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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
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|               |   |
|---------------|---|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

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

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

a single-employer plan     a DFE (specify) \_\_\_\_\_

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program

special extension (enter description)

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

|                |   |
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| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b> |
|----------------|---|

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MARINE ACQUISITION CORP.</u><br><br><u>640 NORTH LEWIS ROAD</u><br><u>LIMERICK, PA 19468</u> | <b>1c</b> Effective date of plan<br><u>03/22/2011</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>27-5496404</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>610-382-1411</u><br><br><b>2d</b> Business code (see instructions)<br><u>339900</u> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2025 | NEIL ALLATT  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 397 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 26  |
|   | <b>6a(2)</b>                               | 12  |
|   | <b>6b</b>                                  | 242 |
|   | <b>6c</b>                                  | 95  |
|   | <b>6d</b>                                  | 349 |
|   | <b>6e</b>                                  | 38  |
|   | <b>6f</b>                                  | 387 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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|   |  |  |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

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

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶   | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>MARINE ACQUISITION CORP.</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>27-5496404</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>26266575</u>           |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>27273788</u>           |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>271</u>                 | <u>18110943</u>           |
|          | <b>b</b> For terminated vested participants .....   | <u>99</u>                  | <u>5410596</u>            |
|          | <b>c</b> For active participants .....  | <u>26</u>                  | <u>2404036</u>            |
|          | <b>d</b> Total .....  | <u>396</u>                 | <u>25925575</u>           |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>5.05 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>104592</u>             |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>104592</u>             |

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

|                  |   |   |
|------------------|---|---|
| <b>SIGN HERE</b> |   |   |
|                  | Signature of actuary  | <u>09/24/2025</u><br>Date                                     |
|                  | <u>ANDREW WITTE</u><br>Type or print name of actuary                                | <u>23-05764</u><br>Most recent enrollment number              |
|                  | <u>AON CONSULTING, INC.</u><br>Firm name  | <u>314-725-9966</u><br>Telephone number (including area code) |
|                  | <u>4220 DUNCAN AVE<br/>SUITE 401<br/>ST. LOUIS, MO 63110</u><br>Address of the firm |   |

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 38848                  |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 38848                  |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>16.17</u> % .....  | 0                     | 6282                   |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 0                      |
| <b>b(1)</b>  | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> % ..... |                       | 0                      |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 0                      |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 45130                  |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 104.83 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 104.83 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 101.59 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

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

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|          |  |            |   |
|----------|--|------------|---|
| <b>a</b> | Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> | Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> | Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

|  |                        |                        |   |
|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>  |                        |                        |   |
| <b>21</b> Discount rate:   |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>4.75 % | 2nd segment:<br>4.87 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....   |                        |                        | <b>21b</b> 2  |
| <b>22</b> Weighted average retirement age .....  |                        |                        | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

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

|  |                     |                    |                   |
|--|---------------------|--------------------|-------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |                   |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |                   |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    | <b>31a</b> 104592 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    | <b>31b</b> 104592 |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |                   |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |                   |
| <b>b</b> Waiver amortization installment.....  | 0                   | 0                  |                   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    | <b>33</b>         |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    | <b>34</b> 0       |
|  | Carryover balance   | Prefunding balance | Total balance     |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0                 |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    | <b>36</b> 0       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    | <b>37</b> 0       |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |                   |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    | <b>38a</b> 0      |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    | <b>38b</b> 0      |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    | <b>39</b> 0       |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    | <b>40</b> 0       |

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MARINE ACQUISITION CORP.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>27-5496404</b> |            |

**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

**TRANSAMERICA RETIREMENT SOLUTIONS**

**13-3689044**

**(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

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**(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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                 | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|--|---|--|--|--|---|--|
| 11 12 15 28<br>38 50 59 61<br>62 63 64 | RECORDKEEPER  | 62729  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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 |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ALLSPRING<br>P.O. BOX 219967<br>KANSAS CITY, MO 64121               | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COHEN & STEERS<br>280 PARK AVENUE<br>NEW YORK, NY 10017             | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**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 |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| OAKMARK<br>330 WEST 9TH STREET<br>KANSAS CITY, MO 64105             | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (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.

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN</u>                         | <b>B</b> Three-digit plan number (PN)                              | <u>003</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MARINE ACQUISITION CORP.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-5496404</u> |            |

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

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA COLLECTIVE TRUST FUNDS</u>              |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION</u> |                               |  |
| <b>c</b> EIN-PN <u>04-6784256-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7217936</u> |
|  |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|  |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|  |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|  |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
|  |                               |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |  |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN</b>                          | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MARINE ACQUISITION CORP.</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>27-5496404</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets  | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          | 7091943         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         | 7217936         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 19174632        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 19515161        |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| (1) Employer securities .....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 26266575              | 26733097        |
| <b>Liabilities</b>  |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>   |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 26266575              | 26733097        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 619571     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....  | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate .....   | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 997329    |
| (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) |            | 795922    |
| <b>c</b> Other income .....   | 2c     |            | 48246     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 2461068   |

**Expenses**

|   |        |         |         |
|---|--------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 1892225 |         |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  |         |         |
| (3) Other .....   | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  |         | 1892225 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| <b>h</b> Interest expense .....   | 2h     |         |         |
| <b>i</b> Administrative expenses:   |        |         |         |
| (1) Salaries and allowances .....   | 2i(1)  |         |         |
| (2) Contract administrator fees .....   | 2i(2)  |         |         |
| (3) Recordkeeping fees .....  | 2i(3)  | 62729   |         |
| (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) | 39592   |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |         | 102321  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 1994546 |

**Net Income and Reconciliation**

|   |       |  |        |
|---|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 466522 |
| <b>l</b> 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: **LVBW LLP**

(2) EIN: **22-3736025**

**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  |
|--|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> 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   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |         |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 551305.

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MARINE ACQUISITION CORP.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-5496404</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

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

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-3689044

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

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

|   |  |   |
|---|--|---|
| 3 |  | 0 |
|---|--|---|

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

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

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

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

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# **Marine Acquisition Corp. Retirement Income Plan**

**Financial Statements and Supplemental Schedules  
Years Ended December 31, 2024 and 2023**



# Marine Acquisition Corp. Retirement Income Plan

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## **Independent Auditor's Report**

To the Plan Administrator  
Marine Acquisition Corp. Retirement Income Plan  
Limerick, Pennsylvania

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

We have performed audits of the financial statements of Marine Acquisition Corp. Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

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

- 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); and



- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 Schedule 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and



reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

LVBW LLP

Amherst, New York  
October 14, 2025

# Marine Acquisition Corp. Retirement Income Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | 2024                 | 2023          |
|--|----------------------|---------------|
| <b>Assets</b>                            |                      |               |
| Investments at fair value:               |                      |               |
| Registered investment companies          | \$ 19,515,161        | \$ 19,174,632 |
| Common/collective trust                  | 7,217,936            | 7,091,943     |
| <b>Total Investments</b>                 | <b>26,733,097</b>    | 26,266,575    |
| <b>Net Assets Available for Benefits</b> | <b>\$ 26,733,097</b> | \$ 26,266,575 |

*See accompanying independent auditor's report and notes to financial statements.*

# Marine Acquisition Corp. Retirement Income Plan

## Statements of Changes in Net Assets Available for Benefits

| <i>Years Ended December 31,</i>                       | <b>2024</b>          | <b>2023</b>          |
|---|----------------------|----------------------|
| <b>Additions:</b>                                     |                      |                      |
| <b>Investment income:</b>                             |                      |                      |
| Dividend income                                       | \$ 619,571           | \$ 521,278           |
| Net appreciation in fair value of investments         | 1,735,845            | 3,160,001            |
| <b>Total Investment Income</b>                        | <b>2,355,416</b>     | <b>3,681,279</b>     |
| Other income  | 57,406               | 55,695               |
| Company contributions                                 | 48,246               | 66,972               |
| <b>Total Additions</b>                                | <b>2,461,068</b>     | <b>3,803,946</b>     |
| <b>Deductions:</b>                                    |                      |                      |
| Benefits participants                                 | 1,892,225            | 1,852,342            |
| Administrative expenses                               | 102,321              | 220,780              |
| <b>Total Deductions</b>                               | <b>1,994,546</b>     | <b>2,073,122</b>     |
| <b>Net Increase</b>                                   | <b>466,522</b>       | <b>1,730,824</b>     |
| Net Assets Available For Benefits, beginning of year  | 26,266,575           | 24,535,751           |
| <b>Net Assets Available For Benefits, end of year</b> | <b>\$ 26,733,097</b> | <b>\$ 26,266,575</b> |

*See accompanying independent auditor's report and notes to financial statements.*

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 1. Description of the Plan

The following description of the Marine Acquisition Corp. Retirement Income Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### General

The Plan is a non-contributory defined benefit pension plan established in connection with the acquisition of the Marine division of Teleflex Incorporated by Marine Acquisition Corp. (the Company). The Plan was established to allow the spin off from the Teleflex Incorporated Retirement Income Plan (Teleflex Plan), effective March 22, 2011, of certain retirement benefits of eligible employees and former employees of the Marine division of Teleflex Incorporated. In December 2008, the Teleflex Plan was frozen, except for union employees covered under the union contract, and therefore no additional benefits accrue under this Plan. Prior to December 2008, employees were eligible to participate in the Plan upon attaining age 21 and completion of one year of continuous service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In September 2017, the Company entered into a new union contract with union employees of the Plan. Under the terms of this new contract, the Plan was frozen such that no future service credit will be granted to such employees subsequent to November 1, 2017. In addition, the multiplier applied to years of service to determine the pension benefit was increased to \$38 for union participants retiring after November 1, 2017. There have been no other significant changes to the provisions of the Plan.

The Plan is administered by the Company, who has overall responsibility for the operation and administration of the Plan, including, but not limited to determining rights to benefits, interpreting the Plan documents and directing the Plan's trustee.

#### Funding Policy

Contributions are made by the Company in actuarially determined amounts. The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Company contributed \$48,246 and \$66,972 in 2024 and 2023, respectively and met the minimum funding requirements of ERISA for each of the years then ended.

#### Pension Benefits

Normal retirement age under the Plan is age 65, except for a salaried participant employed as a pilot where the retirement age is 60. A vested participant is eligible for an early retirement pension after age 60 and after completing ten years of service, subject to an actuarially computed reduction in benefits payable if payments to the participant commence prior to the participant's 65th birthday.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 1. Description of the Plan (Continued)

Benefits paid to hourly employees are calculated using monthly stated benefit amounts ranging from \$17.50 to \$38.00, multiplied by the credited years of service. Participants covered under certain union agreements are also provided with a disability benefit, which provides for monthly payments based on credited years of service from the date of disability until normal retirement, at which point such participants would then be eligible for normal retirement benefits under the Plan.

Benefits paid to salaried employees are calculated as the greater of the accrued benefit or the flat-rate benefit. The monthly accrued benefit for each credited year of service is calculated by applying a defined percentage (up to 1.833%) to the average monthly compensation for the prior year. The flat rate benefit is calculated by multiplying \$12 with the credited years of service. In the event of disability after two years of credited service, participants are provided a disability retirement benefit beginning at normal retirement age equal to the greater of the accrued benefit or flat rate benefit the participant would have received had the participant remained employed by the Company during the time of total and permanent disability.

The normal form of payment is a joint and survivor annuity for married participants and a life annuity for single participants. Other forms of benefits are available under the Plan in certain circumstances and are subject to actuarial reductions.

A pre-retirement death benefit is paid to the spouse of both hourly and salary participants if the participant has completed five years of service and his or her pension has not commenced. In the event the participant is not married, no pre-retirement death benefit will be paid.

#### **Vesting**

Participants are 100% vested at normal retirement age if they have completed at least five years of continuous service. Participants shall become fully vested upon completion of five years of service, at age 65 or above, or upon termination of the Plan by the Company.

#### **Forfeitures Accounts**

Forfeited non-vested accounts attributable to company contributions are generally available to be used to offset the Plan's administrative expenses and to reduce future company contributions. Unallocated forfeitures were de minimis to the financial statements as of December 31, 2024 and 2023.

### 2. Summary of Significant Accounting Policies

#### **Basis of Accounting**

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 2. Summary of Significant Accounting Policies (Continued)

#### Investment Valuation and Income Recognition

Investments are reported at fair value in accordance with Accounting Standards Codification (ASU) 820, Fair Value Measurements and Disclosures. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator and trustee determine the appropriateness of the Plan's investment offerings, determine valuation policies using information derived from the trustee and monitor investment performance. See Note 8 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

#### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

#### Administrative Expenses

Certain expenses of administering the Plan and the compensation of the service provider relating to the Plan's accounting and recordkeeping are paid indirectly by the Plan through a "service-based" pricing arrangement with the service provider. Under this arrangement, revenue paid to the service provider by registered investment companies in which the Plan invests is used to pay for Plan services at rates the Company has negotiated with the service provider. The Company pays the balance of the Plan's administrative fees, which are excluded from these financial statements. If and to the extent that the total compensation that the registered investment companies pay the service provider exceeds the service provider's fees, the Plan may use such excess to pay certain Plan expenses (to the extent legally permitted). For the years ended December 31, 2024 and 2023, respectively the Plan received \$54,547 and \$55,695 in excess of amounts used to offset fees owed, which is recorded in other income in the statements of changes in net assets available for benefits.

#### Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date on which the financial statements were available to be issued.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated present value of accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service that employees have rendered to the date the Plan was frozen for benefits. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries.

Benefits for employees are based on years of credited service and, for salary employees, also on compensation during those years. Benefits payable under all circumstances, (i.e. retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

The actuarially computed present value of the accumulated Plan benefits as of January 1, 2024 was as follows:

|  |               |
|--|---------------|
| Vested benefits:   |               |
| Participants currently receiving payments                    | \$ 16,957,207 |
| Vested benefits for other participants                       | 7,269,085     |
| <hr/>  |               |
| Total vested benefits  | 24,226,292    |
| Non-vested benefits  | 48,959        |
| <hr/>  |               |
| Total actuarial present value of accumulated<br>Plan Benefit | \$ 24,275,251 |

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant factors that affected the change in the actuarial present value of accumulated Plan benefits from the preceding to the current benefit information date are as follows:

|   |               |
|---|---------------|
| Actuarial present value of accumulated plan Benefits, January 1, 2023 | \$ 24,651,374 |
| <hr/>   |               |
| Increase during the year attributable to:                             |               |
| Interest accumulation   | 1,426,095     |
| Benefits paid   | (1,792,349)   |
| Other changes   | (9,869)       |
| <hr/>   |               |
| Net Change  | (376,123)     |
| <hr/>   |               |
| Actuarial present value of accumulated plan Benefits, January 1, 2024 | \$ 24,275,251 |

The significant actuarial assumptions used in the valuations were:

- Retirement age assumptions using the graded rates beginning at age 60 through 70, with an average retirement age of 62 for salaried terminated participants. Retirement rates are 0 for hourly employees until age 65.
- Investment returns with assumed average rates of return of 6% for each of the years ended December 31, 2024 and 2023.
- Life expectancy of participants using the IRS Generational 2024 Mortality table.
- 80% of employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

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

### 4. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to provisions set forth in ERISA.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 4. Plan Termination (Continued)

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees (or their beneficiaries) have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

### 5. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank and Trust Company, the Plan's trustee, certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income, as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 5. Information Certified by the Plan's Trustee (Continued)

- Investment information included in the 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, as shown on the ERISA-required supplemental schedules.

At the request of the Plan Administrator, the Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

### 6. Related Party and Party-in-Interest Transactions

Certain Plan assets are in investment funds managed by Transamerica, an affiliate of State Street, who provides administrative services to the Plan. These transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

### 7. Federal Income Tax Status

The Plan is subject to and, in the opinion of the Plan Administrator, is in compliance with specific rules and regulations related to employee benefit plans under the Department of Labor and the IRS. The Plan has received a favorable determination letter from the IRS dated July 1, 2015. As such, the Plan is qualified under applicable sections of the Code and, as a result, is exempt from federal income taxes under Section 501(a) of the Code. The Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has had subsequent amendments, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and that the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been recorded.

Accounting principles generally accepted in the United States of America require 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 Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 8. Fair Value Measurements

Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

**Level 2** Inputs 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;
- 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Shares of Registered Investment Companies - These assets are valued at the daily closing prices, as reported by the fund. Registered investment companies held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The shares of registered investment companies held by the Plan are deemed to be actively traded.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

### 8. Fair Value Measurements (Continued)

Common/Collective Trusts - These assets are valued using the NAV provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments that are traded on an active market.

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

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

| <i>December 31, 2024</i>                   | Fair Value Measurements at Reporting Date Using: |                      |
|--|--|----------------------|
|  | <i>Total</i>                                     | <i>Level 1</i>       |
| Registered investment companies            | \$ 19,515,161                                    | \$ 19,515,161        |
| Common/collective trusts, measured by NAV* | 7,217,936  | -                    |
| <b>Total investments</b>                   | <b>\$ 26,733,097</b>                             | <b>\$ 19,515,161</b> |

| <i>December 31, 2023</i>                   | Fair Value Measurements at Reporting Date Using: |                      |
|--|--|----------------------|
|  | <i>Total</i>                                     | <i>Level 1</i>       |
| Registered investment companies            | \$ 19,174,632                                    | \$ 19,174,632        |
| Common/collective trusts, measured by NAV* | 7,091,943  | -                    |
| <b>Total investments</b>                   | <b>\$ 26,266,575</b>                             | <b>\$ 19,174,632</b> |

\*In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value to the line items presented in the statements of net assets available for benefits.

The Plan is required to provide a 12-month notice to the common/collective trust funds in order to terminate their entire investment interest at the current NAV per share based on the fair value of the underlying assets.

# Marine Acquisition Corp. Retirement Income Plan

## Notes to Financial Statements

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### 9. Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

# Supplemental Schedule



**Marine Acquisition Corp. Retirement Income Plan**  
**Employer Identification Number: 27-5496404**  
**Plan Number: 003**

**Supplemental Schedule**

**Schedule H, Line 4(i) – Schedule of Assets (Held At End of Year)**

December 31, 2024

| (a)  | (b)  | (c)                  | (d)                  | (e) |
|--|--|----------------------|----------------------|-----|
| <i>Identity of Issue, Borrower, Lessor,<br/>or Similar Party</i> | <i>Description of Investment Including<br/>Maturity Date, Rate of Interest,<br/>Collateral, Par, or Maturity Value</i> | <i>Cost</i>          | <i>Current Value</i> |     |
| <b>Registered Investment Companies:</b>                          |  |                      |                      |     |
| All Spring Global Investments                                    | Special Small-Cap Value Inst   | \$ 830,610           | \$ 801,993           |     |
| American Century Investments                                     | Growth R6  | 1,586,858            | 1,871,317            |     |
| American Funds   | EuroPacific Growth R6  | 1,088,875            | 1,069,324            |     |
| BlackRock  | Inflation Protected Bond Instl   | 544,009              | 534,662              |     |
| Cohen & Steers   | Real Estate Securities A   | 646,381              | 668,327              |     |
| Hartford   | International Value R6   | 1,079,912            | 1,069,324            |     |
| PIMCO  | Long Duration Total Return Instl   | 2,541,573            | 2,405,979            |     |
| * Transamerica Retirement Solutions Co.                          | High Yield Bond R4   | 2,120,514            | 2,138,648            |     |
| * Transamerica Retirement Solutions Co.                          | Core Bond R4   | 3,279,581            | 3,207,972            |     |
| Vanguard   | Equity Income Adm  | 1,795,168            | 1,871,317            |     |
| Vanguard   | Explorer Adm   | 801,993              | 801,993              |     |
| Vanguard   | Mid-Cap Index Adm  | 1,180,463            | 1,336,655            |     |
| Vanguard   | REIT Index Adm   | 696,375              | 668,327              |     |
| Vanguard   | Total International Stock Index Adm  | 1,052,363            | 1,069,323            |     |
| <b>Total Registered Investment Companies</b>                     |  | <b>19,244,675</b>    | <b>19,515,161</b>    |     |
| <b>Common/Collective Trusts</b>                                  |  |                      |                      |     |
| * Transamerica Retirement Solutions Co.                          | Stock Index Fund   | 3,855,953            | 4,811,957            |     |
| * Transamerica Retirement Solutions Co.                          | Long Bond Fund   | 2,512,480            | 2,405,979            |     |
| <b>Total Common/Collective Trusts</b>                            |  | <b>6,368,433</b>     | <b>7,217,936</b>     |     |
| <b>Total investments, per Form 5500</b>                          |  | <b>\$ 25,613,108</b> | <b>\$ 26,733,097</b> |     |

\* Denotes a party-in-interest, as defined by ERISA.

**Marine Acquisition Corp. Retirement Income Plan**  
**Employer Identification Number: 27-5496404**  
**Plan Number: 003**

**Supplemental Schedule**

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

Year Ended December 31, 2024

| (a)  | (b)                       | (c)                | (d)                | (e)          | (f)                               | (g)                | (h)  | (i)                |
|--|---------------------------|--------------------|--------------------|--------------|-----------------------------------|--------------------|--|--------------------|
| Identity of Party Involved                       | Description of Asset      | Purchase Price     | Selling Price      | Lease Rental | Expense Incurred With Transaction | Cost of Asset      | Current Value of Asset on Transaction Date | Net Gain (Loss)    |
| <b>Category (iii) – a series of transactions</b> |                           |                    |                    |              |                                   |                    |  |                    |
| * Transamerica Retirement Solutions              | Transamerica Core Bond R4 | \$2,149,743        | \$ -               | \$ -         | \$ -                              | \$ -               | \$2,149,743                                | \$ -               |
| * Transamerica Retirement Solutions              | Transamerica Core Bond R4 | -                  | 2,003,424          | -            | -                                 | 2,022,217          | 2,003,424                                  | (18,974)           |
| <b>Total Category (iii)</b>                      |                           | <b>\$2,149,743</b> | <b>\$2,003,424</b> | <b>\$ -</b>  | <b>\$ -</b>                       | <b>\$2,022,217</b> | <b>\$4,153,167</b>                         | <b>\$ (18,974)</b> |

\* Denotes a party-in-interest, as defined by ERISA.

There were no category (i), (ii), or (iv) reportable transactions.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
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Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants and Average Accrued Benefit

| Attained<br>Age | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           |     |     |       |       |       |       |       |       |     |
| 30-34           |                           |     |     |       |       |       |       |       |       |     |
| 35-39           |                           |     |     |       |       |       |       |       |       |     |
| 40-44           |                           |     |     |       | 1     |       |       |       |       |     |
| 45-49           |                           |     |     |       | 1     |       |       |       |       |     |
| 50-54           |                           |     |     |       |       | 3     | 1     | 1     | 1     |     |
| 55-59           |                           |     |     |       | 1     |       | 1     |       |       |     |
| 60-64           |                           |     |     |       | 2     | 3     | 2     | 2     | 2     |     |
| 65-69           |                           |     |     |       | 3     | 1     |       |       | 1     |     |
| 70+             |                           |     |     |       |       |       |       |       |       |     |

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
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## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### For ERISA Requirements

#### Interest Rates

Based on segment rates with a two-month lookback (as of November 2022), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA

|                  |       |
|------------------|-------|
| 1st Segment Rate | 4.75% |
| 2nd Segment Rate | 4.87% |
| 3rd Segment Rate | 5.59% |

#### Interest Rates for Maximum Tax Purposes

Based on segment rates with a two-month lookback (as of November 2023), without regard to interest rate stabilization

|                  |       |
|------------------|-------|
| 1st Segment Rate | 4.02% |
| 2nd Segment Rate | 4.73% |
| 3rd Segment Rate | 4.75% |

#### Optional Payment Form Election Percentage

##### Salaried

Hired Pre 1/1/1998 100% 5 year certain and life annuity

Hired Post 12/31/1997 100% life annuity

##### Hourly

40% life annuity

60% Joint and 50% Survivor

#### Retirement Age

Active Participants

See Tables 1 – 2.

Terminated Vested Participants

Age 62

#### Mortality Rates

IRS Generational 2024 Mortality Table

#### Withdrawal Rates

See Tables 3 – 4.

#### Disability Rates

See Tables 5 – 6.

#### Decrement Timing

Beginning of year decrements

#### Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
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For ERISA Requirements

**Benefit Limits**

Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

**Valuation of Plan Assets**

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

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market value for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(c)(iii).

**Trust Expenses Included in Target Normal Cost**

\$104,592

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

Table 1

**Retirement Rates – Hourly**

| <b>Age</b> | <b>Years of Service</b> |           |
|------------|-------------------------|-----------|
|            | <b>0 – 4</b>            | <b>5+</b> |
| 55         | 0.00%                   | 0.00%     |
| 56         | 0.00%                   | 0.00%     |
| 57         | 0.00%                   | 0.00%     |
| 58         | 0.00%                   | 0.00%     |
| 59         | 0.00%                   | 0.00%     |
| 60         | 0.00%                   | 0.00%     |
| 61         | 0.00%                   | 0.00%     |
| 62         | 0.00%                   | 0.00%     |
| 63         | 0.00%                   | 0.00%     |
| 64         | 0.00%                   | 0.00%     |
| 65+        | 0.00%                   | 100.00%   |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

Actuarial Assumptions and Methods

Table 2

**Retirement Rates – Salaried**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 59                | 0.00%              |
| 60                | 10.00%             |
| 61                | 10.00%             |
| 62                | 25.00%             |
| 63                | 20.00%             |
| 64                | 15.00%             |
| 65                | 75.00%             |
| 66                | 30.00%             |
| 67                | 40.00%             |
| 68                | 50.00%             |
| 69                | 60.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
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Actuarial Assumptions and Methods

Table 3

**Withdrawal Rates – Hourly**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.00%       | 0.00%         | 45         | 0.60%       | 1.30%         |
| 16         | 0.00%       | 0.00%         | 46         | 0.48%       | 1.16%         |
| 17         | 0.00%       | 0.00%         | 47         | 0.36%       | 1.02%         |
| 18         | 0.00%       | 0.00%         | 48         | 0.24%       | 0.88%         |
| 19         | 0.00%       | 0.00%         | 49         | 0.12%       | 0.74%         |
| 20         | 7.40%       | 12.40%        | 50         | 0.00%       | 0.60%         |
| 21         | 6.90%       | 11.40%        | 51         | 0.00%       | 0.48%         |
| 22         | 6.40%       | 10.40%        | 52         | 0.00%       | 0.36%         |
| 23         | 5.90%       | 9.40%         | 53         | 0.00%       | 0.24%         |
| 24         | 5.40%       | 8.40%         | 54         | 0.00%       | 0.12%         |
| 25         | 4.90%       | 7.40%         | 55+        | 0.00%       | 0.00%         |
| 26         | 4.60%       | 6.90%         |            |             |               |
| 27         | 4.30%       | 6.40%         |            |             |               |
| 28         | 4.00%       | 5.90%         |            |             |               |
| 29         | 3.70%       | 5.40%         |            |             |               |
| 30         | 3.40%       | 4.90%         |            |             |               |
| 31         | 3.18%       | 4.60%         |            |             |               |
| 32         | 2.96%       | 4.30%         |            |             |               |
| 33         | 2.74%       | 4.00%         |            |             |               |
| 34         | 2.52%       | 3.70%         |            |             |               |
| 35         | 2.30%       | 3.40%         |            |             |               |
| 36         | 2.10%       | 3.18%         |            |             |               |
| 37         | 1.90%       | 2.96%         |            |             |               |
| 38         | 1.70%       | 2.74%         |            |             |               |
| 39         | 1.50%       | 2.52%         |            |             |               |
| 40         | 1.30%       | 2.30%         |            |             |               |
| 41         | 1.16%       | 2.10%         |            |             |               |
| 42         | 1.02%       | 1.90%         |            |             |               |
| 43         | 0.88%       | 1.70%         |            |             |               |
| 44         | 0.74%       | 1.50%         |            |             |               |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

Actuarial Assumptions and Methods

Table 4 – Page 1 of 4

Withdrawal Rates – Salaried

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5      |
| 15  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 16  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 17  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 18  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 19  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 20  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 21  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 22  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 23  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 24  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 25  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 26  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 27  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 28  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 29  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 30  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 31  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 32  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 33  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 34  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 35  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 36  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 37  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 38  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 39  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 40  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 41  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 42  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 43  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 44  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |

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 Marine Acquisition Corp. Retirement Income Plan  
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Actuarial Assumptions and Methods

Table 4 – Page 2 of 4

**Withdrawal Rates – Salaried**

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5      |
| 45  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 46  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 47  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 48  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 49  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 50  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 51  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 52  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 53  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 54  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 55  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 56  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 57  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 58  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 59  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 60  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 61  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 62  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 63  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 64  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 65+ | 0.00%            | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |

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 Marine Acquisition Corp. Retirement Income Plan  
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Actuarial Assumptions and Methods

Table 4 – Page 3 of 4

**Withdrawal Rates – Salaried**

| Age | Years of Service |        |        |       |       |
|-----|------------------|--------|--------|-------|-------|
|     | 6                | 7      | 8      | 9     | 10+   |
| 15  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 16  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 17  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 18  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 19  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 20  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 21  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 22  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 23  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 24  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 25  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 26  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.90% |
| 27  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.80% |
| 28  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.70% |
| 29  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.60% |
| 30  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.50% |
| 31  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.40% |
| 32  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.30% |
| 33  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.20% |
| 34  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.10% |
| 35  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.00% |
| 36  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.85% |
| 37  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.70% |
| 38  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.55% |
| 39  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.40% |
| 40  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.25% |
| 41  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.05% |
| 42  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.85% |
| 43  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.65% |
| 44  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.45% |

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 Marine Acquisition Corp. Retirement Income Plan  
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Actuarial Assumptions and Methods

Table 4 – Page 4 of 4

**Withdrawal Rates – Salaried**

| Age | Years of Service |        |        |       |       |
|-----|------------------|--------|--------|-------|-------|
|     | 6                | 7      | 8      | 9     | 10+   |
| 45  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.25% |
| 46  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.05% |
| 47  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.85% |
| 48  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.65% |
| 49  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.45% |
| 50  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.25% |
| 51  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.00% |
| 52  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.75% |
| 53  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.50% |
| 54  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.25% |
| 55  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.00% |
| 56  | 11.00%           | 10.50% | 10.00% | 9.50% | 2.40% |
| 57  | 11.00%           | 10.50% | 10.00% | 9.50% | 1.80% |
| 58  | 11.00%           | 10.50% | 10.00% | 9.50% | 1.20% |
| 59  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.60% |
| 60  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 61  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 62  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 63  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 64  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 65+ | 0.00%            | 0.00%  | 0.00%  | 0.00% | 0.00% |

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Actuarial Assumptions and Methods

Table 5

Disability Rates – Hourly

| Age | Male    | Female  | Age | Male    | Female  |
|-----|---------|---------|-----|---------|---------|
| 20  | 0.0200% | 0.0300% | 50  | 0.3580% | 0.5330% |
| 21  | 0.0236% | 0.0334% | 51  | 0.4308% | 0.6168% |
| 22  | 0.0272% | 0.0368% | 52  | 0.5037% | 0.7006% |
| 23  | 0.0308% | 0.0402% | 53  | 0.5765% | 0.7844% |
| 24  | 0.0344% | 0.0436% | 54  | 0.6494% | 0.8682% |
| 25  | 0.0380% | 0.0470% | 55  | 0.7222% | 0.9520% |
| 26  | 0.0400% | 0.0536% | 56  | 0.8290% | 0.9934% |
| 27  | 0.0420% | 0.0602% | 57  | 0.9357% | 1.0348% |
| 28  | 0.0440% | 0.0668% | 58  | 1.0425% | 1.0762% |
| 29  | 0.0460% | 0.0734% | 59  | 1.1492% | 1.1176% |
| 30  | 0.0480% | 0.0800% | 60  | 1.2560% | 1.1590% |
| 31  | 0.0522% | 0.0912% | 61  | 1.3554% | 1.1988% |
| 32  | 0.0564% | 0.1024% | 62  | 1.4548% | 1.2386% |
| 33  | 0.0606% | 0.1136% | 63  | 1.5542% | 1.2784% |
| 34  | 0.0648% | 0.1248% | 64  | 1.6536% | 1.3182% |
| 35  | 0.0690% | 0.1360% | 65  | 1.7530% | 1.3580% |
| 36  | 0.0786% | 0.1510% | 66+ | 0.0000% | 0.0000% |
| 37  | 0.0882% | 0.1660% |     |         |         |
| 38  | 0.0978% | 0.1810% |     |         |         |
| 39  | 0.1074% | 0.1960% |     |         |         |
| 40  | 0.1170% | 0.2110% |     |         |         |
| 41  | 0.1340% | 0.2334% |     |         |         |
| 42  | 0.1510% | 0.2558% |     |         |         |
| 43  | 0.1680% | 0.2782% |     |         |         |
| 44  | 0.1850% | 0.3006% |     |         |         |
| 45  | 0.2020% | 0.3230% |     |         |         |
| 46  | 0.2332% | 0.3650% |     |         |         |
| 47  | 0.2644% | 0.4070% |     |         |         |
| 48  | 0.2956% | 0.4490% |     |         |         |
| 49  | 0.3268% | 0.4910% |     |         |         |

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

Actuarial Assumptions and Methods

Table 6

**Disability Rates – Salaried**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0000%     | 0.0000%       | 45         | 0.2020%     | 0.3230%       |
| 16         | 0.0000%     | 0.0000%       | 46         | 0.2332%     | 0.3650%       |
| 17         | 0.0000%     | 0.0000%       | 47         | 0.2644%     | 0.4070%       |
| 18         | 0.0000%     | 0.0000%       | 48         | 0.2956%     | 0.4490%       |
| 19         | 0.0000%     | 0.0000%       | 49         | 0.3268%     | 0.4910%       |
| 20         | 0.0290%     | 0.0300%       | 50         | 0.3580%     | 0.5330%       |
| 21         | 0.0308%     | 0.0334%       | 51         | 0.4308%     | 0.6168%       |
| 22         | 0.0326%     | 0.0368%       | 52         | 0.5037%     | 0.7006%       |
| 23         | 0.0344%     | 0.0402%       | 53         | 0.5765%     | 0.7844%       |
| 24         | 0.0362%     | 0.0436%       | 54         | 0.6494%     | 0.8682%       |
| 25         | 0.0380%     | 0.0470%       | 55         | 0.7222%     | 0.9520%       |
| 26         | 0.0400%     | 0.0536%       | 56         | 0.8290%     | 0.9934%       |
| 27         | 0.0420%     | 0.0602%       | 57         | 0.9357%     | 1.0348%       |
| 28         | 0.0440%     | 0.0668%       | 58         | 1.0425%     | 1.0762%       |
| 29         | 0.0460%     | 0.0734%       | 59         | 1.1492%     | 1.1176%       |
| 30         | 0.0480%     | 0.0800%       | 60         | 1.2560%     | 1.1590%       |
| 31         | 0.0522%     | 0.0912%       | 61         | 1.0048%     | 0.9272%       |
| 32         | 0.0564%     | 0.1024%       | 62         | 0.7536%     | 0.6954%       |
| 33         | 0.0606%     | 0.1136%       | 63         | 0.5024%     | 0.4636%       |
| 34         | 0.0648%     | 0.1248%       | 64         | 0.2512%     | 0.2318%       |
| 35         | 0.0690%     | 0.1360%       | 65+        | 0.0000%     | 0.0000%       |
| 36         | 0.0786%     | 0.1510%       |            |             |               |
| 37         | 0.0882%     | 0.1660%       |            |             |               |
| 38         | 0.0978%     | 0.1810%       |            |             |               |
| 39         | 0.1074%     | 0.1960%       |            |             |               |
| 40         | 0.1170%     | 0.2110%       |            |             |               |
| 41         | 0.1340%     | 0.2334%       |            |             |               |
| 42         | 0.1510%     | 0.2558%       |            |             |               |
| 43         | 0.1680%     | 0.2782%       |            |             |               |
| 44         | 0.1850%     | 0.3006%       |            |             |               |

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Marine Acquisition Corp.

Plan Name: Marine Acquisition Corp. Retirement Income Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 27-5496404

Plan No.: 003

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**Item 4i- Schedule of Assets Held at End of Year**

Page 20 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 21 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

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

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

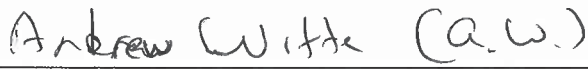
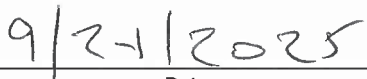
|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN  | <b>B</b> Three-digit plan number (PN) ▶   | 003 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Marine Acquisition Corp.                                      | <b>D</b> Employer Identification Number (EIN)<br>27-5496404   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|  |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |                          |
| <b>2</b> Assets:   |                            |                           |                          |
| <b>a</b> Market value.....   | <b>2a</b> 26,266,575       |                           |                          |
| <b>b</b> Actuarial value.....  | <b>2b</b> 27,273,788       |                           |                          |
| <b>3</b> Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....   | 271                        | 18,110,943                | 18,110,943               |
| <b>b</b> For terminated vested participants.....   | 99                         | 5,410,596                 | 5,410,596                |
| <b>c</b> For active participants.....  | 26                         | 2,404,036                 | 2,450,699                |
| <b>d</b> Total.....  | 396                        | 25,925,575                | 25,972,238               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....  | <b>5</b>                   | 5.05%                     |                          |
| <b>6</b> Target normal cost  |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals.....  | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses.....   | <b>6b</b>                  | 104,592                   |                          |
| <b>c</b> Target normal cost.....   | <b>6c</b>                  | 104,592                   |                          |

**Statement by Enrolled Actuary**

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

|  |   |   |
|--|---|---|
| <b>SIGN HERE</b>                                   |  |  |
|  | Signature of actuary  | Date  |
| ANDREW WITTE                                       | Type or print name of actuary   | 2305764   |
|  |   | Most recent enrollment number   |
| AON CONSULTING, INC.                               | Firm name   | 314-725-9966  |
|  |   | Telephone number (including area code)  |
| 4220 DUNCAN AVE<br>SUITE 401<br>ST. LOUIS MO 63110 | Address of the firm   |   |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2024 v. 240311**



|   |  |                       |                       |   |
|---|--|-----------------------|-----------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                       |                       |   |
| <b>21</b> Discount rate:  |  |                       |                       |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75%  | 2nd segment:<br>4.87% | 3rd segment:<br>5.59% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                       |  |                       |                       | <b>21b</b> 2  |
| <b>22</b> Weighted average retirement age .....                                   |  |                       |                       | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |   |

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

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

|  |                     |                    |               |                    |
|--|---------------------|--------------------|---------------|--------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                    |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                    |
| <b>a</b> Target normal cost (line 6c).....   |                     |                    |               | <b>31a</b> 104,592 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 104,592 |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                    |
| <b>a</b> Net shortfall amortization installment .....  | 0                   |                    | 0             |                    |
| <b>b</b> Waiver amortization installment .....   | 0                   |                    | 0             |                    |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>          |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    |               | <b>34</b> 0        |
|  | Carryover balance   | Prefunding balance | Total balance |                    |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                    |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   |                     |                    |               | <b>36</b> 0        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    |               | <b>37</b> 0        |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 0       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    |               | <b>38b</b> 0       |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0        |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0        |

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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

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

The weighted average retirement age reported in Line 22 has been computed in the following manner:

Salaried participants within the Marine Acquisition Corp. Retirement Income Plan are eligible for early retirement upon the attainment of specified age and service requirements. A set of assumed retirement rates is associated with these members. Hourly participants within the Marine Acquisition Corp. Retirement Income Plan are assumed to retire at age 65. The average assumed retirement age is determined individually for hourly and salaried participants by applying the assumed retirement rate at each age to the percentage of members who have not yet been expected to retire. This produces for each eligible age the percentage of members who are expected to retire at that age. These percentages are then used as weights to determine the average assumed retirement age. The average retirement ages are then weighted in proportion to the individual funding target for hourly and salaried members as compared to the plan as a whole. This produces a weighted average retirement age for the plan as a whole.

Table 1

**Retirement Rates – Hourly**

| <b>Age</b> | <b>Years of Service</b> |           |
|------------|-------------------------|-----------|
|            | <b>0 – 4</b>            | <b>5+</b> |
| 55         | 0.00%                   | 0.00%     |
| 56         | 0.00%                   | 0.00%     |
| 57         | 0.00%                   | 0.00%     |
| 58         | 0.00%                   | 0.00%     |
| 59         | 0.00%                   | 0.00%     |
| 60         | 0.00%                   | 0.00%     |
| 61         | 0.00%                   | 0.00%     |
| 62         | 0.00%                   | 0.00%     |
| 63         | 0.00%                   | 0.00%     |
| 64         | 0.00%                   | 0.00%     |
| 65+        | 0.00%                   | 100.00%   |

Table 2

**Retirement Rates – Salaried**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 59         | 0.00%       |
| 60         | 10.00%      |
| 61         | 10.00%      |
| 62         | 25.00%      |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

|     |         |
|-----|---------|
| 63  | 20.00%  |
| 64  | 15.00%  |
| 65  | 75.00%  |
| 66  | 30.00%  |
| 67  | 40.00%  |
| 68  | 50.00%  |
| 69  | 60.00%  |
| 70+ | 100.00% |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

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

### For ERISA Requirements

#### Interest Rates

Based on segment rates with a two-month lookback (as of November 2022), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA

|                  |       |
|------------------|-------|
| 1st Segment Rate | 4.75% |
| 2nd Segment Rate | 4.87% |
| 3rd Segment Rate | 5.59% |

#### Interest Rates for Maximum Tax Purposes

Based on segment rates with a two-month lookback (as of November 2023), without regard to interest rate stabilization

|                  |       |
|------------------|-------|
| 1st Segment Rate | 4.02% |
| 2nd Segment Rate | 4.73% |
| 3rd Segment Rate | 4.75% |

#### Optional Payment Form Election Percentage

##### Salaried

|                       |                                      |
|-----------------------|--------------------------------------|
| Hired Pre 1/1/1998    | 100% 5 year certain and life annuity |
| Hired Post 12/31/1997 | 100% life annuity                    |

##### Hourly

40% life annuity  
60% Joint and 50% Survivor

#### Retirement Age

|                                |                   |
|--------------------------------|-------------------|
| Active Participants            | See Tables 1 – 2. |
| Terminated Vested Participants | Age 62            |

#### Mortality Rates

IRS Generational 2024 Mortality Table

#### Withdrawal Rates

See Tables 3 – 4.

#### Disability Rates

See Tables 5 – 6.

#### Decrement Timing

Beginning of year decrements

#### Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

For ERISA Requirements

**Benefit Limits**

Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

**Valuation of Plan Assets**

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

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market value for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(c)(iii).

**Trust Expenses Included in Target Normal Cost**

\$104,592

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

Table 1

**Retirement Rates – Hourly**

| <b>Age</b> | <b>Years of Service</b> |           |
|------------|-------------------------|-----------|
|            | <b>0 – 4</b>            | <b>5+</b> |
| 55         | 0.00%                   | 0.00%     |
| 56         | 0.00%                   | 0.00%     |
| 57         | 0.00%                   | 0.00%     |
| 58         | 0.00%                   | 0.00%     |
| 59         | 0.00%                   | 0.00%     |
| 60         | 0.00%                   | 0.00%     |
| 61         | 0.00%                   | 0.00%     |
| 62         | 0.00%                   | 0.00%     |
| 63         | 0.00%                   | 0.00%     |
| 64         | 0.00%                   | 0.00%     |
| 65+        | 0.00%                   | 100.00%   |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

Actuarial Assumptions and Methods

Table 2

**Retirement Rates – Salaried**

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 59         | 0.00%       |
| 60         | 10.00%      |
| 61         | 10.00%      |
| 62         | 25.00%      |
| 63         | 20.00%      |
| 64         | 15.00%      |
| 65         | 75.00%      |
| 66         | 30.00%      |
| 67         | 40.00%      |
| 68         | 50.00%      |
| 69         | 60.00%      |
| 70+        | 100.00%     |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

Actuarial Assumptions and Methods

Table 3

**Withdrawal Rates – Hourly**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.00%       | 0.00%         | 45         | 0.60%       | 1.30%         |
| 16         | 0.00%       | 0.00%         | 46         | 0.48%       | 1.16%         |
| 17         | 0.00%       | 0.00%         | 47         | 0.36%       | 1.02%         |
| 18         | 0.00%       | 0.00%         | 48         | 0.24%       | 0.88%         |
| 19         | 0.00%       | 0.00%         | 49         | 0.12%       | 0.74%         |
| 20         | 7.40%       | 12.40%        | 50         | 0.00%       | 0.60%         |
| 21         | 6.90%       | 11.40%        | 51         | 0.00%       | 0.48%         |
| 22         | 6.40%       | 10.40%        | 52         | 0.00%       | 0.36%         |
| 23         | 5.90%       | 9.40%         | 53         | 0.00%       | 0.24%         |
| 24         | 5.40%       | 8.40%         | 54         | 0.00%       | 0.12%         |
| 25         | 4.90%       | 7.40%         | 55+        | 0.00%       | 0.00%         |
| 26         | 4.60%       | 6.90%         |            |             |               |
| 27         | 4.30%       | 6.40%         |            |             |               |
| 28         | 4.00%       | 5.90%         |            |             |               |
| 29         | 3.70%       | 5.40%         |            |             |               |
| 30         | 3.40%       | 4.90%         |            |             |               |
| 31         | 3.18%       | 4.60%         |            |             |               |
| 32         | 2.96%       | 4.30%         |            |             |               |
| 33         | 2.74%       | 4.00%         |            |             |               |
| 34         | 2.52%       | 3.70%         |            |             |               |
| 35         | 2.30%       | 3.40%         |            |             |               |
| 36         | 2.10%       | 3.18%         |            |             |               |
| 37         | 1.90%       | 2.96%         |            |             |               |
| 38         | 1.70%       | 2.74%         |            |             |               |
| 39         | 1.50%       | 2.52%         |            |             |               |
| 40         | 1.30%       | 2.30%         |            |             |               |
| 41         | 1.16%       | 2.10%         |            |             |               |
| 42         | 1.02%       | 1.90%         |            |             |               |
| 43         | 0.88%       | 1.70%         |            |             |               |
| 44         | 0.74%       | 1.50%         |            |             |               |

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Actuarial Assumptions and Methods

Table 4 – Page 1 of 4

Withdrawal Rates – Salaried

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5      |
| 15  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 16  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 17  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 18  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 19  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 20  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 21  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 22  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 23  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 24  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 25  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 26  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 27  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 28  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 29  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 30  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 31  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 32  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 33  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 34  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 35  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 36  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 37  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 38  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 39  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 40  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 41  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 42  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 43  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 44  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |

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**Withdrawal Rates – Salaried**

| Age | Years of Service |        |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|--------|
|     | 0                | 1      | 2      | 3      | 4      | 5      |
| 45  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 46  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 47  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 48  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 49  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 50  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 51  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 52  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 53  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 54  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 55  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 56  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 57  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 58  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 59  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 60  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 61  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 62  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 63  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 64  | 25.00%           | 20.00% | 17.50% | 15.00% | 12.50% | 11.50% |
| 65+ | 0.00%            | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |

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Actuarial Assumptions and Methods

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**Withdrawal Rates – Salaried**

| Age | Years of Service |        |        |       |       |
|-----|------------------|--------|--------|-------|-------|
|     | 6                | 7      | 8      | 9     | 10+   |
| 15  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 16  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 17  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 18  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 19  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 20  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 21  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 22  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 23  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 24  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 25  | 11.00%           | 10.50% | 10.00% | 9.50% | 8.00% |
| 26  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.90% |
| 27  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.80% |
| 28  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.70% |
| 29  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.60% |
| 30  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.50% |
| 31  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.40% |
| 32  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.30% |
| 33  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.20% |
| 34  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.10% |
| 35  | 11.00%           | 10.50% | 10.00% | 9.50% | 7.00% |
| 36  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.85% |
| 37  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.70% |
| 38  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.55% |
| 39  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.40% |
| 40  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.25% |
| 41  | 11.00%           | 10.50% | 10.00% | 9.50% | 6.05% |
| 42  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.85% |
| 43  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.65% |
| 44  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.45% |

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**Withdrawal Rates – Salaried**

| Age | Years of Service |        |        |       |       |
|-----|------------------|--------|--------|-------|-------|
|     | 6                | 7      | 8      | 9     | 10+   |
| 45  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.25% |
| 46  | 11.00%           | 10.50% | 10.00% | 9.50% | 5.05% |
| 47  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.85% |
| 48  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.65% |
| 49  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.45% |
| 50  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.25% |
| 51  | 11.00%           | 10.50% | 10.00% | 9.50% | 4.00% |
| 52  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.75% |
| 53  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.50% |
| 54  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.25% |
| 55  | 11.00%           | 10.50% | 10.00% | 9.50% | 3.00% |
| 56  | 11.00%           | 10.50% | 10.00% | 9.50% | 2.40% |
| 57  | 11.00%           | 10.50% | 10.00% | 9.50% | 1.80% |
| 58  | 11.00%           | 10.50% | 10.00% | 9.50% | 1.20% |
| 59  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.60% |
| 60  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 61  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 62  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 63  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 64  | 11.00%           | 10.50% | 10.00% | 9.50% | 0.00% |
| 65+ | 0.00%            | 0.00%  | 0.00%  | 0.00% | 0.00% |

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Actuarial Assumptions and Methods

Table 5

Disability Rates – Hourly

| Age | Male    | Female  | Age | Male    | Female  |
|-----|---------|---------|-----|---------|---------|
| 20  | 0.0200% | 0.0300% | 50  | 0.3580% | 0.5330% |
| 21  | 0.0236% | 0.0334% | 51  | 0.4308% | 0.6168% |
| 22  | 0.0272% | 0.0368% | 52  | 0.5037% | 0.7006% |
| 23  | 0.0308% | 0.0402% | 53  | 0.5765% | 0.7844% |
| 24  | 0.0344% | 0.0436% | 54  | 0.6494% | 0.8682% |
| 25  | 0.0380% | 0.0470% | 55  | 0.7222% | 0.9520% |
| 26  | 0.0400% | 0.0536% | 56  | 0.8290% | 0.9934% |
| 27  | 0.0420% | 0.0602% | 57  | 0.9357% | 1.0348% |
| 28  | 0.0440% | 0.0668% | 58  | 1.0425% | 1.0762% |
| 29  | 0.0460% | 0.0734% | 59  | 1.1492% | 1.1176% |
| 30  | 0.0480% | 0.0800% | 60  | 1.2560% | 1.1590% |
| 31  | 0.0522% | 0.0912% | 61  | 1.3554% | 1.1988% |
| 32  | 0.0564% | 0.1024% | 62  | 1.4548% | 1.2386% |
| 33  | 0.0606% | 0.1136% | 63  | 1.5542% | 1.2784% |
| 34  | 0.0648% | 0.1248% | 64  | 1.6536% | 1.3182% |
| 35  | 0.0690% | 0.1360% | 65  | 1.7530% | 1.3580% |
| 36  | 0.0786% | 0.1510% | 66+ | 0.0000% | 0.0000% |
| 37  | 0.0882% | 0.1660% |     |         |         |
| 38  | 0.0978% | 0.1810% |     |         |         |
| 39  | 0.1074% | 0.1960% |     |         |         |
| 40  | 0.1170% | 0.2110% |     |         |         |
| 41  | 0.1340% | 0.2334% |     |         |         |
| 42  | 0.1510% | 0.2558% |     |         |         |
| 43  | 0.1680% | 0.2782% |     |         |         |
| 44  | 0.1850% | 0.3006% |     |         |         |
| 45  | 0.2020% | 0.3230% |     |         |         |
| 46  | 0.2332% | 0.3650% |     |         |         |
| 47  | 0.2644% | 0.4070% |     |         |         |
| 48  | 0.2956% | 0.4490% |     |         |         |
| 49  | 0.3268% | 0.4910% |     |         |         |

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Actuarial Assumptions and Methods

Table 6

**Disability Rates – Salaried**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0000%     | 0.0000%       | 45         | 0.2020%     | 0.3230%       |
| 16         | 0.0000%     | 0.0000%       | 46         | 0.2332%     | 0.3650%       |
| 17         | 0.0000%     | 0.0000%       | 47         | 0.2644%     | 0.4070%       |
| 18         | 0.0000%     | 0.0000%       | 48         | 0.2956%     | 0.4490%       |
| 19         | 0.0000%     | 0.0000%       | 49         | 0.3268%     | 0.4910%       |
| 20         | 0.0290%     | 0.0300%       | 50         | 0.3580%     | 0.5330%       |
| 21         | 0.0308%     | 0.0334%       | 51         | 0.4308%     | 0.6168%       |
| 22         | 0.0326%     | 0.0368%       | 52         | 0.5037%     | 0.7006%       |
| 23         | 0.0344%     | 0.0402%       | 53         | 0.5765%     | 0.7844%       |
| 24         | 0.0362%     | 0.0436%       | 54         | 0.6494%     | 0.8682%       |
| 25         | 0.0380%     | 0.0470%       | 55         | 0.7222%     | 0.9520%       |
| 26         | 0.0400%     | 0.0536%       | 56         | 0.8290%     | 0.9934%       |
| 27         | 0.0420%     | 0.0602%       | 57         | 0.9357%     | 1.0348%       |
| 28         | 0.0440%     | 0.0668%       | 58         | 1.0425%     | 1.0762%       |
| 29         | 0.0460%     | 0.0734%       | 59         | 1.1492%     | 1.1176%       |
| 30         | 0.0480%     | 0.0800%       | 60         | 1.2560%     | 1.1590%       |
| 31         | 0.0522%     | 0.0912%       | 61         | 1.0048%     | 0.9272%       |
| 32         | 0.0564%     | 0.1024%       | 62         | 0.7536%     | 0.6954%       |
| 33         | 0.0606%     | 0.1136%       | 63         | 0.5024%     | 0.4636%       |
| 34         | 0.0648%     | 0.1248%       | 64         | 0.2512%     | 0.2318%       |
| 35         | 0.0690%     | 0.1360%       | 65+        | 0.0000%     | 0.0000%       |
| 36         | 0.0786%     | 0.1510%       |            |             |               |
| 37         | 0.0882%     | 0.1660%       |            |             |               |
| 38         | 0.0978%     | 0.1810%       |            |             |               |
| 39         | 0.1074%     | 0.1960%       |            |             |               |
| 40         | 0.1170%     | 0.2110%       |            |             |               |
| 41         | 0.1340%     | 0.2334%       |            |             |               |
| 42         | 0.1510%     | 0.2558%       |            |             |               |
| 43         | 0.1680%     | 0.2782%       |            |             |               |
| 44         | 0.1850%     | 0.3006%       |            |             |               |

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## Schedule SB, Part V – Summary of Plan Provisions

Dometic sponsors the Marine Acquisition Corp. Retirement Income Plan for the benefit of its eligible employees and former employees of the marine business. The plan was spun off from the Teleflex Incorporated Retirement Income Plan (as amended and restated effective as of January 1, 2002) effective March 22, 2011.

As of the effective date, Marine Acquisition Corp establishes and adopts the plan for the benefit of its eligible Salaried Participants and Union Participants.

No benefit will accrue under this plan unless specifically provided for Union Participants under Supplement A of the plan document. All other benefits of the plan are frozen.

### Salaried

|                                      |  |
|--------------------------------------|--|
| <b>Effective Date</b>                | March 22, 2011.  |
| <b>Eligibility for Participation</b> | Only salaried participants on the effective date are eligible to participate in the Plan.  |
| <b>Plan Year</b>                     | The plan year is January 1 to December 31  |
| <b>Continuous Service</b>            | Continuous service is the total period of employment as of December 31, 2008 under the Teleflex Plan.  |
| <b>Credited Service</b>              | Credited service is the total amount of credited past service earned as of December 31, 2008 under the Teleflex Plan.  |
| <b>Accumulated Contributions</b>     | Sum of salaried participant's contributions to the Teleflex Plan before July 1, 1982 and interest credited to date benefit payments begin  |
| <b>Normal Retirement Date</b>        | A Participant's Normal Retirement Date is the last day of the month in which his 65 <sup>th</sup> birthday occurs.   |
| <b>Normal Form of Pension</b>        | <p>The Normal Form of Pension for a Participant who is hired prior to January 1, 1998 and who is not married at the time his benefits from the Plan commence is a five-year certain and life annuity. The Normal Form of Pension for a Participant who is hired post December 31, 1997 and who is not married at the time his benefits from the Plan commence is a single life annuity.</p> <p>The Normal Form of Pension for a Participant who is married at the time his benefits from the Plan commence is a 50% Joint and Survivor annuity, based on actuarial equivalence.</p> <p>Other forms available based on an actuarial equivalent basis are 66-2/3%, 75% and 100% Joint and Survivor annuities and five and ten year certain and life annuities.</p> |

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**Normal Retirement Pension**

The pension amount payable to a Participant who retires on or after his Normal Retirement Date will be equal to his accrued benefit earned under the Teleflex Plan, frozen as of December 31, 2008.

**Early Retirement Pension**

The requirements for early Retirement are attainment of age 60 and completion of ten years of Continuous Service. The Early Retirement Pension amount is equal to the Participant's Normal Retirement Pension, reduced by 5/9ths of 1% for each month preceding his Normal Retirement Date.

**Disability Retirement Pension**

A Participant who has completed two years of Continuous Service and suffers a disability pursuant to which he becomes entitled to either a disability pension from Social Security or a monthly benefit under the employers insured long term disability program, and does not request a refund of his contributions, shall be entitled to a Disability Retirement Pension. The monthly amount of such pension is equal to the employee's Accrued Monthly Pension at the time of his disability, plus the pension he would have earned had he remained a salaried employee until age 65 and had his Compensation remained unchanged. However, no further pension is earned after December 31, 2008.

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**Deferred Vested Pension**

A Participant who terminates employment after he has completed five years of Continuous Service and is not eligible for a Normal, Early or Disability Retirement Pension, shall be entitled to a Deferred Vested Pension equal to his accrued benefit, payable at his Normal Retirement Date.

A Participant who terminates employment after he has completed ten years of Continuous Service, but is not eligible for a Normal, Early or Disability Retirement Pension, shall be entitled to a Deferred Vested Pension. The Participant may either:

- (1) Leave his own contributions in the Plan, in which case he will be fully vested in his Accrued Single Life Monthly Pension payable beginning at age 65, or
- (2) Withdraw his own contributions plus interest thereon, in which case he will be entitled to the employer-provided monthly pension payable beginning at age 65. The employer-provided monthly pension will be the excess of the Participant's Accrued Single Life Monthly Pension over the pension value of the Participant's contributions to the Plan plus interest thereon.

The benefit may commence prior to age 65 on an actuarial equivalent basis if early retirement requirements are satisfied

**Pre-Retirement Spouse's Pension Coverage**

The spouse of a Participant who terminates his employment by death will receive a monthly pension payable beginning on the first day of the month next following the date of death of the Participant and continuing for the balance of the spouse's lifetime. The amount of each monthly pension will be one-half of the deceased Participant's Accrued Monthly pension. If the Participant terminates his employment by death and is not survived by a lawful spouse, his contributions to the Plan plus interest thereon will be paid in a single sum to a beneficiary named by the Participant.

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**Medicare Part B Benefits**

Each Participant who retires with a Normal Retirement, Early Retirement or Disability Retirement Pension on or after July 1, 1976 but before January 1, 2002, and whose monthly pension has commenced, shall receive reimbursement for a percentage of Medicare Part B premium required for himself and his spouse for each month in which the Participant or his spouse is eligible for Medicare Part B coverage. The maximum amount of monthly premium which is subject to reimbursement by the Plan is \$46.10 per person. The reimbursement percentage is 100% for retirements before January 1, 1993, 90% for retirements in 1993, 80% retirements in 1994, etc., decreasing to 10% for retirements in 2001. No reimbursement will be paid for retirements after December 31, 2001.

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Union

|                                      |   |
|--------------------------------------|---|
| <b>Effective Date</b>                | March 22, 2011.   |
| <b>Eligibility for Participation</b> | Any employee whose initial date of hire under the predecessor plan is prior to July 1, 2006, is covered by a collective bargaining agreement with UAW Local 644 and is eligible in accordance with Supplement A of the plan document.   |
| <b>Plan Year</b>                     | The plan year is January 1 to December 31   |
| <b>Continuous Service</b>            | The period beginning with the date of hire and ending on the date the Participant’s employment terminates, excluding any breaks in service.   |
| <b>Credited Service</b>              | Credited service is the total amount of credited past service earned as of December 31, 2008 under the Teleflex Plan plus the period beginning with January 1, 2009 and ending on the date the Participant’s employment terminates (or November 1, 2017, if earlier), credited at the rate of 1/10th of a year for each 170 hours worked, provided not more than one year of service shall be credited for any one calendar year. |
| <b>Accrued Monthly Pension</b>       | Years of credited service times the monthly dollar amount indicated below (A portion of the benefit amount may be paid by Manufacturers Life):  |
|                                      | Effective 6/1/1989                      \$17.50   |
|                                      | Effective 7/1/1990                      \$18.50   |
|                                      | Effective 6/1/1991                      \$19.50   |
|                                      | Effective 6/1/1992                      \$20.50   |
|                                      | Effective 7/1/1993                      \$21.50   |
|                                      | Effective 6/1/1994                      \$23.50   |
|                                      | Effective 6/1/1995                      \$26.50   |
|                                      | Effective 6/1/1996                      \$27.00   |
|                                      | Effective 6/1/1997                      \$28.00   |
|                                      | Effective 6/1/1998                      \$29.00   |
|                                      | Effective 6/1/2000                      \$30.00   |
|                                      | Effective 6/1/2001                      \$31.00   |
|                                      | Effective 6/1/2002                      \$32.00   |
|                                      | Effective 6/1/2003                      \$33.00   |
|                                      | Effective 6/1/2004                      \$34.00   |
|                                      | Effective 6/1/2009                      \$35.00   |
|                                      | Effective 6/1/2010                      \$36.00   |
|                                      | Effective 11/1/2017                      \$38.00  |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

**Normal Retirement Date**

A Participant's Normal Retirement Date is the first day of the month coinciding with or next following the later of the month in which his 65<sup>th</sup> birthday occurs.

**Early Retirement Pension**

The requirements for Early Retirement are attainment of age 60 and completion of ten years of Vesting Service. The Early Retirement Pension amount is equal to the Participant's Accrued Monthly Pension determined on his Early Retirement Date, reduced by ½ of 1% for each month in the period between the pension commencement date and the Participant's Normal Retirement Date.

**Normal Retirement Pension**

The pension amount payable to a Participant who retires on or after his Normal Retirement Date will be equal to his Accrued Monthly Pension determined on his actual retirement date.

**Normal Form of Pension**

The Normal Form of Pension for a Participant who is not married at the time his benefits from the Plan commence is a single life pension.

The Normal Form of Pension for a Participant who is married at the time his benefits from the Plan commence is a 50% Joint and Survivor, based on actuarial equivalence.

**Disability Retirement Pension**

Participants are eligible for Disability Retirement Pensions. The requirements to receive a Disability Retirement Pension are that an active Participant suffers a disability pursuant to which he becomes entitled to a disability pension from Social Security after the date he has completed ten years of Continuous Service but prior to the date he becomes eligible for a Normal Retirement Pension. The monthly Disability Retirement Pension shall begin immediately in an amount equal to the Participant's Accrued Monthly Pension at the time of his disability, payable as long as the Participant remains disabled.

**Deferred Vested Pension**

The requirements are that a Participant terminate employment after completing five years of Vesting Service but not be eligible for a Normal, Early or Disability Retirement Pension. The Deferred Vested Pension is a pension commencing on the Participant's Normal Retirement Date equal to his Accrued Monthly Pension determined as of the date his employment terminates. If the Participant had completed ten years of Vesting Service, he may elect a reduced benefit as early as age 60.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

**Pre-Retirement Spouse's Pension Coverage**

The spouse of a vested Participant or vested former Participant who dies before pension payments commence will be entitled to receive a monthly pension. If the Participant was eligible for Early Retirement at the time of his death, the spouse will receive the survivor annuity that would have been payable if the Participant had retired with an immediate Qualified Joint and Survivor Annuity on the day before the Participant's date of death. If the Participant was not eligible for Early Retirement at the time of his death, the spouse will receive the survivor annuity that would have been payable if the Participant had terminated employment on his date of death (or his actual date of termination, if earlier), survived to his Earliest Retirement Age, commenced receiving benefits in the form of an immediate Qualified Joint and Survivor Annuity at his Earliest Retirement Age, and died on the day after his Earliest Retirement Age. The spouse must consent to the commencement of benefits before the Participant would have reached age 65. The spouse must have been married to the Participant throughout the three-month period ending with the date of the Participant's death.

**Premium for Part B Coverage Under Medicare**

Each Participant who retires on or after his Early Retirement Date or Normal Retirement Date or who terminates his employment due to a Total and Permanent Disability shall receive the premium under Part B of Medicare, as contained in the Federal Social Security Act, for him and his spouse for each month in which the Participant or his spouse is eligible for Part B coverage under Medicare. The Company pays a portion of this benefit.

**Mutually Satisfactory Retirement**

Under this provision, a Participant who has completed ten years of Vesting Service and who retires at the request of the Company, will, with his consent, receive a temporary supplemental pension for any month for which the Participant is not eligible for an unreduced Social Security Benefit. The amount of this supplemental pension will be two times his Accrued Monthly Pension on the date of his retirement. For any month for which he is eligible for an unreduced pension from Social Security, the supplemental pension will be his Accrued Monthly Pension on the date of his retirement. This supplemental pension will cease in the event the Participants elects early commencement of his Vested Deferred Pension, reaches Normal Retirement Age, or dies.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

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

Number of Participants and Average Accrued Benefit

| Attained<br>Age | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           |     |     |       |       |       |       |       |       |     |
| 30-34           |                           |     |     |       |       |       |       |       |       |     |
| 35-39           |                           |     |     |       |       |       |       |       |       |     |
| 40-44           |                           |     |     |       | 1     |       |       |       |       |     |
| 45-49           |                           |     |     |       | 1     |       |       |       |       |     |
| 50-54           |                           |     |     |       |       | 3     | 1     | 1     | 1     |     |
| 55-59           |                           |     |     |       | 1     |       | 1     |       |       |     |
| 60-64           |                           |     |     |       | 2     | 3     | 2     | 2     | 2     |     |
| 65-69           |                           |     |     |       | 3     | 1     |       |       | 1     |     |
| 70+             |                           |     |     |       |       |       |       |       |       |     |

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
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Schedule SB, line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age reported in Line 22 has been computed in the following manner:

Salaried participants within the Marine Acquisition Corp. Retirement Income Plan are eligible for early retirement upon the attainment of specified age and service requirements. A set of assumed retirement rates is associated with these members. Hourly participants within the Marine Acquisition Corp. Retirement Income Plan are assumed to retire at age 65. The average assumed retirement age is determined individually for hourly and salaried participants by applying the assumed retirement rate at each age to the percentage of members who have not yet been expected to retire. This produces for each eligible age the percentage of members who are expected to retire at that age. These percentages are then used as weights to determine the average assumed retirement age. The average retirement ages are then weighted in proportion to the individual funding target for hourly and salaried members as compared to the plan as a whole. This produces a weighted average retirement age for the plan as a whole.

Table 1

**Retirement Rates – Hourly**

| <b>Age</b> | <b>Years of Service</b> |           |
|------------|-------------------------|-----------|
|            | <b>0 – 4</b>            | <b>5+</b> |
| 55         | 0.00%                   | 0.00%     |
| 56         | 0.00%                   | 0.00%     |
| 57         | 0.00%                   | 0.00%     |
| 58         | 0.00%                   | 0.00%     |
| 59         | 0.00%                   | 0.00%     |
| 60         | 0.00%                   | 0.00%     |
| 61         | 0.00%                   | 0.00%     |
| 62         | 0.00%                   | 0.00%     |
| 63         | 0.00%                   | 0.00%     |
| 64         | 0.00%                   | 0.00%     |
| 65+        | 0.00%                   | 100.00%   |

Table 2

**Retirement Rates – Salaried**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 59         | 0.00%       |
| 60         | 10.00%      |
| 61         | 10.00%      |
| 62         | 25.00%      |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
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|     |         |
|-----|---------|
| 63  | 20.00%  |
| 64  | 15.00%  |
| 65  | 75.00%  |
| 66  | 30.00%  |
| 67  | 40.00%  |
| 68  | 50.00%  |
| 69  | 60.00%  |
| 70+ | 100.00% |

## Schedule C, Line 2(h) Formula Descriptions

**Marine Acquisition Corp. Retirement Income Plan**  
 EIN No.: 27-5496404, Plan No. 003  
 Plan Year Ending: 12/31/2024

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family    | Fund Name                               | Start Date | End Date   | Revenue to National Financial Services |
|----------------|---|------------|------------|--|
| ALLSPRING      | ALLSPRING SPECIAL SMALL CAP VALUE A     | 1/1/2024   | 1/31/2024  | 1.815                                  |
| ALLSPRING      | ALLSPRING SPECIAL SMALL CAP VALUE A     | 2/1/2024   | 4/17/2024  | 1.320                                  |
| ALLSPRING      | ALLSPRING SPECIAL SMALL CAP VALUE INST  | 4/15/2024  | 12/31/2024 | 0.495                                  |
| BLACKROCK      | BLACKROCK INFL PROT SECS BD I           | 1/1/2024   | 12/31/2024 | 0.495                                  |
| COHEN & STEERS | COHEN & STEERS REAL ESTATE SECURITIES A | 1/1/2024   | 12/31/2024 | 1.485                                  |
| OAKMARK        | OAKMARK INTERNATIONAL INVESTOR          | 1/1/2024   | 4/17/2024  | 1.320                                  |
| T ROWE PRICE   | T ROWE NEW HRZNS                        | 1/1/2024   | 12/31/2024 | 0.495                                  |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

## Schedule SB, Part V – Summary of Plan Provisions

Dometic sponsors the Marine Acquisition Corp. Retirement Income Plan for the benefit of its eligible employees and former employees of the marine business. The plan was spun off from the Teleflex Incorporated Retirement Income Plan (as amended and restated effective as of January 1, 2002) effective March 22, 2011.

As of the effective date, Marine Acquisition Corp establishes and adopts the plan for the benefit of its eligible Salaried Participants and Union Participants.

No benefit will accrue under this plan unless specifically provided for Union Participants under Supplement A of the plan document. All other benefits of the plan are frozen.

### Salaried

|                                      |  |
|--------------------------------------|--|
| <b>Effective Date</b>                | March 22, 2011.  |
| <b>Eligibility for Participation</b> | Only salaried participants on the effective date are eligible to participate in the Plan.  |
| <b>Plan Year</b>                     | The plan year is January 1 to December 31  |
| <b>Continuous Service</b>            | Continuous service is the total period of employment as of December 31, 2008 under the Teleflex Plan.  |
| <b>Credited Service</b>              | Credited service is the total amount of credited past service earned as of December 31, 2008 under the Teleflex Plan.  |
| <b>Accumulated Contributions</b>     | Sum of salaried participant's contributions to the Teleflex Plan before July 1, 1982 and interest credited to date benefit payments begin  |
| <b>Normal Retirement Date</b>        | A Participant's Normal Retirement Date is the last day of the month in which his 65 <sup>th</sup> birthday occurs.   |
| <b>Normal Form of Pension</b>        | <p>The Normal Form of Pension for a Participant who is hired prior to January 1, 1998 and who is not married at the time his benefits from the Plan commence is a five-year certain and life annuity. The Normal Form of Pension for a Participant who is hired post December 31, 1997 and who is not married at the time his benefits from the Plan commence is a single life annuity.</p> <p>The Normal Form of Pension for a Participant who is married at the time his benefits from the Plan commence is a 50% Joint and Survivor annuity, based on actuarial equivalence.</p> <p>Other forms available based on an actuarial equivalent basis are 66-2/3%, 75% and 100% Joint and Survivor annuities and five and ten year certain and life annuities.</p> |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

**Normal Retirement Pension**

The pension amount payable to a Participant who retires on or after his Normal Retirement Date will be equal to his accrued benefit earned under the Teleflex Plan, frozen as of December 31, 2008.

**Early Retirement Pension**

The requirements for early Retirement are attainment of age 60 and completion of ten years of Continuous Service. The Early Retirement Pension amount is equal to the Participant's Normal Retirement Pension, reduced by 5/9ths of 1% for each month preceding his Normal Retirement Date.

**Disability Retirement Pension**

A Participant who has completed two years of Continuous Service and suffers a disability pursuant to which he becomes entitled to either a disability pension from Social Security or a monthly benefit under the employers insured long term disability program, and does not request a refund of his contributions, shall be entitled to a Disability Retirement Pension. The monthly amount of such pension is equal to the employee's Accrued Monthly Pension at the time of his disability, plus the pension he would have earned had he remained a salaried employee until age 65 and had his Compensation remained unchanged. However, no further pension is earned after December 31, 2008.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

**Deferred Vested Pension**

A Participant who terminates employment after he has completed five years of Continuous Service and is not eligible for a Normal, Early or Disability Retirement Pension, shall be entitled to a Deferred Vested Pension equal to his accrued benefit, payable at his Normal Retirement Date.

A Participant who terminates employment after he has completed ten years of Continuous Service, but is not eligible for a Normal, Early or Disability Retirement Pension, shall be entitled to a Deferred Vested Pension. The Participant may either:

- (1) Leave his own contributions in the Plan, in which case he will be fully vested in his Accrued Single Life Monthly Pension payable beginning at age 65, or
- (2) Withdraw his own contributions plus interest thereon, in which case he will be entitled to the employer-provided monthly pension payable beginning at age 65. The employer-provided monthly pension will be the excess of the Participant's Accrued Single Life Monthly Pension over the pension value of the Participant's contributions to the Plan plus interest thereon.

The benefit may commence prior to age 65 on an actuarial equivalent basis if early retirement requirements are satisfied

**Pre-Retirement Spouse's Pension Coverage**

The spouse of a Participant who terminates his employment by death will receive a monthly pension payable beginning on the first day of the month next following the date of death of the Participant and continuing for the balance of the spouse's lifetime. The amount of each monthly pension will be one-half of the deceased Participant's Accrued Monthly pension. If the Participant terminates his employment by death and is not survived by a lawful spouse, his contributions to the Plan plus interest thereon will be paid in a single sum to a beneficiary named by the Participant.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

**Medicare Part B Benefits**

Each Participant who retires with a Normal Retirement, Early Retirement or Disability Retirement Pension on or after July 1, 1976 but before January 1, 2002, and whose monthly pension has commenced, shall receive reimbursement for a percentage of Medicare Part B premium required for himself and his spouse for each month in which the Participant or his spouse is eligible for Medicare Part B coverage. The maximum amount of monthly premium which is subject to reimbursement by the Plan is \$46.10 per person. The reimbursement percentage is 100% for retirements before January 1, 1993, 90% for retirements in 1993, 80% retirements in 1994, etc., decreasing to 10% for retirements in 2001. No reimbursement will be paid for retirements after December 31, 2001.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marine Acquisition Corp. Retirement Income Plan  
 EIN: 27-5496404 PN: 003

Union

|                                      |   |
|--------------------------------------|---|
| <b>Effective Date</b>                | March 22, 2011.   |
| <b>Eligibility for Participation</b> | Any employee whose initial date of hire under the predecessor plan is prior to July 1, 2006, is covered by a collective bargaining agreement with UAW Local 644 and is eligible in accordance with Supplement A of the plan document.   |
| <b>Plan Year</b>                     | The plan year is January 1 to December 31   |
| <b>Continuous Service</b>            | The period beginning with the date of hire and ending on the date the Participant’s employment terminates, excluding any breaks in service.   |
| <b>Credited Service</b>              | Credited service is the total amount of credited past service earned as of December 31, 2008 under the Teleflex Plan plus the period beginning with January 1, 2009 and ending on the date the Participant’s employment terminates (or November 1, 2017, if earlier), credited at the rate of 1/10th of a year for each 170 hours worked, provided not more than one year of service shall be credited for any one calendar year. |
| <b>Accrued Monthly Pension</b>       | Years of credited service times the monthly dollar amount indicated below (A portion of the benefit amount may be paid by Manufacturers Life):  |
|                                      | Effective 6/1/1989                      \$17.50   |
|                                      | Effective 7/1/1990                      \$18.50   |
|                                      | Effective 6/1/1991                      \$19.50   |
|                                      | Effective 6/1/1992                      \$20.50   |
|                                      | Effective 7/1/1993                      \$21.50   |
|                                      | Effective 6/1/1994                      \$23.50   |
|                                      | Effective 6/1/1995                      \$26.50   |
|                                      | Effective 6/1/1996                      \$27.00   |
|                                      | Effective 6/1/1997                      \$28.00   |
|                                      | Effective 6/1/1998                      \$29.00   |
|                                      | Effective 6/1/2000                      \$30.00   |
|                                      | Effective 6/1/2001                      \$31.00   |
|                                      | Effective 6/1/2002                      \$32.00   |
|                                      | Effective 6/1/2003                      \$33.00   |
|                                      | Effective 6/1/2004                      \$34.00   |
|                                      | Effective 6/1/2009                      \$35.00   |
|                                      | Effective 6/1/2010                      \$36.00   |
|                                      | Effective 11/1/2017                      \$38.00  |

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

**Normal Retirement Date**

A Participant's Normal Retirement Date is the first day of the month coinciding with or next following the later of the month in which his 65<sup>th</sup> birthday occurs.

**Early Retirement Pension**

The requirements for Early Retirement are attainment of age 60 and completion of ten years of Vesting Service. The Early Retirement Pension amount is equal to the Participant's Accrued Monthly Pension determined on his Early Retirement Date, reduced by ½ of 1% for each month in the period between the pension commencement date and the Participant's Normal Retirement Date.

**Normal Retirement Pension**

The pension amount payable to a Participant who retires on or after his Normal Retirement Date will be equal to his Accrued Monthly Pension determined on his actual retirement date.

**Normal Form of Pension**

The Normal Form of Pension for a Participant who is not married at the time his benefits from the Plan commence is a single life pension.

The Normal Form of Pension for a Participant who is married at the time his benefits from the Plan commence is a 50% Joint and Survivor, based on actuarial equivalence.

**Disability Retirement Pension**

Participants are eligible for Disability Retirement Pensions. The requirements to receive a Disability Retirement Pension are that an active Participant suffers a disability pursuant to which he becomes entitled to a disability pension from Social Security after the date he has completed ten years of Continuous Service but prior to the date he becomes eligible for a Normal Retirement Pension. The monthly Disability Retirement Pension shall begin immediately in an amount equal to the Participant's Accrued Monthly Pension at the time of his disability, payable as long as the Participant remains disabled.

**Deferred Vested Pension**

The requirements are that a Participant terminate employment after completing five years of Vesting Service but not be eligible for a Normal, Early or Disability Retirement Pension. The Deferred Vested Pension is a pension commencing on the Participant's Normal Retirement Date equal to his Accrued Monthly Pension determined as of the date his employment terminates. If the Participant had completed ten years of Vesting Service, he may elect a reduced benefit as early as age 60.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

**Pre-Retirement Spouse's Pension Coverage**

The spouse of a vested Participant or vested former Participant who dies before pension payments commence will be entitled to receive a monthly pension. If the Participant was eligible for Early Retirement at the time of his death, the spouse will receive the survivor annuity that would have been payable if the Participant had retired with an immediate Qualified Joint and Survivor Annuity on the day before the Participant's date of death. If the Participant was not eligible for Early Retirement at the time of his death, the spouse will receive the survivor annuity that would have been payable if the Participant had terminated employment on his date of death (or his actual date of termination, if earlier), survived to his Earliest Retirement Age, commenced receiving benefits in the form of an immediate Qualified Joint and Survivor Annuity at his Earliest Retirement Age, and died on the day after his Earliest Retirement Age. The spouse must consent to the commencement of benefits before the Participant would have reached age 65. The spouse must have been married to the Participant throughout the three-month period ending with the date of the Participant's death.

**Premium for Part B Coverage Under Medicare**

Each Participant who retires on or after his Early Retirement Date or Normal Retirement Date or who terminates his employment due to a Total and Permanent Disability shall receive the premium under Part B of Medicare, as contained in the Federal Social Security Act, for him and his spouse for each month in which the Participant or his spouse is eligible for Part B coverage under Medicare. The Company pays a portion of this benefit.

**Mutually Satisfactory Retirement**

Under this provision, a Participant who has completed ten years of Vesting Service and who retires at the request of the Company, will, with his consent, receive a temporary supplemental pension for any month for which the Participant is not eligible for an unreduced Social Security Benefit. The amount of this supplemental pension will be two times his Accrued Monthly Pension on the date of his retirement. For any month for which he is eligible for an unreduced pension from Social Security, the supplemental pension will be his Accrued Monthly Pension on the date of his retirement. This supplemental pension will cease in the event the Participants elects early commencement of his Vested Deferred Pension, reaches Normal Retirement Age, or dies.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marine Acquisition Corp. Retirement Income Plan  
EIN: 27-5496404 PN: 003

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

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

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Marine Acquisition Corp.

Plan Name: Marine Acquisition Corp. Retirement Income Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 27-5496404

Plan No.: 003

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**Item 4i- Schedule of Assets Held at End of Year**

Page 20 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 21 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.