

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

Part I	Annual Report Identification Information
---------------	---

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

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

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

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

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

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

Part II	Basic Plan Information—enter all requested information
----------------	---

1a Name of plan <u>ESSILORLUXOTTICA PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ESSILORLUXOTTICA USA INC.</u> <u>12 HARBOR PARK DRIVE</u> <u>PORT WASHINGTON, NY 11050</u>	1c Effective date of plan <u>11/11/1952</u> 2b Employer Identification Number (EIN) <u>86-3625314</u> 2c Plan Sponsor's telephone number <u>866-431-8484</u> 2d Business code (see instructions) <u>446130</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ALISON DALESSANDRO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	16363
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)	4281
	6a(2)	3942
	6b	3233
	6c	7497
	6d	14672
	6e	1275
	6f	15947
	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:
1C 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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 _____
(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>ESSILORLUXOTTICA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ESSILORLUXOTTICA USA INC.</u>	D Employer Identification Number (EIN) <u>86-3625314</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>730371579</u>
	b Actuarial value	2b	<u>777630459</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3642</u>	<u>111201380</u>
	b For terminated vested participants	<u>8440</u>	<u>263413824</u>
	c For active participants	<u>4281</u>	<u>330541630</u>
	d Total	<u>16363</u>	<u>705156834</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>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>16807776</u>
	b Expected plan-related expenses	6b	<u>3200000</u>
	c Target normal cost	6c	<u>20007776</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 <u>LORI A. DEVORE</u> Signature of actuary <u>AON CONSULTING, INC.</u> Firm name <u>8940 LYRA DRIVE</u> <u>SUITE 250</u> <u>COLUMBUS, OH 43240</u> Address of the firm	<u>09/05/2025</u> Date <u>23-05257</u> Most recent enrollment number <u>614-436-8100</u> Telephone number (including area code)
---	--

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 64
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 20007776
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	82589137		7889186	
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 27896962
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	27109894	27109894	
36 Additional cash requirement (line 34 minus line 35)				36 787068
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 13824340
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 13037272
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 13037272
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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

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

A Name of plan ESSILORLUXOTTICA PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ESSILORLUXOTTICA USA INC.	D Employer Identification Number (EIN) 86-3625314	

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

AON COLLECTIVE INVESTMENT TRUST

37-6543784

(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)

AON CONSULTING

44 HUTCHISON AVE
SUITE 900
COLUMBUS, OH 43225

(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 70	ACTUARY	178774	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)

AON INVESTING CONSULTING

200 E. RANDOLPH STREET
LINCOLNSHIRE, IL 60601

(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?
16	CONSULTING	390399	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 18 19	INVESTMENT MANAGER	30554	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" 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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15	ADMINISTRATIVE FEES	682487	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)

US BANK

87-6512663

(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	TRUSTEE	109525	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEATING MUETHING & KLEKAMP PLL

31-0570030

(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?
29	LEGAL	81343	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"/>

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ESSILORLUXOTTICA PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ESSILORLUXOTTICA USA INC.</u>	D Employer Identification Number (EIN) <u>86-3625314</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>SSGA GLOBAL EQUITY INDEX NON-LENDIN</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-205</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>55813116</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA GLOBAL EQUITY EX US INDEX NON-</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>32-6528132-016</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>19807816</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL ALL CAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>90-0337987-232</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>37434144</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>37-6543784-006</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>14744105</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>37-6543784-040</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>528275736</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. INTERMEDIATE CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>37-6543784-038</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>3963274</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. INTERMEDIATE GOVT BOND INDEX F</u>		
b Name of sponsor of entity listed in (a): <u>AON COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>37-6543784-043</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>15676576</u>

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ESSILORLUXOTTICA PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ESSILORLUXOTTICA USA INC.	D Employer Identification Number (EIN) 86-3625314

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		15000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12761148	10019259
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3420	3420
(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)	717566481	698031552
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	40532	33743

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	730371581	723087974
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	730371581	723087974

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)	15000000	
(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)		15000000
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)		
(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)	382738	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		382738
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	36014	
(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)		36014
(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)		18623351
(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)		-1132685
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		32909418

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	37072126	
(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)		37072126
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)	740097	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	420955	
(6) Bank or trust company trustee/custodial fees	2i(6)	109525	
(7) Actuarial fees	2i(7)	121164	
(8) Legal fees	2i(8)	81343	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1647815	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3120899
j Total expenses. Add all expense amounts in column (b) and enter total	2j		40193025

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7283607
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: **PLANTE MORAN, PLLC**

(2) EIN: **33-1498605**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545425.

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 <u>ESSILORLUXOTTICA PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ESSILORLUXOTTICA USA INC.</u>	D Employer Identification Number (EIN) <u>86-3625314</u>	

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	
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): <u>87-6512663</u>		
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	340

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: 16.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 81.0 %
 High-Yield Debt: _____% Real Assets: 2.0 % Cash or Cash Equivalents: 1.0 % 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 _____.

EssilorLuxottica Pension Plan

Financial Report
December 31, 2024

EssilorLuxottica Pension Plan

Contents

Independent Auditor's Report	1-3
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Schedule of Assets Held at End of Year	12
Schedule of Reportable Transactions	13-14

Independent Auditor's Report

To the EssilorLuxottica ERISA Committee
EssilorLuxottica Pension Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended 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 *Auditor's Responsibilities for the Audits of the Financial Statements* section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits 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.

To the EssilorLuxottica ERISA Committee
EssilorLuxottica Pension Plan

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP 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 within one year after the date that the financial statements are issued or 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 that may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 certifications, 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 GAAP.

Accordingly, the objective of the 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 GAAP.

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

To the EssilorLuxottica ERISA Committee
EssilorLuxottica Pension Plan

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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 audit 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).

Plante & Moran, PLLC

Columbus, Ohio
October 7, 2025

EssilorLuxottica Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2024 and 2023	
	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value:		
Money market fund	\$ 10,019,259	\$ 12,761,148
Common/collective trust funds	698,031,552	717,566,481
Limited partnership	3,420	3,420
Total investments	<u>708,054,231</u>	<u>730,331,049</u>
Employer contributions receivable	15,000,000	-
Accrued investment income	<u>33,743</u>	<u>40,532</u>
Net Assets Available for Benefits	<u>\$ 723,087,974</u>	<u>\$ 730,371,581</u>

EssilorLuxottica Pension Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Employer contributions	\$ 15,000,000	\$ -
Investment income:		
Interest and dividends	382,738	413,256
Net realized and unrealized gains on investments	<u>17,526,680</u>	<u>75,260,959</u>
Total additions	32,909,418	75,674,215
Deductions		
Benefits paid directly to participants or beneficiaries	37,072,126	33,836,819
Administrative expenses	<u>3,120,899</u>	<u>3,187,416</u>
Total deductions	<u>40,193,025</u>	<u>37,024,235</u>
Net (Decrease) Increase	(7,283,607)	38,649,980
Net Assets Available for Benefits		
Beginning of year	<u>730,371,581</u>	<u>691,721,601</u>
End of year	<u>\$ 723,087,974</u>	<u>\$ 730,371,581</u>

December 31, 2024 and 2023

Note 1 - Plan Description

The following description of EssilorLuxottica 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 noncontributory defined benefit retirement income plan sponsored by EssilorLuxottica USA, Inc. (the "Company"). The Plan provides for pension benefits to all nonunion employees of the Company and associates in Puerto Rico. The EssilorLuxottica ERISA committee (the "Plan Administrator") controls and manages the operation and administration of the Plan. U.S. Bank National Association serves as the trustee of the Plan and, together with several investment managers, manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

In 2013, the Plan Administrator amended the Plan to disallow new entrants to the Plan effective December 31, 2013. All new associates and rehires whose first day of employment with the Company was on or after January 1, 2014 are not eligible to receive pension credits within the Plan.

Pension Benefits

Participants with three years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. Employees are credited with one year of vesting service for each calendar year in which they complete at least 1,000 hours of service. Pension benefits are provided to participants based upon years of vesting service and compensation. Retirement benefits are paid to pensioners or beneficiaries in various forms, including single life annuities, joint and survivor annuities, and a lump-sum payment option.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, 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.

Risks and Uncertainties

The Plan utilizes various investment securities, including common/collective trusts, a money market fund, and a limited partnership. Investment securities, in general, are exposed to risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments sold.

Expenses

Various administrative costs are paid by the Plan or the Company, as provided in the plan document. The Company provides accounting and other administrative services to the Plan at no charge.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan Administrator has evaluated subsequent events up through and including October 7, 2025, which is the date the financial statements were available to be issued.

Note 3 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in accordance with amounts determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023. The latest actuarial valuation was prepared as of January 1, 2025.

Note 4 - Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments and lump-sum distributions that are attributable, under the Plan's provisions, to services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired participants currently receiving benefits, (2) terminated vested participants, and (3) vested active participants, and, in all cases, the above-listed benefits will be paid to beneficiaries of employees who have died. The actuarial present value of accumulated plan benefits is determined by an independent actuary and represents the amount resulting from applying actuarial assumptions to adjust 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.

	<u>2025</u>	<u>2024</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired participants - Including beneficiaries currently receiving payments	\$ 103,748,136	\$ 107,593,325
Other participants	559,096,199	583,216,760
Total vested benefits	<u>662,844,335</u>	<u>690,810,085</u>
Nonvested benefits	<u>2,569,304</u>	<u>1,715,848</u>
Total actuarial present value of accumulated plan benefits at January 1	<u>\$ 665,413,639</u>	<u>\$ 692,525,933</u>

December 31, 2024 and 2023

Note 4 - Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of the Plan's accumulated plan benefits for the years beginning January 1 are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 692,525,933	\$ 639,434,457
Increase (decrease) due to:		
Benefits accumulated - Net	22,602,153	24,364,380
Interest due to the decrease in the discount period	35,398,209	35,780,870
Benefits paid	(37,072,126)	(33,836,819)
Changes in actuarial assumptions	(48,040,530)	26,783,045
Actuarial present value of accumulated plan benefits - End of year	\$ 665,413,639	\$ 692,525,933

The significant actuarial assumptions used in the January 1, 2025 and 2024 valuations were as follows:

- Actuarial cost method: Standard unit credit
- Mortality: For 2024 and 2023, the Pri-2012 Blue Collar Employee Healthy Annuitant Mortality Table (base year 2012) was used, projected generationally from 2012 with mortality improvement scale MP-2021.
- Weighted-average retirement age: 62
- Investment return: 6.15 percent for 2024 and 5.25 percent for 2023
- Interest crediting rate: 6.30 percent for 2024 and 4.01 percent for 2023
- Retirement: Various retirement ages are assumed, ranging between 55 and 75 for 2024 and 2023.

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.

The changes in actuarial assumptions in the January 1, 2025 valuation were primarily the result of changes in interest rate assumptions, changes in the expected return on plan assets, and changes in the cash balance interest crediting rate.

The changes in actuarial assumptions in the January 1, 2024 valuation were primarily the result of changes in interest rate assumptions, changes in the expected return on plan assets, changes in salary scales, and changes in retirement rates.

Note 5 - Certified Information

U.S. Bank National Association (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions are based solely on information certified by the Trustee.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

December 31, 2024 and 2023

Note 6 - Fair Value Measurements (Continued)

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Plan's investments:

Money Market Fund

The money market fund held by the Plan is valued at quoted prices reported in active markets.

Common/Collective Trust Funds

The common/collective trust funds are valued at the closing NAV of the units held by the Plan at year end based on information reported by the Trustee. There are no redemption restrictions or unfunded commitments on these investments.

Limited Partnership

The limited partnership is valued at the Plan's share of the total partnership's capital as of the most recent audited financial statements at the Plan's year end.

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

December 31, 2024 and 2023

Note 6 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2024				
Investments (at Fair Value)	Level 1	Level 2	Level 3	
Money market fund	\$ 10,019,259	\$ -	\$ -	
Limited partnership	3,420	-	3,420	
Total	10,022,679	\$ 10,019,259	\$ -	\$ 3,420
Investments measured at NAV - Common/collective trust funds	698,031,552			
Total investments at fair value	\$ 708,054,231			

Assets Measured at Fair Value on a Recurring Basis at December 31, 2023				
Investments (at Fair Value)	Level 1	Level 2	Level 3	
Money market fund	\$ 12,761,148	\$ -	\$ -	
Limited partnership	3,420	-	3,420	
Total	12,764,568	\$ 12,761,148	\$ -	\$ 3,420
Investments measured at NAV - Common/collective trust funds	717,566,481			
Total investments at fair value	\$ 730,331,049			

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2024 and 2023.

Note 7 - Exempt Party-in-interest Transactions

Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Company also pays for various administrative fees on behalf of the Plan. Certain plan assets are in investment funds managed by AON Hewitt or its affiliates. AON Hewitt acts as the Plan's actuary, a strategic investment advisor, and ERISA investment manager of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 8 - Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 17, 2015 that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

December 31, 2024 and 2023

Note 8 - Federal Income Tax Status (Continued)

The Plan received written notification from the DOL on July 26, 2023 that the DOL would be conducting an inspection of the Plan's filings from 2021 through 2022. Although the outcome of the DOL's inspection cannot be determined as of the date of this report, the plan sponsor is working diligently to ensure that the Plan is operating in compliance of Title I of ERISA and that it satisfies all DOL inquiries in an efficient and administratively timely manner.

Note 9 - 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 the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and 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 accumulated 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 guarantee, while other benefits may not be provided for at all.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 EssilorLuxottica Pension Plan
 EIN: 86-3625314 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		2	7	12						
30-34		30 \$23,654 \$2,083	82 \$47,559 \$10,940	147 \$76,588 \$29,317	5					
35-39		31 \$19,713 \$3,600	86 \$50,807 \$15,247	256 \$87,055 \$38,036	110 \$88,729 \$62,072	4				
40-44		21 \$20,721 \$3,796	70 \$57,052 \$19,211	264 \$87,388 \$41,458	220 \$90,215 \$71,955	89 \$79,427 \$116,930	11			
45-49		17 \$66,093 \$17,885	48 \$99,863 \$49,004	171 \$94,874 \$80,484	206 \$80,370 \$119,534	114 \$86,485 \$162,550	78	5		
50-54		17 \$70,419 \$22,887	64 \$90,346 \$44,161	183 \$97,945 \$88,092	174 \$76,838 \$130,360	111 \$89,236 \$183,852	110 \$85,699 \$214,182	54	3	
55-59	1	7 \$50,102 \$18,146	44 \$90,912 \$50,761	147 \$96,258 \$86,038	197 \$73,353 \$128,215	58 \$96,575 \$204,724	82 \$90,006 \$237,410	37 \$105,565 \$294,855	46	
60-64		6 \$62,012 \$17,032	49 \$80,033 \$43,799	134 \$84,423 \$75,870	167 \$75,739 \$129,412	57 \$83,745 \$193,229	67 \$96,680 \$283,377	41 \$110,239 \$344,989	46	6
65-69		8 \$49,550 \$10,193	23 \$66,117 \$39,317	41 \$61,480 \$66,321	68 \$55,846 \$117,884	21 \$68,507 \$177,208	24	11	12	
70+		2	10	17	26 \$71,590 \$86,818	10	8	4	1	1

N-4,281

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

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

Interest Rates	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA. Interest rates reflect the American Rescue Plan Act of 2021.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	See Table 1. For 2024, salary increases are assumed to be 1.5% for bonus eligible participants and equal to Table 1 for non-bonus-eligible participants.
Cash Balance Interest Crediting Rate	4.01% for 2023 and 2025+ 6.56% for 2024
Cash Balance Annuity Conversion Rate	Based on underlying segment interest rates.
Optional Payment Form Election Percentage	20% life annuity. 80% lump sum.
Retirement Age	
Active Participants	See Table 2.
Inactive Cash Balance Participants	See Table 4 if eligible for early retirement and see Table 6 if not eligible for early retirement.
Inactive Annuity Participants	See Table 5.
Inactive Participants Eligible for 2021 Lump Sum Window	See Table 5.
Mortality Rates	
Healthy and Disabled	IRS 2024 generational mortality table.
Withdrawal Rates	See Table 7. Commencement age assumed at age 65.
Disability Rates	None.
Decrement Timing	Beginning of year decrements.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

EssilorLuxottica Pension Plan

EIN: 86-3625314 PN: 002

Surviving Spouse Benefit

For Luxottica associates, 100% are assumed to be married. For Cole associates, it is assumed that 85% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses. Deferred widow records for non-cash balance participants beyond age 70 are assumed to be deceased or not due benefits.

Valuation Compensation

2023 pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Expected Return on Assets

2022 Plan Year	4.25%
2023 Plan Year	5.75%
2024 Plan Year	5.25%

Trust Expenses Included in Target Normal Cost

The plan expenses anticipated to be paid from the trust are reflected in the Target Normal Cost, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Table 1

Salary Scale for 25+

Age	Rate
30 and younger	8.20%
30 – 34	6.20%
35 – 39	5.20%
40 – 49	4.20%
50 and older	3.20%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 EssilorLuxottica Pension Plan
 EIN: 86-3625314 PN: 002

Table 2

Retirement Rates — Active Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	7.50%
63	7.50%
64	10.00%
65	25.00%
66	30.00%
67	25.00%
68	20.00%
69	20.00%
70	20.00%
71	25.00%
72	25.00%
73	25.00%
74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 EssilorLuxottica Pension Plan
 EIN: 86-3625314 PN: 002

Table 3

Prior Retirement Rates — Active Participants

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	10.00%
62	17.50%
63	17.50%
64	12.50%
65	20.00%
66	22.50%
67	22.50%
68	22.50%
69	20.00%
70	20.00%
71	25.00%
72	25.00%
73	25.00%
74	25.00%
75+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Table 4

Retirement Rates — Cash Balance Vested Terminated Participants Eligible for Early Retirement

Age	Rate
55	25.00%
56	20.00%
57	12.50%
58	12.50%
59	12.50%
60	12.50%
61	12.50%
62	12.50%
63	15.00%
64	20.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70	35.00%
71+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Table 5

Retirement Rates — Vested Terminated Participants Eligible for 2021 Lump Sum Window and Non-Cash Balance Vested Terminated Participants

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	3.00%
62	5.00%
63	5.00%
64	5.00%
65	33.00%
66	20.00%
67	10.00%
68	10.00%
69	10.00%
70	10.00%
71+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Table 6

Retirement Rates — Cash Balance Vested Terminated Participants Not Eligible for Early Retirement

Age	Rate
65	50.00%
66	50.00%
67	30.00%
68	30.00%
69	30.00%
70	30.00%
71+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 EssilorLuxottica Pension Plan
 EIN: 86-3625314 PN: 002

Table 7

Withdrawal Rates

Age	Rate	Age	Rate
20	30.56%	50	11.26%
21	37.15%	51	10.96%
22	38.94%	52	10.70%
23	38.19%	53	10.20%
24	35.33%	54	8.64%
25	32.39%	55	11.68%
26	29.73%	56	9.00%
27	27.18%	57	8.24%
28	24.76%	58	8.48%
29	22.79%	59	9.08%
30	24.38%	60	8.80%
31	22.88%	61	9.32%
32	21.40%	62	10.24%
33	19.82%	63	10.00%
34	18.50%	64	10.48%
35	17.56%	65+	0.00%
36	16.74%		
37	16.00%		
38	15.16%		
39	14.46%		
40	14.00%		
41	13.44%		
42	13.08%		
43	12.86%		
44	12.66%		
45	12.42%		
46	12.20%		
47	11.96%		
48	11.84%		
49	11.70%		

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 EssilorLuxottica Pension Plan
 EIN: 86-3625314 PN: 002

Table 8

Prior Year Withdrawal Rates

Age	Rate	Age	Rate
20	28.41%	45	13.88%
21	28.41%	46	13.39%
22	28.41%	47	12.91%
23	28.41%	48	12.46%
24	28.41%	49	12.01%
25	28.41%	50	11.59%
26	27.41%	51	11.19%
27	26.45%	52	10.80%
28	25.53%	53	10.41%
29	24.61%	54	10.05%
30	23.75%	55	9.69%
31	22.93%	56	9.36%
32	22.11%	57	9.03%
33	21.30%	58	8.70%
34	20.49%	59	8.40%
35	19.74%	60	8.10%
36	19.38%	61	7.81%
37	18.48%	62	7.53%
38	17.83%	63	7.26%
39	17.20%	64	7.01%
40	16.59%	65+	6.76%
41	16.01%		
42	15.45%		
43	14.90%		
44	14.39%		

EssilorLuxottica Pension Plan

Schedule of Reportable Transactions

**Form 5500, Schedule H, Line 4j
EIN 86-3625314, Plan No. 002
Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
AON Hewitt Long Fixed Active Credit Fund	Common/collective trust fund	\$ 58,000,000	\$ -	\$ 58,000,000	\$ 58,000,000	\$ -
AON Hewitt Long Fixed Active Credit Fund	Common/collective trust fund	58,000,000	-	58,000,000	58,000,000	-
AON Hewitt Long Fixed Active Credit Fund	Common/collective trust fund	48,000,000	-	48,000,000	48,000,000	-
AON Hewitt U.S. Intermediate Credit Fund	Common/collective trust fund	-	58,000,000	57,061,550	58,000,000	938,450
AON Hewitt U.S. Intermediate Credit Fund	Common/collective trust fund	-	58,000,000	57,119,835	58,000,000	880,165
AON Hewitt U.S. Intermediate Credit Fund	Common/collective trust fund	-	48,000,000	47,223,351	48,000,000	776,649
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
AON Hewitt U.S. Long Government Bond Index Fund	Common/collective trust fund:					
	Purchases - 6	25,500,000	-	25,500,000	25,500,000	-
	Sales - 2	-	15,000,000	15,148,720	15,000,000	(148,720)
AON Hewitt U.S. Intermediate Government Bond Index Fund	Common/collective trust fund:					
	Purchases - 2	20,000,000	-	20,000,000	20,000,000	-
	Sales - 7	-	30,000,000	30,175,621	30,000,000	(175,621)

EssilorLuxottica Pension Plan

Schedule of Reportable Transactions (Continued)

**Form 5500, Schedule H, Line 4j
 EIN 86-3625314, Plan No. 002
 Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
AON Hewitt Long Fixed Active Credit Fund	Common/collective trust fund: Purchases - 7	\$ 181,000,000	\$ -	\$ 181,000,000	\$ 181,000,000	\$ -
	Sales - 2	-	18,500,000	18,974,433	18,500,000	(474,433)
AON Hewitt U.S. Intermediate Credit Fund	Common/collective trust fund: Purchases - 2	4,500,000	-	4,500,000	4,500,000	-
	Sales - 8	-	186,000,000	182,063,329	186,000,000	3,936,671
First American Government Obligation Fund Class Z	Money market fund: Purchases - 130	37,569,555	-	37,569,555	37,569,555	-
	Sales - 133	-	40,311,446	40,311,446	40,311,446	-

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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> <hr/> 2024 <hr/> 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 EssilorLuxottica Pension Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EssilorLuxottica USA, Inc.	D Employer Identification Number (EIN) 86-3625314	
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		730,371,579
b Actuarial value.....	2b		777,630,459
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.....	3,642	111,201,380	111,201,380
b For terminated vested participants	8,440	263,413,824	263,413,824
c For active participants.....	4,281	330,541,630	332,091,601
d Total.....	16,363	705,156,834	706,706,805
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		5.17%
6 Target normal cost			
a Present value of current plan year accruals	6a		16,807,776
b Expected plan-related expenses	6b		3,200,000
c Target normal cost	6c		20,007,776

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

SIGN HERE	<u>UAD</u> Signature of actuary	<u>9/5/2025</u> Date
	LORI A. DEVORE Type or print name of actuary	2305257 Most recent enrollment number
	AON CONSULTING, INC. Firm name	614-436-8100 Telephone number (including area code)
	8940 Lyra Drive SUITE 250 COLUMBUS OH 43240 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	165,842,488
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	28,026,893
9	Amount remaining (line 7 minus line 8)	0	137,815,595
10	Interest on line 9 using prior year's actual return of <u>11.39%</u>	0	15,697,196
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>5.26%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	153,512,791

Part III		Funding Percentages	
14	Funding target attainment percentage	14	88.31%
15	Adjusted funding target attainment percentage	15	110.03%
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	87.16%
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
08/15/2025	15,000,000	13,824,340			
Totals ▶			18(b)	15,000,000	18(c) 13,824,340

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	13,824,340

20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	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** 64

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	20,007,776
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	82,589,137	7,889,186
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** 27,896,962

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	27,109,894	27,109,894
36 Additional cash requirement (line 34 minus line 35).....			36 787,068
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 13,824,340

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

a Total (excess, if any, of line 37 over line 36)	38a	13,037,272
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	13,037,272

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

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

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

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

Schedule SB Attachment (Form 5500) – 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.17%	Interest Adjusted Contribution
August 15, 2025	\$ <u>15,000,000</u>	592	\$ <u>13,824,340</u>
Total Contribution	\$ 15,000,000		\$ 13,824,340

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 EssilorLuxottica Pension Plan
 EIN: 86-3625314 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	5.00%	0.7738	2.32
61	5.00%	0.7351	2.24
62	7.50%	0.6983	3.25
63	7.50%	0.6460	3.05
64	10.00%	0.5975	3.82
65	25.00%	0.5378	8.74
66	30.00%	0.4033	7.99
67	25.00%	0.2823	4.73
68	20.00%	0.2117	2.88
69	20.00%	0.1694	2.34
70	20.00%	0.1355	1.90
71	25.00%	0.1084	1.92
72	25.00%	0.0813	1.46
73	25.00%	0.0610	1.11
74	25.00%	0.0457	0.85
75	100.00%	0.0343	2.57
Weighted Average			64.04

Schedule SB Attachment (Form 5500) – 2024 Plan Year

EssilorLuxottica Pension Plan

EIN: 86-3625314 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	15,355,824	14,984,102	11,590,183	41,930,109
2025	16,162,554	12,803,290	11,165,278	40,131,122
2026	16,909,097	13,379,175	10,732,400	41,020,672
2027	18,423,198	14,062,886	10,294,245	42,780,329
2028	18,996,861	14,518,449	9,841,741	43,357,051
2029	20,035,149	14,192,471	9,393,429	43,621,049
2030	19,622,365	14,970,073	8,952,271	43,544,709
2031	19,017,833	15,258,489	8,509,667	42,785,989
2032	20,540,702	15,621,247	8,065,247	44,227,196
2033	19,953,042	16,361,131	7,619,885	43,934,058
2034	20,315,054	17,189,179	7,178,574	44,682,807
2035	23,063,957	17,971,804	6,743,321	47,779,082
2036	20,822,680	19,757,213	6,311,651	46,891,544
2037	23,281,452	18,608,924	5,884,778	47,775,154
2038	22,503,853	18,220,809	5,464,099	46,188,761
2039	24,889,879	18,036,285	5,051,174	47,977,338
2040	22,050,842	18,714,132	4,647,663	45,412,637
2041	23,367,834	18,218,309	4,255,282	45,841,425
2042	20,431,534	19,353,351	3,875,743	43,660,628
2043	26,113,072	18,162,387	3,510,652	47,786,111
2044	23,036,220	17,798,760	3,161,488	43,996,468
2045	24,553,408	17,158,041	2,829,591	44,541,040
2046	20,275,617	17,186,900	2,516,155	39,978,672
2047	23,025,698	16,276,242	2,222,225	41,524,165
2048	21,599,937	15,599,802	1,948,676	39,148,415
2049	21,532,919	14,610,815	1,696,159	37,839,893
2050	18,157,460	14,239,198	1,465,063	33,861,721
2051	16,484,141	12,657,336	1,255,481	30,396,958
2052	15,902,006	11,955,782	1,067,196	28,924,984
2053	13,459,962	10,916,691	899,674	25,276,327
2054	12,309,235	9,835,915	752,103	22,897,253
2055	10,941,030	8,770,058	623,447	20,334,535
2056	10,115,467	7,952,520	512,483	18,580,470
2057	9,364,159	6,985,174	417,847	16,767,180
2058	7,432,286	6,434,656	338,058	14,205,000

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 EssilorLuxottica Pension Plan
 EIN: 86-3625314 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	7,032,996	5,673,991	271,572	12,978,559
2060	5,659,450	4,935,414	216,830	10,811,694
2061	5,289,638	4,356,635	172,296	9,818,569
2062	4,710,757	3,904,822	136,497	8,752,076
2063	4,404,507	3,550,412	108,052	8,062,971
2064	4,105,860	3,238,730	85,705	7,430,295
2065	3,813,331	2,946,405	68,340	6,828,076
2066	3,528,142	2,692,991	54,986	6,276,119
2067	3,250,593	2,456,910	44,815	5,752,318
2068	2,981,123	2,238,577	37,135	5,256,835
2069	2,721,503	2,027,781	31,372	4,780,656
2070	2,471,706	1,833,432	27,065	4,332,203
2071	2,232,946	1,648,890	23,845	3,905,681
2072	2,005,662	1,474,247	21,424	3,501,333
2073	1,790,588	1,309,958	19,582	3,120,128

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

- (1) Original Effective Date: November 11, 1952
- (2) Effective Date of Last Amendment: December 31, 2022
- (3) Plan Year: January 1 to December 31
- (4) Employer Fiscal Year: January 1 to December 31
- (5) Employer ID Number: 86-3625314
- (6) Plan Administrator's ID Number: 36-4300417
- (7) Plan Number: 002
- (8) Plan Administrator: EssilorLuxottica ERISA Committee

Eligibility

All employees of the Employer are eligible to participate in the Plan on the first day of the month following completion of one year of service, but after attainment of age 21. As of January 1, 1998, employees of Avant-Garde Optics, Inc. were eligible to participate in the Plan. As of June 25, 1999, employees of Ray-Ban Sun Optics, Inc. and REVCO, Inc., divisions of Bausch & Lomb, were eligible to participate in the Plan. As of January 1, 2002, employees of SunGlass Hut, Inc. were eligible to participate in the Plan. As of January 1, 2007, employees of Cole National Group, Inc. were eligible to participate in the Plan. Employees of Cole National Group, Inc. must have met the age condition and had worked 1,000 or more hours in 2006 in order to enter on January 1, 2007. Employees hired after December 31, 2013 will not enter the plan. As of January 1, 2023, employees of OPT, LLC were eligible to participate in the Plan. Effective April 1, 2021, the plan is closed to new participants.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Summary of Principal Plan Provisions

Service

Service shall equal total years of service with the Employer. A year of service is credited for each year in which an employee works 1,000 hours. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability during which the participant is being paid directly or indirectly by the Employer,
- (4) Transfer of employment from one participating Employer to another.

An employee will be given credit for his pre break service if either of the following occurs:

- (1) The employee had a vested interest in his Accrued Benefit at the time of his break in service, or
- (2) The employee's period of absence was less than his pre break service or five years, whichever is greater.

Creditable service means the total number of plan years during which an employee worked at least 1,000 hours of service.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65 and the fifth anniversary of participation in the Plan. Effective January 1, 2008, the fifth anniversary of participation is replaced with the third anniversary.

Normal Retirement Benefit

The benefit to be paid in a lump sum amount, which is equal to the value of the employee's cash balance. The cash balance account increases with the interest adjustment and contributions.

The interest adjustment equals the greater of 1) one percent over the 90-day U.S. Treasury Bill established for the fifth calendar month preceding the Plan Year or 2) 4.01 percent per annum and is applied at the end of each calendar-year quarter to the retirement account balance.

For employees hired before January 1, 2006, the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Benefits for participants in the prior AT Cross and OPT plans are frozen.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Vesting Service	Percent of Pay
Less than 5	5.50%
5 but less than 15	7.25%
15 or more	10.00%

For employees hired (or rehired) after January 1, 2006 or employed by Cole National Group, Inc., the contribution is equal to a percentage of compensation based on the participant's years of vesting service as of the last day of the latest Plan Year, as shown in the table below.

Vesting Service	Percent of Pay
Less than 5	4.00%
5 but less than 10	5.00%
10 but less than 15	6.00%
15 but less than 20	8.00%
20 or more	10.00%

For Cole National Group, Inc. employees, only vesting service earned after January 1, 2006 is considered for purposes of determining the Percent of Pay credit.

Employees rehired after December 31, 2013 will not earn pay credits after their rehire date.

The distributable lump sum amount cannot be less than the present value of the participant's 1994 accrued benefit.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. Participants who choose to work beyond their Normal Retirement Date will have their benefits suspended until they actually retire. In such event he will receive at actual retirement or death the cash balance as of the Delayed Retirement date based on interest and contributions at that date. The value of the plan benefit as of the later of Normal Retirement Date and January 1, 2017 is held as a minimum benefit.

Compensation

Compensation equals total cash remuneration (excluding any deferred compensation) plus differentials and commissions. Effective April 1, 2012, compensation attributable to exercised stock options will not be included as pensionable compensation.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date is an amount equal to the vested portion of his cash balance account.

Early Retirement Benefits

Upon the completion of 10 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life equal to the actuarial equivalent normal retirement benefit of his cash balance account reduced by plan factors to the age at his Early Retirement Date.

Any participant with an annuity benefit from the Cole National plan is eligible to retire, in regard to their total plan benefit, upon the completion of 5 years of service and the attainment of age 55.

Any participant with an annuity benefit from the AT Cross plan is eligible to retire, in regard to their total plan benefit, upon the completion of 5 years of service and the attainment of age 62.

Death Benefit

In the event of a vested participant's death, the benefit payable to the spouse or domestic partner, if living, will be a monthly benefit payable for the life of the surviving spouse or domestic partner, actuarially equivalent to the participant's cash balance as of his date of death, or the spouse or domestic partner may receive a one-time payment equal to the participant's cash balance account. If no surviving spouse or domestic partner exists, a single lump sum payment equal to the participant's cash balance account will be payable to the participant's estate.

Severance Benefits

Upon the termination of employment after 3 or more years of service, a participant shall be vested in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Vesting Service	Vested Percentage
Less than 3 years	0%
3 or more	100%

In the event that the participant had met the Service requirement for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Employees who do not work on or after January 1, 2008 are subject to a 5-year vesting schedule.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one half of the reduced benefit to be continued to a spouse or domestic partner after death.
- (2) A reduced benefit to be paid during the participant's lifetime with three-quarters of the reduced benefit to be continued to a spouse or domestic partner after death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to a spouse or domestic partner after death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) A lump sum settlement if retirement eligible. If not eligible for retirement, lump sums are only payable if less than \$5,000.

Participants with a Cole prior plan benefit may also receive a benefit to be paid during the participant's lifetime with two-thirds of the reduced benefit to be continued to a spouse or domestic partner after death.

Participants with an AT Cross prior plan benefit may receive a benefit paid under options (1), (2), (3) or (5) above.

Participants with an OPT prior plan benefit may receive a benefit paid under options (1), (2) or (5) above.

Lump sums for non-cash balance benefits are based on the applicable mortality table and interest rates for the fourth month preceding the Valuation Date. All other Optional Forms of Settlement are actuarially equivalent to the normal form of payment based on the applicable mortality table and the applicable interest rate as prescribed by the Secretary of Treasury as provided in Code Section 417(e) for the fourth month preceding the beginning of the Plan Year containing the distribution. For non-Cole participants the conversion as of March 31, 2021 using the 1971 Group Annuity Mortality Tables blended for 85 percent males and 15 percent females and 7 percent interest will be held as a minimum. For Cole participants the conversion as of March 31, 2021 using the UP-1984 Mortality Tables set back three years for beneficiaries and 7 percent interest will be held as a minimum.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

EssilorLuxottica Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 86-3625314, Plan No. 002
 December 31, 2024

(a)(b) Identity of Issuer/ Description of Investment	(c) Shares	(d) Cost	(e) Current Value
Limited partnership - CHL Medical Partners II LP	3,420	\$ 167,092	\$ 3,420
Money market fund - First American Government Obligation Fund Class Z	10,019,259	10,019,259	10,019,259
Common/collective trust funds:			
SSGA Global Equity Index Non-lending Series Fund Class A FD #CMER1	1,191,137	23,906,383	55,813,116
SSGA Global Equity EX U.S. Index Non-lending Series Fund Class A FD #ZVQN4	1,392,367	14,024,494	19,807,816
SSGA Russell All Cap Index Non-lending Series Fund Class A FD #CMCW1	394,717	12,119,125	37,434,144
*AON Hewitt Global Real Estate Fund	971,925	12,102,802	14,744,105
*AON Hewitt Long Fixed Active Credit Fund	62,296,667	542,084,535	528,275,736
*AON Hewitt U.S. Intermediate Credit Fund	385,532	3,818,373	3,963,274
*AON Hewitt U.S. Intermediate Government Bond Index Fund	1,624,516	15,687,007	15,676,576
*AON Hewitt U.S. Long Government Bond Index Fund	3,525,559	23,846,678	22,316,785
Total common/collective trust funds		<u>647,589,397</u>	<u>698,031,552</u>
Total		<u>\$ 657,775,748</u>	<u>\$ 708,054,231</u>

*Denotes a party in interest

Note - The information in this schedule was certified by U.S. Bank National Association as complete and accurate.

Schedule SB Attachment (Form 5500) – 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 84,079,218	January 1, 2023	14	\$ 8,024,754
Shortfall	\$ (1,490,081)	January 1, 2024	15	\$ (135,568)

Schedule SB Attachment (Form 5500) — 2024 Plan Year
EssilorLuxottica Pension Plan
EIN: 86-3625314 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The expected return on assets was changed from 5.75% to 5.25%.
- A change in the cash balance interest crediting rate from 5.75% to 6.56% for 2024 only.
- A change in the retirement rates for active participants from the rates in Table 3 to the rates in Table 2.
- A change in the retirement rates for inactive participants that were eligible for the 2021 lump sum window to the rates in Table 5. The rates were previously assumed to be 0% for ages prior to 65 and the rates in Table 5 for ages 65 and after.
- A change in the withdrawal rates from the rates in Table 8 to the rates in Table 7. The commencement age for future terminated vested participants was changed from the participant's early retirement age to age 65.
- A change in the election percentage for non-cash balance participants from 35% single life annuity and 65% lump sum to 20% life annuity and 80% lump sum.

Rationale for Assumptions

The rationales for selecting the assumptions, including changes in assumptions not mandated or set by a reporting standard, are described in more detail in the document entitled "Actuarial Assumptions Review" dated December 2023.