20 Years Certain and Life • Lump sum (one-time option only available upon termination from active status)
• Optional form conversion factors	Interest rate of 7.00% and the mortality table used to determine lump sums as described in Rev. Ruling 2001-62, except for lump sums, which are based on IRC Section 417(e) mortality and segment interest rates.
Lump sum window	
• 2014 lump sum window	Certain vested participants who terminated before January 1, 2014 and whose benefit has a present value greater than \$5,000 were offered a limited time opportunity to elect to receive their retirement benefit as a lump sum on December 1, 2014.
• 2015 lump sum window	Certain vested participants who terminated during 2014 and whose benefit has a present value greater than \$5,000 were offered a limited time opportunity to elect to receive their retirement benefit as a lump sum on November 1, 2015.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated January 1, 2016 and amended December 31, 2017 are included in this valuation:

- **Most recent plan amendments included:** All amendments adopted and effective as of the valuation date are reflected in this valuation.
- **Plan amendments excluded:** None
- **Late retirement increases:** This valuation includes late retirement actuarial increases for deferred vested participants over the age of 65. Suspension of benefits notices are provided for active participants who work beyond age 65.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provision

Plan Provisions Specific to Funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - Plan amendments: See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

None

SG PENSION PLAN

**EIN 52-1128875
PN 003**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

Identity of Issuer	Description of Asset	Number of Shares	Cost	Current Value
CF 410 MERCER US LARGE CAP CORE PASSIVE EQUITY PORT	Funds - Common Stock	139,554	\$ 5,977,553	\$ 9,753,444
CF MERCER ACTIVE INTER CR FIXED INCOME PORT	Funds - Common Stock	4,311,218	40,727,310	44,491,774
CF MERCER ACTIVE LONG CORP INV PORTFOLIO	Funds - Common Stock	5,370,526	90,726,545	94,145,321
CF MERCER LONG DURATION PASSIVE FIXED INC CT	Funds - Common Stock	1,235,363	23,876,141	22,854,219
CF MERCER ULTRA LONG DURATION PORTFOLIO	Funds - Common Stock	1,586,335	7,598,479	5,155,588
CF SSGA RUSSELL SMID CAP COMP INDEX - CMZ1	Funds - Common Stock	25,272	2,131,562	2,552,760
CF STATE STREET ACWI EX US IMI INDEX - CMLH1	Funds - Common Stock	599,374	10,661,769	11,577,503
CF 630 MERCER LONG STRIPS FIXED INCOME PORTFOLIO	Funds - Corporate Bond	3,475,060	49,070,156	33,916,583
* NT COLLECTIVE SHORT TERM INVT FD	Funds - Short Term Investment	1,062,626	1,062,626	1,062,626
Total investments			\$ 231,832,140	\$ 225,509,818

* Represents party-in-interest.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expense component of normal cost was updated to \$550,000 as compared to \$600,000 for 2023 to reflect expectations for the current plan year.
- The withdrawal rates, retirement rates, active form of payment, and benefit commencement age assumptions were updated as the result of an experience study performed in 2023.
- The actuarial equivalence basis for late retirement factors was updated to use the interest rates and mortality tables used for valuation purposes.