

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: FUJITSU GROUP WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 04/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): FUJITSU NORTH AMERICA, INC.
2b Employer Identification Number (EIN): 46-4314843
2c Plan Sponsor's telephone number: 408-746-6000
2d Business code (see instructions): 423600

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1941
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)	1848
	6a(2)	1724
	6b	49
	6c	58
	6d	1831
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>6</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan FUJITSU GROUP WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 FUJITSU NORTH AMERICA, INC.		D Employer Identification Number (EIN) 46-4314843

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4331852	62825	174002	3	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1030
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan FUJITSU GROUP WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FUJITSU NORTH AMERICA, INC.</p>	<p>D Employer Identification Number (EIN) 46-4314843</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL SERVICE ASSOCIATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
99-0040115	49948	74987	2	01/01/2024	12/31/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	8796
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan FUJITSU GROUP WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 FUJITSU NORTH AMERICA, INC.		D Employer Identification Number (EIN) 46-4314843

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	116466	31	01/01/2024	12/31/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	290638
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	15786
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan FUJITSU GROUP WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 FUJITSU NORTH AMERICA, INC.		D Employer Identification Number (EIN) 46-4314843

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	8189	61	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	557623
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan FUJITSU GROUP WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 FUJITSU NORTH AMERICA, INC.	D Employer Identification Number (EIN) 46-4314843	

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

1 Coverage Information:

(a) Name of insurance carrier
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL36992	1516	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 34264	(b) Total amount of fees paid 47236
---	--

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

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

WILLIS TOWERS WATSON MIDWEST, INC. **233 SOUTH WACKER DRIVE**
SUITE 2000
CHICAGO, IL 60606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47236	47236	OVERRIDE	3

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

WILLIS TOWERS WATSON NORTHEAST INC. **200 LIBERTY STREET, FLOOR 3**
NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34264			3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	978983
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan FUJITSU GROUP WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 FUJITSU NORTH AMERICA, INC.	D Employer Identification Number (EIN) 46-4314843	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

ANTHEM BL. CR. LF AND HLTH INS. CO.

95-4331852

(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?
12 13 15 49 50 62	CONTRACT ADMNSTRTR	1239303	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)

EMPYREAN BENEFIT SOLUTIONS, INC.

20-3029813

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMNSTRTR	213722	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)

DELTA DENTAL OF CALIFORNIA

94-1461312

(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?
12 13 50	CONTRACT ADMNSTRTR	94265	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	79385	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)

FNAI ADMIN SVCS

46-4314843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMNSTRTR	53903	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)

HEALTH EQUITY

52-2383166

(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?
14 50	CONTRACT ADMNSTRTR	51895	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VISION SERVICE PLAN

94-1632821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMNSTRTR	36108	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)

HEALTH ADVOCATE

3043 WALTON ROAD
SUITE 150
PLYMOUTH MEETING, PA 19462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMNSTRTR	22992	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)

OG LAW

92-3715595

(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?
14 50	ATTORNEY	16463	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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 50	TRUSTEE	9893	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)

ALIGHT SOLUTIONS LLC

36-2235791

(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 50	CONSULTANT	8432	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	MOSS ADAMS. LLP	b EIN:	91-0189318
c Position:	AUDITOR		
d Address:	635 CAMPBELL TECHNOLOGY PARKWAY CAMPBELL, CA 95008	e Telephone:	408-558-7300

Explanation: MOSS ADDAMS, LLP MERGED WITH BAKER TIILY US, LLP ON JUNE 3,2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FUJITSU GROUP WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 FUJITSU NORTH AMERICA, INC.	D Employer Identification Number (EIN) 46-4314843

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9643	6453
(2) Participant contributions	1b(2)	10928	21308
(3) Other	1b(3)	175632	144408
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3122757	3969568
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	3318960	4141737
Liabilities			
g Benefit claims payable.....	1g	2344000	1980000
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2344000	1980000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	974960	2161737

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)	22232577	
(B) Participants.....	2a(1)(B)	7319330	
(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)		29551907
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	74896	
(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)		74896
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		364000
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		29990803

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	25119264	
(2) To insurance carriers for the provision of benefits	2e(2)	1853720	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26972984
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)	1831042	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1831042
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		28804026

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1186777
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

*Report of Independent Auditors and
Financial Statements with
Supplemental Schedules*

Fujitsu Group Welfare Benefit Plan

December 31, 2024 and 2023

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Report of Independent Auditors

The Plan Administrator and Participants
Fujitsu Group Welfare Benefit Plan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Fujitsu Group Welfare Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and 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 Fujitsu Group Welfare Benefit Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from 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 9 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 Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (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).

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Fujitsu Group Welfare Benefit Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Fujitsu Group Welfare Benefit 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 Fujitsu Group Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor'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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Campbell, California

October 13, 2025

Financial Statements

Fujitsu Group Welfare Benefit Plan
Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Benefit obligations:		
Claims payable and claims incurred but not reported	<u>\$ 1,980,000</u>	<u>\$ 2,344,000</u>
Assets:		
Investment, at fair value:		
Interest-bearing cash	3,969,568	3,122,757
Receivables:		
Contributions:		
Employer's	6,453	9,643
Participants'	21,308	10,928
Other	16,777	13
Stop-loss reimbursement	<u>127,631</u>	<u>175,619</u>
Total receivables	<u>172,169</u>	<u>196,203</u>
Net assets available for benefits	<u>4,141,737</u>	<u>3,318,960</u>
Surplus of net assets available for benefits over benefit obligations	<u>\$ 2,161,737</u>	<u>\$ 974,960</u>

Fujitsu Group Welfare Benefit Plan
Statements of Changes in Benefit Obligations and Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Net change in benefit obligations:		
Change in claims payable and claims incurred but not reported at year-end	\$ (364,000)	\$ (629,000)
Additions to net assets available for benefits:		
Employer's contributions	22,232,577	23,141,078
Participants' contributions	7,319,330	7,087,126
Interest income	74,896	174
Total additions	29,626,803	30,228,378
Deductions from net assets available for benefits:		
Claims paid	25,119,264	27,549,737
Insurance premiums paid	1,853,720	1,807,805
Administrative expenses	1,831,042	1,928,873
Total deductions	28,804,026	31,286,415
Net change in net assets available for benefits	822,777	(1,058,037)
Net change in net assets available for benefits over benefit obligations	1,186,777	(429,037)
Surplus of net assets available for benefits over benefit obligations:		
Beginning of year	974,960	1,403,997
End of year	\$ 2,161,737	\$ 974,960

Fujitsu Group Welfare Benefit Plan

Notes to Financial Statements

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

General – The following description of Fujitsu Group Welfare Benefit Plan (the Plan) provides only general information. Participants should refer to the plan document (Plan Document) for a more complete description of the Plan's provisions.

The Plan is a health and welfare plan adopted by Fujitsu North America, Inc. (the Plan Sponsor). The Plan provides medical, dental, and vision benefits to participants of subsidiaries and affiliates of the Plan Sponsor who elect to participate in the Plan (Participating Companies). The Plan is designed to comply and operate in accordance with the applicable requirements of the Internal Revenue Code (the Code) and the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of accounting – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Accordingly, contributions are recorded as earned. Claim payments are recorded when paid by the third-party claims processors. Claims payable and claims incurred but not reported are included in the statements of benefit obligations and net assets available for benefits.

Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, incurred but not reported claims payable, and claims incurred and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Plan expenses – The Plan Sponsor manages the operation and administration of the Plan. Third-party administrators process claims for the Plan. The Plan Document provides that either the Plan or the Plan Sponsor pay the Plan's administrative expenses, which consist of fees charged by the Plan's contract administrators, and the trustee of the Plan's assets, legal, accounting, and consulting fees. The Plan pays substantially all administrative expenses.

Insured benefits – The Plan offers Health Maintenance Organizations (HMOs) that participants can choose. The Plan fully insures these benefits. The Plan Sponsor purchases annual insurance contracts for these insured benefits. Premiums for all insured benefits are paid from the assets of the trust.

Self-insured benefits – All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan's trust. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Stop-loss arrangements – The Plan Sponsor entered into a stop-loss arrangement with an insurance company. Premiums for stop-loss insurance are included in insurance premiums paid and stop-loss recoveries are netted against claims paid in the accompanying statements of changes in benefit obligations and net assets available for benefits. Stop-loss netted against claims for Plan year 2024 and 2023 are approximately \$1,690,000 and \$491,000, respectively, including receivables of approximately \$128,000 and \$176,000 as of December 31, 2024 and 2023, respectively.

Fujitsu Group Welfare Benefit Plan Notes to Financial Statements

Investment valuation and investment income – The Plan’s investment is valued at cost, which approximates fair value. Purchases and sales in this investment are recorded on a trade-date basis. Interest income is recorded when earned.

Income taxes – The trust has obtained a favorable tax exemption letter dated March 16, 1988, from the Internal Revenue Service (IRS) stating that the trust is tax-exempt under Section 501(a) of the Code as a Voluntary Employee Beneficiary Association. The Plan believes that the trust, as amended on July 29, 1991, continues to operate in conformity with the Code and ERISA. As a result of the Plan’s funding policy, from time to time, it may be subject to income taxes. No federal or California unrelated business income taxes were incurred for the years ended December 31, 2024 and 2023.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. No uncertain positions have been identified that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2024 and 2023. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

Subsequent events – The Plan has evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued.

NOTE 2 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities the Plan has the ability to access.

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

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

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

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

Fujitsu Group Welfare Benefit Plan

Notes to Financial Statements

The Plan's assets are invested in the U.S. Bank Money Market Fund at December 31, 2024 and 2023, which is valued at the net asset value reported in an active market and considered a Level 1 asset.

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

NOTE 3 – RELATED-PARTY TRANSACTIONS

The Plan's investment is managed by U.S. Bank National Association, the trustee of the Plan. Any purchases and sales of the investment are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 4 – CONTRIBUTIONS AND BENEFIT PAYMENTS

Contributions to the medical, dental, and vision components of the Plan are made by both the Plan Sponsor and the participants. The percentage that participants contribute is dependent on the selected level of health coverage (e.g., number of dependents). Contributions are determined annually based on actual claims filed by participants and administrative costs. Participating Companies will make periodic payments sufficient to meet current benefits and administrative expenses of the Plan to the extent such benefits and expenses exceed participant contributions. Any deficit in the Plan's net assets over benefit obligations is funded by the Participating Companies on a pay-as-you-go basis. The Plan's accounting policy is to record claims when submitted to the Plan by the claims processor for reimbursement. As a result of this policy, claims paid by the claims processor prior to year-end that are not reimbursed by the Plan are recorded as a component of benefit obligations.

NOTE 5 – PARTICIPATION

All full-time employees, except those who normally work less than 20 hours per week, and covered dependents, are eligible to participate in the medical, dental, and vision benefits of the Plan.

Participation as an active employee automatically terminates at the end of the month for the following events (whichever comes first): participant ceases to be an eligible employee, participant ceases contributions to the Plan, plan termination, or death of the participant. Participation in certain portions of the Plan may continue for a former participating employee and/or his/her dependent(s) if a qualifying event within the meaning of the Consolidated Omnibus Budget Reconciliation Act (COBRA) has occurred and the employee or dependent has elected coverage.

NOTE 6 – PREMIUMS PAID

Certain benefits under the Plan are covered by HMOs and stop-loss insurance as described in Note 1, in exchange for payment of insurance premiums.

NOTE 7 – BENEFIT OBLIGATIONS

Plan benefit obligations for health claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles. The reserve estimates reflect the enrolled population as of December 31, 2024 and 2023. The actuary did not assume any further increases or decreases in enrollment.

For the years ended December 31, 2024 and 2023, the actuary used the completion factor method which uses past payment lag patterns to estimate the incurred claim amount for each month. The load for margin and fluctuations was assumed at 0.0% for the years ended December 31, 2024 and 2023.

The cost trend assumptions were 5% for medical, prescription, and vision claims and 3% for dental claims for the years ended December 31, 2024 and 2023.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan's benefit obligations are reported based on certain assumptions pertaining to historical trends and projections, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9 – CERTIFIED INVESTMENT INFORMATION

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association, a qualified institution:

- Investment reflected on the accompanying statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023.
- Interest income reflected on the accompanying statements of changes in benefit obligations and net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investment reflected on the schedule of assets (held at end of year) as of December 31, 2024.
- Schedule of reportable transactions for the year ended December 31, 2024.

Fujitsu Group Welfare Benefit Plan

Notes to Financial Statements

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits	\$ 4,141,737	\$ 3,318,960
Benefit obligations currently payable	<u>(1,980,000)</u>	<u>(2,344,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,161,737</u>	<u>\$ 974,960</u>

The following is a reconciliation of claims paid per the financial statements to the Form 5500 for the year ended December 31:

	<u>2024</u>
Claims paid per the financial statements	\$ 25,119,264
Add: benefit obligations currently payable	1,980,000
Less: benefit obligations payable from prior year	<u>(2,344,000)</u>
Claims paid per the Form 5500	<u>\$ 24,755,264</u>

NOTE 11 – PLAN TERMINATION OR MODIFICATION

The Plan Sponsor intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right to terminate or modify the Plan at any time by resolution of its Plan Sponsor and subject to the provisions of ERISA. Any remaining undistributed funds are to be disposed of for the benefit of covered individuals. In the event that benefits due and payable exceed available funds, the Plan Sponsor or Participating Companies will contribute to the Plan such amounts as may be necessary to ensure continuance of such benefit payments. No assets of the Plan may revert to the Plan Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

**Supplemental Schedules
Required by the Department of Labor**

Fujitsu Group Welfare Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

Plan Sponsor: Fujitsu North America, Inc.
Employer Identification Number: 46-4314843
Plan Number: 502
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
* U.S. Bank Money Market Fund	Interest-Bearing Cash	\$ 3,969,568	\$ 3,969,568	

* Party-in-interest.

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE			3,122,770.39		
		COMPARATIVE VALUE (5%)			156,138.51		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
07/22/2024	B	3,596,681.430	1.0000		- 3,596,681 *	3,596,681	
07/22/2024	S	- 300,719.960	1.0000		300,720 *	300,720	
07/24/2024	S	- 167,522.080	1.0000		167,522 *	167,522	
07/29/2024	S	- 655,574.410	1.0000		655,574 *	655,574	
08/05/2024	S	- 329,648.900	1.0000		329,649 *	329,649	
08/08/2024	B	333,177.800	1.0000		- 333,178 *	333,178	
08/12/2024	B	611,007.520	1.0000		- 611,008 *	611,008	
08/19/2024	S	- 655,034.020	1.0000		655,034 *	655,034	
08/26/2024	B	777,191.860	1.0000		- 777,192 *	777,192	
08/27/2024	S	- 563,363.760	1.0000		563,364 *	563,364	
09/04/2024	S	- 570,431.420	1.0000		570,431 *	570,431	
09/09/2024	S	- 519,815.000	1.0000		519,815 *	519,815	
09/10/2024	B	1,018,191.430	1.0000		- 1,018,191 *	1,018,191	
09/12/2024	B	178,193.480	1.0000		- 178,193 *	178,193	
09/13/2024	B	938,777.990	1.0000		- 938,778 *	938,778	
09/16/2024	S	- 536,322.600	1.0000		536,323 *	536,323	
09/30/2024	S	- 377,203.300	1.0000		377,203 *	377,203	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

<u>DATE</u>	<u>BOUGHT/ SOLD</u>	<u>SHARES/ PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>TRANSACTION COST</u>	<u>REALIZED GAIN/LOSS</u>
12/30/2024	S	- 286,690.440	1.0000		286,690 *	286,690	
Issue: 8AMMF09M5 - US Bank Money Market It&c 3							
01/03/2024	S	- 492,293.170	1.0000		492,293 *	492,293	
01/08/2024	S	- 587,798.720	1.0000		587,799 *	587,799	
01/12/2024	B	1,411,829.360	1.0000		- 1,411,829 *	1,411,829	
01/16/2024	S	- 353,810.470	1.0000		353,810 *	353,810	
01/19/2024	B	826,247.690	1.0000		- 826,248 *	826,248	
01/22/2024	S	- 443,983.500	1.0000		443,984 *	443,984	
01/29/2024	S	- 1,092,406.970	1.0000		1,092,407 *	1,092,407	
02/05/2024	S	- 440,706.960	1.0000		440,707 *	440,707	
02/08/2024	B	1,598,583.200	1.0000		- 1,598,583 *	1,598,583	
02/12/2024	S	- 560,331.930	1.0000		560,332 *	560,332	
02/15/2024	B	865,988.960	1.0000		- 865,989 *	865,989	
02/16/2024	B	180,808.570	1.0000		- 180,809 *	180,809	
02/20/2024	S	- 568,018.270	1.0000		568,018 *	568,018	
02/26/2024	S	- 588,243.220	1.0000		588,243 *	588,243	
02/27/2024	S	- 269,380.070	1.0000		269,380 *	269,380	
03/04/2024	S	- 342,272.840	1.0000		342,273 *	342,273	
03/08/2024	B	170,657.410	1.0000		- 170,657 *	170,657	
03/11/2024	B	880,067.240	1.0000		- 880,067 *	880,067	
03/14/2024	B	816,263.070	1.0000		- 816,263 *	816,263	
03/18/2024	S	- 375,193.930	1.0000		375,194 *	375,194	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

<u>DATE</u>	<u>BOUGHT/ SOLD</u>	<u>SHARES/ PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>TRANSACTION COST</u>	<u>REALIZED GAIN/LOSS</u>
03/20/2024	B	225,248.950	1.0000		- 225,249 *	225,249	
03/25/2024	S	- 196,718.740	1.0000		196,719 *	196,719	
03/27/2024	S	- 200,226.290	1.0000		200,226 *	200,226	
04/01/2024	S	- 284,471.690	1.0000		284,472 *	284,472	
04/08/2024	S	- 589,702.350	1.0000		589,702 *	589,702	
04/09/2024	B	181,900.300	1.0000		- 181,900 *	181,900	
04/09/2024	B	1,091,493.350	1.0000		- 1,091,493 *	1,091,493	
04/11/2024	B	175,619.080	1.0000		- 175,619 *	175,619	
04/15/2024	S	- 943,020.890	1.0000		943,021 *	943,021	
04/19/2024	B	804,726.750	1.0000		- 804,727 *	804,727	
04/22/2024	S	- 422,304.220	1.0000		422,304 *	422,304	
04/29/2024	S	- 284,333.140	1.0000		284,333 *	284,333	
05/06/2024	S	- 345,417.560	1.0000		345,418 *	345,418	
05/08/2024	B	180,601.680	1.0000		- 180,602 *	180,602	
05/13/2024	B	501,586.630	1.0000		- 501,587 *	501,587	
05/16/2024	B	877,735.520	1.0000		- 877,736 *	877,736	
05/20/2024	S	- 934,040.190	1.0000		934,040 *	934,040	
05/24/2024	S	- 179,504.970	1.0000		179,505 *	179,505	
05/28/2024	B	178,227.430	1.0000		- 178,227 *	178,227	
05/29/2024	S	- 795,056.400	1.0000		795,056 *	795,056	
06/03/2024	S	- 802,575.420	1.0000		802,575 *	802,575	
06/10/2024	B	563,071.700	1.0000		- 563,072 *	563,072	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/11/2024	B	363,758.090	1.0000		- 363,758 *	363,758	
06/13/2024	B	866,789.780	1.0000		- 866,790 *	866,790	
06/17/2024	S	- 395,232.290	1.0000		395,232 *	395,232	
06/20/2024	S	- 186,651.810	1.0000		186,652 *	186,652	
07/02/2024	S	- 667,027.920	1.0000		667,028 *	667,028	
07/08/2024	S	- 901,915.310	1.0000		901,915 *	901,915	
07/11/2024	B	1,220,239.380	1.0000		- 1,220,239 *	1,220,239	
07/15/2024	S	- 524,800.490	1.0000		524,800 *	524,800	
07/16/2024	B	963,632.730	1.0000		- 963,633 *	963,633	
07/22/2024	S	- 3,596,681.430	1.0000		3,596,681 *	3,596,681	
GRAND TOTAL				0	58,774,588	58,774,588	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V542 - First Am Treas Ob Fd Cl Z

07/22/2024	B	3,596,681.430	1.0000		- 3,596,681 *	3,596,681	
07/23/2024	B	55,568.350	1.0000		- 55,568	55,568	
07/30/2024	B	39,111.720	1.0000		- 39,112	39,112	
08/02/2024	B	4,168.360	1.0000		- 4,168	4,168	
08/08/2024	B	6,298.340	1.0000		- 6,298	6,298	
08/08/2024	B	333,177.800	1.0000		- 333,178 *	333,178	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/09/2024	B	33,900.920	1.0000		- 33,901	33,901	
08/12/2024	B	611,007.520	1.0000		- 611,008 *	611,008	
08/15/2024	B	17,738.700	1.0000		- 17,739	17,739	
08/15/2024	B	4,282.020	1.0000		- 4,282	4,282	
08/16/2024	B	11,764.510	1.0000		- 11,765	11,765	
08/20/2024	B	79,113.100	1.0000		- 79,113	79,113	
08/26/2024	B	777,191.860	1.0000		- 777,192 *	777,192	
08/29/2024	B	29,373.810	1.0000		- 29,374	29,374	
09/04/2024	B	11,643.920	1.0000		- 11,644	11,644	
09/10/2024	B	1,018,191.430	1.0000		- 1,018,191 *	1,018,191	
09/10/2024	B	28,648.360	1.0000		- 28,648	28,648	
09/11/2024	B	14,815.540	1.0000		- 14,816	14,816	
09/12/2024	B	178,193.480	1.0000		- 178,193 *	178,193	
09/12/2024	B	4,689.160	1.0000		- 4,689	4,689	
09/13/2024	B	938,777.990	1.0000		- 938,778 *	938,778	
09/16/2024	B	26,287.830	1.0000		- 26,288	26,288	
09/18/2024	B	55,446.870	1.0000		- 55,447	55,447	
10/02/2024	B	12,177.080	1.0000		- 12,177	12,177	
10/04/2024	B	193,569.870	1.0000		- 193,570 *	193,570	
10/08/2024	B	182,300.050	1.0000		- 182,300 *	182,300	
10/08/2024	B	1,099,868.300	1.0000		- 1,099,868 *	1,099,868	
10/09/2024	B	8,971.180	1.0000		- 8,971	8,971	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

<u>DATE</u>	<u>BOUGHT/ SOLD</u>	<u>SHARES/ PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>TRANSACTION COST</u>	<u>REALIZED GAIN/LOSS</u>
10/10/2024	B	11,764.510	1.0000		- 11,765	11,765	
10/11/2024	B	112,843.930	1.0000		- 112,844	112,844	
10/17/2024	B	23,234.710	1.0000		- 23,235	23,235	
10/17/2024	B	899,880.030	1.0000		- 899,880 *	899,880	
10/22/2024	B	12,927.450	1.0000		- 12,927	12,927	
10/25/2024	B	5,454.600	1.0000		- 5,455	5,455	
10/29/2024	B	109,958.630	1.0000		- 109,959	109,959	
11/04/2024	B	14,328.490	1.0000		- 14,328	14,328	
11/13/2024	B	1,287,816.860	1.0000		- 1,287,817 *	1,287,817	
11/14/2024	B	1,168,109.170	1.0000		- 1,168,109 *	1,168,109	
11/15/2024	B	63,979.240	1.0000		- 63,979	63,979	
11/19/2024	B	790,054.610	1.0000		- 790,055 *	790,055	
11/20/2024	B	53,434.590	1.0000		- 53,435	53,435	
11/21/2024	B	2,663.510	1.0000		- 2,664	2,664	
11/25/2024	B	10,920.930	1.0000		- 10,921	10,921	
12/03/2024	B	15,719.300	1.0000		- 15,719	15,719	
12/10/2024	B	25,617.870	1.0000		- 25,618	25,618	
12/10/2024	B	519,531.760	1.0000		- 519,532 *	519,532	
12/11/2024	B	797,277.520	1.0000		- 797,278 *	797,278	
12/12/2024	B	11,764.510	1.0000		- 11,765	11,765	
12/18/2024	B	110,056.990	1.0000		- 110,057	110,057	
12/19/2024	B	174,450.550	1.0000		- 174,451 *	174,451	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

<u>DATE</u>	<u>BOUGHT/ SOLD</u>	<u>SHARES/ PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>TRANSACTION COST</u>	<u>REALIZED GAIN/LOSS</u>
12/31/2024	B	48,931.570	1.0000		- 48,932	48,932	
Total For Buys				0	15,643,684	15,643,684	0
07/22/2024	S	- 300,719.960	1.0000		300,720 *	300,720	
07/24/2024	S	- 167,522.080	1.0000		167,522 *	167,522	
07/25/2024	S	- 114,820.160	1.0000		114,820	114,820	
07/26/2024	S	- 2,559.910	1.0000		2,560	2,560	
07/29/2024	S	- 655,574.410	1.0000		655,574 *	655,574	
07/31/2024	S	- 2,411.000	1.0000		2,411	2,411	
08/05/2024	S	- 329,648.900	1.0000		329,649 *	329,649	
08/19/2024	S	- 655,034.020	1.0000		655,034 *	655,034	
08/22/2024	S	- 49,653.550	1.0000		49,654	49,654	
08/27/2024	S	- 563,363.760	1.0000		563,364 *	563,364	
08/30/2024	S	- 1,131.250	1.0000		1,131	1,131	
09/04/2024	S	- 570,431.420	1.0000		570,431 *	570,431	
09/09/2024	S	- 519,815.000	1.0000		519,815 *	519,815	
09/16/2024	S	- 536,322.600	1.0000		536,323 *	536,323	
09/19/2024	S	- 2,768.620	1.0000		2,769	2,769	
09/23/2024	S	- 67,377.340	1.0000		67,377	67,377	
09/25/2024	S	- 153,212.250	1.0000		153,212	153,212	
09/26/2024	S	- 93,712.140	1.0000		93,712	93,712	
09/30/2024	S	- 377,203.300	1.0000		377,203 *	377,203	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/02/2024	S	- 18,375.000	1.0000		18,375	18,375	
10/07/2024	S	- 548,246.010	1.0000		548,246 *	548,246	
10/15/2024	S	- 478,782.430	1.0000		478,782 *	478,782	
10/21/2024	S	- 59,374.450	1.0000		59,374	59,374	
10/23/2024	S	- 37,426.620	1.0000		37,427	37,427	
10/24/2024	S	- 265,916.860	1.0000		265,917 *	265,917	
10/28/2024	S	- 2,318.900	1.0000		2,319	2,319	
10/28/2024	S	- 306,369.580	1.0000		306,370 *	306,370	
10/31/2024	S	- 505.000	1.0000		505	505	
11/04/2024	S	- 604,127.530	1.0000		604,128 *	604,128	
11/08/2024	S	- 44,509.020	1.0000		44,509	44,509	
11/12/2024	S	- 568,821.770	1.0000		568,822 *	568,822	
11/18/2024	S	- 524,328.780	1.0000		524,329 *	524,329	
11/26/2024	S	- 688,011.660	1.0000		688,012 *	688,012	
11/27/2024	S	- 706.000	1.0000		706	706	
12/02/2024	S	- 544,326.550	1.0000		544,327 *	544,327	
12/03/2024	S	- 49,730.570	1.0000		49,731	49,731	
12/12/2024	S	- 71,915.350	1.0000		71,915	71,915	
12/16/2024	S	- 600,753.840	1.0000		600,754 *	600,754	
12/17/2024	S	- 262,951.610	1.0000		262,952 *	262,952	
12/20/2024	S	- 2,296.370	1.0000		2,296	2,296	
12/23/2024	S	- 544,347.170	1.0000		544,347 *	544,347	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/30/2024	S	- 286,690.440	1.0000		286,690 *	286,690	
Total For Sells				0	11,674,114	11,674,114	0
Total First Am Treas Ob Fd Cl Z				0	27,317,798	27,317,798	0

Issue: 8AMMF09M5 - US Bank Money Market It&c 3

01/03/2024	B	12.960	1.0000		- 13	13	
01/12/2024	B	1,411,829.360	1.0000		- 1,411,829 *	1,411,829	
01/16/2024	B	14,822.610	1.0000		- 14,823	14,823	
01/19/2024	B	826,247.690	1.0000		- 826,248 *	826,248	
01/30/2024	B	10,928.460	1.0000		- 10,928	10,928	
02/02/2024	B	12.790	1.0000		- 13	13	
02/06/2024	B	1,414.250	1.0000		- 1,414	1,414	
02/08/2024	B	1,598,583.200	1.0000		- 1,598,583 *	1,598,583	
02/09/2024	B	11,764.480	1.0000		- 11,764	11,764	
02/13/2024	B	8,760.290	1.0000		- 8,760	8,760	
02/14/2024	B	5,685.360	1.0000		- 5,685	5,685	
02/15/2024	B	865,988.960	1.0000		- 865,989 *	865,989	
02/16/2024	B	180,808.570	1.0000		- 180,809 *	180,809	
02/28/2024	B	17,016.560	1.0000		- 17,017	17,017	
03/04/2024	B	12.100	1.0000		- 12	12	
03/08/2024	B	170,657.410	1.0000		- 170,657 *	170,657	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

<u>DATE</u>	<u>BOUGHT/ SOLD</u>	<u>SHARES/ PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>TRANSACTION COST</u>	<u>REALIZED GAIN/LOSS</u>
03/11/2024	B	880,067.240	1.0000		- 880,067 *	880,067	
03/12/2024	B	19,909.330	1.0000		- 19,909	19,909	
03/13/2024	B	11,764.570	1.0000		- 11,765	11,765	
03/14/2024	B	816,263.070	1.0000		- 816,263 *	816,263	
03/15/2024	B	8,426.970	1.0000		- 8,427	8,427	
03/15/2024	B	11,200.740	1.0000		- 11,201	11,201	
03/20/2024	B	11,307.780	1.0000		- 11,308	11,308	
03/20/2024	B	225,248.950	1.0000		- 225,249 *	225,249	
03/28/2024	B	19,776.100	1.0000		- 19,776	19,776	
04/02/2024	B	14.070	1.0000		- 14	14	
04/09/2024	B	181,900.300	1.0000		- 181,900 *	181,900	
04/09/2024	B	1,091,493.350	1.0000		- 1,091,493 *	1,091,493	
04/11/2024	B	38,241.900	1.0000		- 38,242	38,242	
04/11/2024	B	175,619.080	1.0000		- 175,619 *	175,619	
04/12/2024	B	5,746.020	1.0000		- 5,746	5,746	
04/15/2024	B	3,796.320	1.0000		- 3,796	3,796	
04/17/2024	B	55,500.000	1.0000		- 55,500	55,500	
04/18/2024	B	99,715.480	1.0000		- 99,715	99,715	
04/19/2024	B	804,726.750	1.0000		- 804,727 *	804,727	
04/23/2024	B	89,224.730	1.0000		- 89,225	89,225	
05/02/2024	B	14.840	1.0000		- 15	15	
05/08/2024	B	180,601.680	1.0000		- 180,602 *	180,602	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/09/2024	B	11,764.510	1.0000		- 11,765	11,765	
05/10/2024	B	4,282.020	1.0000		- 4,282	4,282	
05/13/2024	B	501,586.630	1.0000		- 501,587 *	501,587	
05/14/2024	B	14,974.720	1.0000		- 14,975	14,975	
05/14/2024	B	17,017.070	1.0000		- 17,017	17,017	
05/15/2024	B	5,454.600	1.0000		- 5,455	5,455	
05/16/2024	B	877,735.520	1.0000		- 877,736 *	877,736	
05/17/2024	B	56,661.890	1.0000		- 56,662	56,662	
05/28/2024	B	178,227.430	1.0000		- 178,227 *	178,227	
05/30/2024	B	18,766.400	1.0000		- 18,766	18,766	
06/04/2024	B	15.060	1.0000		- 15	15	
06/10/2024	B	563,071.700	1.0000		- 563,072 *	563,072	
06/11/2024	B	11,764.510	1.0000		- 11,765	11,765	
06/11/2024	B	363,758.090	1.0000		- 363,758 *	363,758	
06/13/2024	B	25,905.470	1.0000		- 25,905	25,905	
06/13/2024	B	866,789.780	1.0000		- 866,790 *	866,790	
06/14/2024	B	9,736.620	1.0000		- 9,737	9,737	
06/27/2024	B	43,901.210	1.0000		- 43,901	43,901	
07/02/2024	B	12.820	1.0000		- 13	13	
07/10/2024	B	3,883.310	1.0000		- 3,883	3,883	
07/11/2024	B	1,220,239.380	1.0000		- 1,220,239 *	1,220,239	
07/12/2024	B	15,952.560	1.0000		- 15,953	15,953	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/16/2024	B	963,632.730	1.0000		- 963,633 *	963,633	
07/17/2024	B	86,240.080	1.0000		- 86,240	86,240	
07/19/2024	B	14,549.520	1.0000		- 14,550	14,550	
Total For Buys				0	15,731,029	15,731,029	0
01/03/2024	S	- 492,293.170	1.0000		492,293 *	492,293	
01/08/2024	S	- 587,798.720	1.0000		587,799 *	587,799	
01/16/2024	S	- 353,810.470	1.0000		353,810 *	353,810	
01/22/2024	S	- 443,983.500	1.0000		443,984 *	443,984	
01/24/2024	S	- 71,647.330	1.0000		71,647	71,647	
01/25/2024	S	- 5,180.000	1.0000		5,180	5,180	
01/29/2024	S	- 2,423.880	1.0000		2,424	2,424	
01/29/2024	S	- 1,092,406.970	1.0000		1,092,407 *	1,092,407	
01/31/2024	S	- 16,632.810	1.0000		16,633	16,633	
02/05/2024	S	- 440,706.960	1.0000		440,707 *	440,707	
02/12/2024	S	- 560,331.930	1.0000		560,332 *	560,332	
02/20/2024	S	- 568,018.270	1.0000		568,018 *	568,018	
02/26/2024	S	- 588,243.220	1.0000		588,243 *	588,243	
02/27/2024	S	- 269,380.070	1.0000		269,380 *	269,380	
02/29/2024	S	- 894.000	1.0000		894	894	
03/04/2024	S	- 342,272.840	1.0000		342,273 *	342,273	
03/06/2024	S	- 1,770.000	1.0000		1,770	1,770	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

<u>DATE</u>	<u>BOUGHT/ SOLD</u>	<u>SHARES/ PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>TRANSACTION COST</u>	<u>REALIZED GAIN/LOSS</u>
03/18/2024	S	- 375,193.930	1.0000		375,194 *	375,194	
03/21/2024	S	- 86,209.950	1.0000		86,210	86,210	
03/25/2024	S	- 196,718.740	1.0000		196,719 *	196,719	
03/27/2024	S	- 200,226.290	1.0000		200,226 *	200,226	
04/01/2024	S	- 284,471.690	1.0000		284,472 *	284,472	
04/04/2024	S	- 3,946.470	1.0000		3,946	3,946	
04/08/2024	S	- 589,702.350	1.0000		589,702 *	589,702	
04/15/2024	S	- 943,020.890	1.0000		943,021 *	943,021	
04/22/2024	S	- 422,304.220	1.0000		422,304 *	422,304	
04/25/2024	S	- 131,677.170	1.0000		131,677	131,677	
04/26/2024	S	- 2,590.060	1.0000		2,590	2,590	
04/26/2024	S	- 93,567.560	1.0000		93,568	93,568	
04/29/2024	S	- 284,333.140	1.0000		284,333 *	284,333	
05/06/2024	S	- 345,417.560	1.0000		345,418 *	345,418	
05/20/2024	S	- 934,040.190	1.0000		934,040 *	934,040	
05/22/2024	S	- 83.200	1.0000		83	83	
05/24/2024	S	- 179,504.970	1.0000		179,505 *	179,505	
05/29/2024	S	- 795,056.400	1.0000		795,056 *	795,056	
05/31/2024	S	- 660.000	1.0000		660	660	
06/03/2024	S	- 802,575.420	1.0000		802,575 *	802,575	
06/12/2024	S	- 300.000	1.0000		300	300	
06/17/2024	S	- 395,232.290	1.0000		395,232 *	395,232	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2024

<u>DATE</u>	<u>BOUGHT/ SOLD</u>	<u>SHARES/ PAR VALUE</u>	<u>UNIT PRICE</u>	<u>EXPENSE INCURRED</u>	<u>PRINCIPAL CASH</u>	<u>TRANSACTION COST</u>	<u>REALIZED GAIN/LOSS</u>
06/18/2024	S	- 15,742.470	1.0000		15,742	15,742	
06/20/2024	S	- 186,651.810	1.0000		186,652 *	186,652	
06/21/2024	S	- 28,066.300	1.0000		28,066	28,066	
06/25/2024	S	- 19,358.050	1.0000		19,358	19,358	
07/02/2024	S	- 667,027.920	1.0000		667,028 *	667,028	
07/08/2024	S	- 901,915.310	1.0000		901,915 *	901,915	
07/12/2024	S	- 8,914.970	1.0000		8,915	8,915	
07/15/2024	S	- 524,800.490	1.0000		524,800 *	524,800	
07/22/2024	S	- 3,596,681.430	1.0000		3,596,681 *	3,596,681	
Total For Sells				0	18,853,782	18,853,782	0
Total US Bank Money Market It&c 3				0	34,584,811	34,584,811	0
GRAND TOTAL				0	61,902,609	61,902,609	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Plan Name	Fujitsu Group Welfare Benefit Plan
Plan Sponsor EIN	46-4314843
ERISA Plan #	502
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Item 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Item #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements Used in Formulating the IQPA's Opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

Plan Name	Fujitsu Group Welfare Benefit Plan
Plan Sponsor EIN	46-4314843
ERISA Plan #	502
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Item 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Item #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements Used in Formulating the IQPA's Opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X