

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: SCOR U.S. GROUP PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1975
2a Plan sponsor's name (employer, if for a single-employer plan): SCOR U.S. CORPORATION
2b Employer Identification Number (EIN): 75-1791342
2c Plan Sponsor's telephone number: 212-884-9000
2d Business code (see instructions): 524290

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	352
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	73
	6a(2)	66
	6b	156
	6c	116
	6d	338
	6e	12
	6f	350
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan <u>SCOR U.S. GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCOR U.S. CORPORATION</u>	D Employer Identification Number (EIN) <u>75-1791342</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>75786640</u>	
b Actuarial value	2b	<u>81700818</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>153</u>	<u>54009843</u>	<u>54009843</u>
b For terminated vested participants	<u>126</u>	<u>9872347</u>	<u>9872347</u>
c For active participants	<u>73</u>	<u>12563664</u>	<u>12563664</u>
d Total	<u>352</u>	<u>76445854</u>	<u>76445854</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.09 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>430000</u>	
c Target normal cost	6c	<u>430000</u>	

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>08/26/2025</u> Date
	<u>JARRED WILSON, EA, MAAA</u> Type or print name of actuary	<u>23-07371</u> Most recent enrollment number
	<u>SEGAL</u> Firm name	<u>212-251-5107</u> Telephone number (including area code)
	<u>66 HUDSON BLVD E 20TH FLOOR NEW YORK, NY 10001-2192</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9928645
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	9928645
10	Interest on line 9 using prior year's actual return of <u>8.05</u> %	0	799256
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		954944
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		49848
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1004792
	d Portion of (c) to be added to prefunding balance		1004792
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	11732693

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.52 %
15	Adjusted funding target attainment percentage	15	106.87 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/14/2024	377000	0					
06/10/2024	377000	0					
09/12/2024	377000	0					
12/09/2024	377000	0					
			Totals ▶	18(b)	1508000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1466184
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
	(4) 4th	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 2
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	430000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6477729	737121	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1167121	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1167121	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1466184	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	299063	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

A Name of plan SCOR U.S. GROUP PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCOR U.S. CORPORATION	D Employer Identification Number (EIN) 75-1791342	

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

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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)

FIDUCIARY TRUST COMPANY INTERNATION

13-3580612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	278125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

13-2619159

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	228247	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	45340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SCOR U.S. GROUP PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCOR U.S. CORPORATION	D Employer Identification Number (EIN) 75-1791342

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	488010	499889
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1580211	626684
(2) U.S. Government securities	1c(2)	44133941	43897053
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2892240	1629747
(B) All other	1c(3)(B)	12837231	8469119
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	13855007	14044348
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	3202053

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	75786640	72368893
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	126198	84010
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	126198	84010
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	75660442	72284883

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1508000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1508000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	20106	
(B) U.S. Government securities.....	2b(1)(B)	781222	
(C) Corporate debt instruments.....	2b(1)(C)	459373	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	126478	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1387179
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	234432	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		234432
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	18699336	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	17835672	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		863664
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1558011	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1558011

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-33730
d Total income. Add all income amounts in column (b) and enter total	2d	2401534

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5170485
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	5170485
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	278125
(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)	273587
(11) Other expenses	2i(11)	54896
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	606608
j Total expenses. Add all expense amounts in column (b) and enter total	2j	5777093

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-3375559
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550697.

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

A Name of plan <u>SCOR U.S. GROUP PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCOR U.S. CORPORATION</u>	D Employer Identification Number (EIN) <u>75-1791342</u>	

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

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

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

1		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): 13-3580612

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		1
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

SCOR US Group Pension Plan
Years Ended December 31, 2024 and 2023
With Independent Auditor's Report
EIN 75-1791342 PN 001

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Independent Auditor's Report

Trustees
SCOR US Group Pension Plan
New York, New York

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

**New York, New York
October 14, 2025**

Federal Employer Identification Number: 44-0160260

SCOR US Group Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	December 31,	
	2024	2023
Assets:		
Investments at fair value:		
Fixed maturities	\$ 57,197,972	\$ 59,863,412
Common stocks	14,044,348	13,855,007
Cash and cash equivalents	626,684	1,580,211
Total investments at fair value	<u>71,869,004</u>	<u>75,298,630</u>
Receivables:		
Accrued investment income	499,889	488,010
Total receivables	<u>499,889</u>	<u>488,010</u>
Total assets	<u>72,368,893</u>	<u>75,786,640</u>
Liabilities:		
Accrued expenses	84,010	126,198
Total liabilities	<u>84,010</u>	<u>126,198</u>
Net assets available for benefits	<u>\$ 72,284,883</u>	<u>\$ 75,660,442</u>

See accompanying notes to financial statements.

SCOR US Group Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2024 and 2023

	December 31,	
	2024	2023
Additions to net assets attributable to:		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (694,347)	\$ 4,220,075
Interest earned	1,387,179	1,599,632
Dividends earned	234,432	207,918
Other (losses) income	(33,730)	2,075
Total investment income	<u>893,534</u>	<u>6,029,700</u>
Employer contributions	<u>1,508,000</u>	<u>2,420,000</u>
Total contributions	<u>1,508,000</u>	<u>2,420,000</u>
Total additions	<u>2,401,534</u>	<u>8,449,700</u>
Deductions from net assets attributable to:		
Benefits paid to participants	5,170,485	4,857,070
Administrative expenses	606,608	917,811
Total deductions	<u>5,777,093</u>	<u>5,774,881</u>
Net (decrease) increase in net assets	(3,375,559)	2,674,819
Net assets available for benefits:		
Beginning of year	<u>75,660,442</u>	<u>72,985,623</u>
End of year	<u>\$ 72,284,883</u>	<u>\$ 75,660,442</u>

See accompanying notes to financial statements.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Background and Plan Description

The following brief description of the SCOR US Group Pension Plan (the “SCOR Plan” or “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information, copies are available from the Administrative Committee of the Plan.

General

The Plan is a noncontributory defined benefit pension plan sponsored by SCOR US Corporation (the “Corporation” or “Company”) covering substantially all employees of SCOR US subsidiaries, and certain other affiliates. Benefits under the Plan were based on an employee’s years of service and compensation.

Effective October 1, 2006, the SCOR Plan was closed to new participants, accrued benefits for existing participants were frozen, and to the extent not previously vested, existing participants continued to vest in their accrued benefits in accordance with the terms of the SCOR Plan.

Effective December 31, 2007, the Sorema N.A. Holding Corporation Pension Plan (the “Sorema Plan”) merged into the SCOR Plan. As part of the merger, all Sorema Plan assets and liabilities were transferred to the SCOR Plan. In addition, all accrued benefits related to the Sorema Plan are disbursed from the SCOR Plan.

Effective January 1, 2015, SCOR Global Life U.S. Re Insurance Company (“SGLUSA”) adopted the SCOR Plan as a participating employer and merged the frozen Generali USA Life Reassurance Company Employees’ Retirement Plan (the “Generali Plan”) into the SCOR Plan. In addition, all accrued benefits related to the Generali Plan are disbursed from the SCOR Plan.

The original plan documents, before the merger, have remained in effect. As a result, the Company remains directly responsible for those obligations under the original SCOR Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

SCOR Plan

Under the terms of the Plan, participants are eligible for normal monthly benefit payments upon reaching age 65 and having had five years of vesting service. Participants are eligible for reduced benefit payments upon reaching age 55 and having had ten years of vesting service.

Monthly benefit payments are determined by application of a benefit formula to a participant’s average base pay, overtime pay and bonus, for the highest five consecutive years out of the last ten years preceding retirement (or October 1, 2006, if sooner). If a participant had accrued less than 15 years of benefit service, the monthly pension benefit is equal to 46% of the average monthly compensation, as defined, multiplied by the ratio of years of benefit service to 15. If a participant had accrued 15 or more years of benefit service, the monthly pension benefit is equal to 46% of the average monthly compensation. Participants were not vested in the Plan unless they had completed five years of service, at which time the participant was 100% vested.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Background and Plan Description (continued)

The normal form of retirement benefit for a single employee is a life annuity and a 50% joint and survivor annuity for a married employee. Other forms of benefit may be elected with spousal consent.

The Plan also provides death benefits for participants and disability benefits in the event of eligibility for Social Security disability benefits.

Sorema Plan

Under the terms of the Sorema Plan, participants were eligible for normal monthly benefit payments upon reaching age 65 and having had five years of vesting service. If a participant has accrued less than 15 years of benefit service, the monthly pension benefit is equal to 50% of the average monthly compensation, as defined, multiplied by the ratio of years of benefit service to 15. If a participant had accrued 15 or more years of benefit service, the monthly pension benefit is equal to 50% of the average monthly compensation. The average monthly compensation is determined as one-twelfth of the average compensation over the 60-month period of credited service for which it is the highest. The Plan permits early retirement at ages 55 to 64 when having accumulated five years of vesting service.

The Sorema Plan also provides death benefits for participants.

Generali Plan

Under the terms of the Generali Plan, participants are eligible for retirement benefits upon reaching age 65 or earlier based on minimum age and service requirements. Participants may elect early retirement, provided that the sum of the participant's age and years of vesting service is equal to at least 75 years and they are at least 50 years of age. Employee benefits are determined by application of a benefit ratio to a participant's average monthly wage. Participants will receive monthly benefits of 1.6% of their final average salary up to covered compensation, plus 2.0% of their computed final average salary in excess of covered compensation, for each year of participating service completed prior to normal retirement, with a maximum of 30 years of participating service. The final average salary is equal to the highest 36 consecutive months of base salary out of the last 120 months.

Upon retirement, employees may receive the value of their accumulated plan benefits in annuity distributions. If the present value of their accrued benefit is less than \$20,000, they may also elect a lump-sum payment. If the present value of their accrued benefit is greater than \$1,000 but is \$5,000 or less, the employee may elect a single lump sum payment, annuity distributions, or direct rollover into an eligible retirement plan. If the present value of their accrued benefit is \$1,000 or less, the Plan will automatically distribute the lump sum. Distributions are made in accordance with the Generali Plan provisions.

The Generali Plan also provides death benefits for participants and disability benefits in the event of eligibility for Social Security disability benefits.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Background and Plan Description (continued)

Plan Expenses

Trustee fees and other fees including actuarial and audit fees subject to ERISA are paid directly by the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles (“GAAP”) in the United States of America requires management to make estimates and assumptions that affect the reporting amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for benefits and the accumulated plan benefits during the reporting period and, when applicable, the recognition and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. 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. See Note 5 for discussions of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available for issuance.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Accumulated Plan Benefits

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

Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The following are significant assumptions underlying the computation of the actuarial present value of accumulated plan benefits for the 2024 and 2023 plan years:

	January 1,	
	2024	2023
Assumed rate of interest	5.75%	5.75%

	Age	Rate of Retirement	
		SCOR/Sorema	Generali
Retirement age	55-59	0%	5%
	60-61	5%	10%
	62-64	5%	25%
	65-69	20%	30%
	70 & above	100%	100%

Assumed mortality rate:

The assumed mortality rates are the White Collar amounts-weighted PRI-2012 employee and retiree mortality tables. Mortality improvement is projected generationally using the Intermediate Tier assumptions of the SSA's 2023 Trustees Report. Previously, the same mortality improvement projection was used but based on the assumptions in the prior year's Trustees Report. The mortality assumption was selected by the plan sponsor. Based on a review of the historical experience, in light of professional judgement, the selected table and mortality improvement projection reasonably reflects the expected future mortality experience of the Plan.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information at January 1, 2024 is summarized as follows:

	January 1,
	2024
Actuarial present value of accumulated plan benefits:	
Vested Benefits:	
Participants currently receiving payments	\$ 52,996,772
Other participants	<u>21,659,557</u>
	74,656,329
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	<u>\$ 74,656,329</u>

Changes in the accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 75,029,352
Increase (decrease) during the year attributable to:	
Benefits accumulated and (gains) losses	198,958
Increase in interest due to change in discount period	4,314,188
Benefits paid	(4,857,070)
Change in actuarial assumptions (*)	<u>(29,099)</u>
Net change	<u>(373,023)</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 74,656,329</u>

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

(*) Actuarial assumption changes since prior valuation

- The mortality improvement scale was updated from the generational 2022 SSA Intermediate-Cost Projections scale to the generational 2023 SSA Intermediate-Cost Projections scale to better reflect future expected experience.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

4. Information Certified by the Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fiduciary Trust Company International, ("Fiduciary"), a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

	December 31,	
	2024	2023
Investments, at fair value	\$ 71,667,484	\$ 75,097,419
Total	\$ 71,667,484	\$ 75,097,419

	Year Ended December 31,	
	2024	2023
Interest and dividend income	\$ 1,621,611	\$ 1,807,550
Net (depreciation) appreciation in fair value of investment	(694,347)	4,220,075
Total	\$ 927,264	\$ 6,027,625

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

5. Fair Value Measurements

The Plan's investments are stated at fair value. The fair value hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a level 3 fair value measurement may include inputs that are both observable (levels 1 and 2) and unobservable (level 3). The levels of the fair value hierarchy are as follows:

- Level 1 – Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

5. Fair Value Measurements (continued)

- Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.
- Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company’s best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology during 2024.

The valuation methodology used for common stocks and short-term investments measured at fair value are at the closing price reported on the active markets on which the individual securities are traded. The valuation methodology used for corporate bonds, mortgages, and U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

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 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:

	Level 1	Level 2	Level 3	Total
Assets at fair value				
U.S. treasury securities and obligations of				
U.S. government agencies and corporations	\$ -	\$ 43,897,053	\$ -	\$ 43,897,053
Taxable municipal	-	3,202,053	-	3,202,053
Corporate bonds	-	10,098,866	-	10,098,866
Common stocks	14,044,348	-	-	14,044,348
Cash equivalents	425,164	-	-	425,164
Total assets at fair value	\$ 14,469,512	\$ 57,197,972	\$ -	\$ 71,667,484

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

5. Fair Value Measurements (continued)

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

	Level 1	Level 2	Level 3	Total
Assets at fair value				
U.S. treasury securities and obligations of				
U.S. government agencies and corporations	\$ -	\$ 42,931,668	\$ -	\$ 42,931,668
Mortgages	-	1,202,273	-	1,202,273
Corporate bonds	-	15,729,471	-	15,729,471
Common stocks	13,855,007	-	-	13,855,007
Cash equivalents	1,379,000	-	-	1,379,000
Total assets at fair value	\$ 15,234,007	\$ 59,863,412	\$ -	\$ 75,097,419

6. Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to a resolution by the Board of Directors of the Company and provision set forth by ERISA.

In the event of termination of the Plan, the net assets of the Plan will be distributed to the employees based on priorities established in the Plan and by ERISA. Generally, the net assets will be set aside first for the payment of vested benefits and then for the payment of accrued but nonvested benefits. The Pension Benefit Guaranty Corporation ("PBGC") guarantees the payment of certain nonforfeitable basic benefits, subject to certain limitations prescribed by ERISA. However, there is a ceiling on the amount of an individual's monthly benefit and the PBGC guarantees, which is adjusted periodically.

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

7. Funding Policy

The Company's funding policy regarding the Plan is to make contributions sufficient to provide the Plan with assets to pay pension benefits to Plan participants. The regular contributions, computed using the Projected Unit Credit method, consist of each year's normal contribution required to cover the annual actuarial requirements of the Plan plus a normal contribution to amortize the unfunded actuarial accrued liability, or the amount required to meet minimum funding requirements under ERISA, as determined by annual actuarial valuations of the Plan by an independent consulting actuary. The Company made contributions to the defined benefit pension plan of \$1,508,000 in 2024 and intends to make contributions of \$1,800,000 in 2025 to meet the minimum funding requirements under ERISA.

SCOR US Group Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

8. Party-In-Interest Transactions

The investments of the Plan are held by Fiduciary; therefore, the administrative fees qualify as party-in-interest transactions. Fees incurred to Fiduciary were \$278,125 and \$275,569 for the years ended December 31, 2024 and 2023, respectively. Services rendered by the actuary and the auditor also qualify as party-in-interest transactions. The related expenses amounted to \$273,587 and \$377,450 in 2024 and 2023, respectively. As of December 31, 2024 and 2023, there were accrued expenses of \$84,010 and \$126,198, respectively, included within for all party-in-interest services provided.

9. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated March 14, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the “Code”) and, therefore, the related trust is exempt from taxation. Subsequent to determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. 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 with respect to the Plan’s Form 5500 filings for Plan years prior to 2021.

10. 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Supplemental Schedules

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
	CASH, CASH EQUIVALENT					
	CASH					
	CASH			\$ 201,520	\$ 201,520	\$ 201,520
	CASH EQUIVALENT					
	STIP 2: US TREASURY ONLY			425,164	425,164	425,164
	TOTAL CASH, CASH EQUIVALENT				<u>\$ 626,684</u>	<u>\$ 626,684</u>
	FIXED MATURITIES					
	GOVERNMENTS					
	UNITED STATES OF AMER TREAS BONDS	02/15/44	0.000	1,100,000	1,106,237	1,049,916
	UNITED STATES TREASURY NOTE/BND	11/15/31	1.375	815,000	784,915	665,985
	UNITED STATES TREASURY NOTE/BND	11/15/42	2.750	225,000	224,965	168,152
	UNITED STATES TREASURY NOTE/BND	08/15/44	3.125	325,000	320,988	252,402
	UNITED STATES TREASURY NOTE/BND	02/15/39	3.500	9,835,000	10,337,900	8,620,476
	UNITED STATES TREASURY NOTE/BND	02/15/38	4.375	4,350,000	4,923,655	4,230,593
	UNITED STATES TREASURY NOTE/BND	08/15/39	4.500	4,285,000	4,923,360	4,170,890
	UNITED STATES TREASURY NOTE/BND	02/15/36	4.500	600,000	752,439	599,136
	UNITED STATES TREASURY STRIP COUPON	08/15/34	0.000	11,000,000	7,516,164	6,963,440
	UNITED STATES TREASURY STRIP COUPON	08/15/35	0.000	4,025,000	2,820,012	2,424,700
	UNITED STATES TREASURY STRIP COUPON	05/15/35	0.000	9,350,000	6,268,419	5,705,464
	UNITED STATES TREASURY STRIP COUPON	05/15/43	0.000	3,775,000	1,642,379	1,490,974
	UNITED STATES TREASURY STRIP COUPON	11/15/33	0.000	11,500,000	7,690,413	7,554,925
	TAXABLE MUNICIPAL					
	ARIZONA BRD OF RGTS TXBLE-SUSTAINABLE BOND-SER C- CALL ¹	07/01/42	4.116	150,000	150,000	128,319
	COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALL ²	11/01/46	3.650	300,000	300,000	289,992
	ESCAMBIA CNTY FL HLTH FACS AUT TXBLE-REF-HEALTHCARE	08/15/40	3.607	80,000	80,000	62,098
	INDIANA ST FIN AUTH REV TXBLE-REF-DEACONESS HEALTH	03/01/28	1.994	400,000	400,000	368,044

Footnotes:

1. ARIZONA BRD OF RGTS REV SER C- CALLABLE ON 07/01/2032 @ 100%
2. COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALLABLE ON 11/01/2028 @ 100%

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
*	Identity of Issue, Borrower, Lessor or Similar Party					
FIXED MATURITIES (Continued)						
TAXABLE MUNICIPAL						
	MIAMI-DADE CNTY FL AVIATION RE TXBLE-REF-AVIATION	10/01/27	2.349	525,000	525,000	494,734
	NORTH CAROLINA ST HSG FIN AGY TXBLE-SUSTAINABLE CALL ³	07/01/44	5.654	1,450,000	1,450,000	1,396,104
	PITTSBURGH PA PUBLIC PKG AUTH TXBLE-REF	12/01/30	2.480	285,000	285,000	248,714
	TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB CALL ⁴	06/01/31	2.951	250,000	250,000	214,048
CORPORATES						
	BANK OF AMERICA CORP	02/07/42	5.875	1,300,000	1,385,802	1,357,701
	BANK OF AMERICA CORP VARIABLE CALL ⁵	07/21/32	2.299	365,000	365,000	304,282
	BANK OF AMERICA CORP VARIABLE CALL ⁶	03/08/37	3.846	345,000	345,000	305,601
	COMCAST CORP CALL ⁷	04/01/40	3.750	1,200,000	1,026,505	965,196
	COMCAST CORP CALL ⁸	10/15/38	4.600	200,000	199,868	181,086
	CVS HEALTH CORP CALL ⁹	03/25/28	4.300	130,000	128,172	125,937
	JP MORGAN CHASE & CO	10/15/40	5.500	1,500,000	1,523,903	1,493,583
	MONTEFIORE MEDICAL CENTER CALL ¹⁰	10/20/26	2.152	105,000	105,000	101,515
	MORGAN STANLEY VARIABLE CALL ¹¹	04/22/39	4.457	1,000,000	833,700	895,150
	PFIZER INC CALL ¹²	03/15/39	3.900	1,400,000	1,287,216	1,182,040
	SHERWIN-WILLIAMS CO/THE CALL ¹³	05/15/30	2.300	360,000	359,924	314,405
	SUTTER HEALTH CALL ¹⁴	08/15/30	2.294	335,000	335,000	291,262

Footnotes:

3. NORTH CAROLINA ST HSG FIN AGY TXBLE-SUSTAINABLE CALLABLE ON 07/01/2032 @ 100%
4. TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB - CALLABLE ON 12/01/2030 @ 100%
5. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 07/21/2031 @ 100%
6. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 03/08/2032 @ 100%
7. COMCAST CORP - CALLABLE ON 10/01/2039 @ 100%
8. COMCAST CORP - CALLABLE ON 04/15/2038 @ 100%
9. CVS HEALTH CORP - CALLABLE ON 12/25/2027 @ 100%
10. MONTEFIORE MEDICAL CENTER - CALLABLE ON 04/20/2026 @ 100%
11. MORGAN STANLEY VARIABLE - CALLABLE ON 04/22/2038 @ 100%
12. PFIZER INC - CALLABLE ON 09/15/2038 @ 100%
13. SHERWIN-WILLIAMS CO/THE - CALLABLE ON 02/15/2030 @ 100%
14. SUTTER HEALTH - CALLABLE ON 02/15/2030 @ 100%

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
*	Identity of Issue, Borrower, Lessor or Similar Party					
FIXED MATURITIES (Continued)						
CORPORATES						
	TYSON FOODS INC CALL ¹⁵	08/15/34	4.875	100,000	100,483	95,280
	UNITEDHEALTH GRP INC CALL ¹⁶	08/15/39	3.500	1,550,000	1,304,263	1,226,364
	VERIZON COMMUNICATIONS INC	11/20/40	2.650	1,450,000	1,047,480	992,610
	WALT DISNEY CO/THE CALL ¹⁷	09/01/29	2.000	300,000	295,551	266,854
	TOTAL FIXED MATURITIES				\$63,394,713	\$57,197,972
COMMON STOCKS						
	ABBOTT LABORATORIES			1,500	56,299	169,686
	AIR PRODUCTS AND CHEMICALS INC			580	146,659	168,223
	ALPHABET INC			4,000	97,901	761,760
	AMAZON.COM INC			3,480	277,177	763,477
	APPLE INC			3,500	15,017	876,470
	ARES MANAGEMENT CORP			1,500	55,742	265,545
	ASTRAZENECA PLC SPONS ADR			5,000	253,770	327,600
	BLACKROCK INC			300	51,959	307,533
	BROADCOM INC			1,350	64,395	312,984
	CHEVRON CORP			1,500	96,094	217,260
	CONOCOPHILLIPS			2,000	104,385	198,340
	COSTCO WHOLESALE CORP			300	47,155	274,881
	DANAHER CORP			1,135	68,469	260,539
	EATON CORP PLC			1,000	136,932	331,870
	ECOLAB INC			935	123,105	219,089
	IQVIA HOLDINGS INC			605	74,808	118,889
	ISHARES CORE MSCI EMERGING MARKETS ETF			6,200	304,119	323,764
	ISHARES CORE S&P SMALL-CAP ETF			2,540	179,864	292,659
	ISHARES CORE S&P MID-CAP ETF			5,000	295,908	311,550
	ISHARES MSCI EAFE EFT			13,000	826,555	982,930

Footnotes:

15. TYSON FOODS INC - CALLABLE ON 02/15/2034 @ 100%

16. UNITEDHEALTH GROU INC - CALLABLE ON 02/15/2039 @ 100%

17. WALT DISNEY CO/THE - CALLABLE ON 06/01/2029 @ 100%

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
	COMMON STOCKS					
	JPMORGAN CHASE & CO			2,220	73,000	532,156
	LAM RESEARCH CORP			2,900	16,111	209,467
	MASTERCARD INC			720	16,704	379,130
	MCDONALD'S CORP			910	167,141	263,780
	MERCK & CO INC			2,000	107,586	198,960
	META PLATFORMS INC			400	214,769	234,204
	MICROSOFT CORP			2,500	101,184	1,053,750
	MORGAN STANLEY			2,485	105,024	312,414
	NEXTERA ENERGY INC			3,680	293,268	263,819
	NVIDIA CORP			6000	21866	805740
	O'REILLY AUTOMOTIVE INC			120	76,194	142,296
	PEPSICO INC			1,000	44,962	152,060
	PROCTER & GAMBLE CO/THE			1,000	122,600	167,650
	REGENERON PHARMACEUTICALS INC			180	50,580	128,219
	REPUBLIC SERVICES INC CL A			545	72,906	109,643
	SERVICENOW INC			200	37,217	212,024
	S&P GLOBAL INC			250	111,611	124,508
	STRYKER CORP			540	81,129	194,427
	SYNOPSIS INC			200	110,109	97,072
	TEXAS INSTRUMENTS INC			985	109,229	184,697
	TJX COS INC/THE			1,900	62,457	229,539
	UNITEDHEALTH GROUP INC			400	91,478	202,344
	WALMART INC			4,000	159,896	361,400
	TOTAL COMMON STOCKS				\$ 5,523,334	\$ 14,044,348
	TOTAL ASSETS				\$ 69,544,731	\$ 71,869,004

* Party-in-interest as defined by ERISA - None in 2024

SCOR US Group Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transaction for the Year Ended

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
STIP 2: US TREASURY ONLY TRANSACTIONS: 173	CASH EQUIVALENT	\$ 9,220,274	\$ -	\$ -	\$ 9,220,274	\$ 9,220,274	\$ -
STIP 2: US TREASURY ONLY TRANSACTIONS: 52	CASH EQUIVALENT	\$ -	\$ 10,174,110	\$ -	\$ 10,174,110	\$ 10,174,110	\$ -

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Line 26a - Schedule of Active Participant Data
 SCOR U.S. Group Pension Plan
 EIN 75-1791342 PN 001

Participants in Active Service by Age and Years of Service

Age	Years of Service											
	Total	Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over	
Under 25	—	—	—	—	—	—	—	—	—	—	—	—
25 - 29	—	—	—	—	—	—	—	—	—	—	—	—
30 - 34	—	—	—	—	—	—	—	—	—	—	—	—
35 - 39	2	—	2	—	—	—	—	—	—	—	—	—
40 - 44	3	—	—	2	1	—	—	—	—	—	—	—
45 - 49	1	—	—	—	1	—	—	—	—	—	—	—
50 - 54	12	—	5	5	1	1	—	—	—	—	—	—
55 - 59	18	—	3	3	3	4	—	5	—	—	—	—
60 - 64	21	—	5	4	1	4	2	4	1	—	—	—
65 - 69	12	—	3	3	1	2	—	1	—	2	—	—
70 & Over	4	—	2	—	—	—	1	1	—	—	—	—
Total	73	0	20	17	8	11	3	11	1	2	0	0

Actuarial Assumptions and Methodologies

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Interest for IRS funding purposes

The interest rates used for the 2024 plan year are the 24-month average corporate bond segment rates for November 2023 (a 2-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. Each of the three segments of the yield curve reflecting the 25-year average rates is constrained to be no less than 5%. For 2024, the stabilization corridor is 5%. It will remain at 5% through 2030 and then increase by 5% per year beginning in 2031 until it reaches 30% for 2035. The interest rate description above reflects that the plan sponsor elected to apply the ARPA provisions beginning with the 2020 plan year. The rates are as follows:

Assumption	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	4.75%	4.87%	5.59%	5.09%
Current Year, without stabilization	4.02%	4.73%	4.75%	4.69%
Prior Year, reflecting stabilization	4.75%	5.00%	5.74%	5.22%
Prior Year, without stabilization	1.76%	3.36%	3.76%	3.42%

Attachment to 2024 Schedule SB of Form 5500
 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
 SCOR U.S. Group Pension Plan
 EIN 75-1791342 PN 001

Interest for PBGC premium purposes

Under the Standard Method, the interest rates used to determine the PBGC variable-rate premium for the 2024 plan year are the average corporate bond segment rates for December, as follows:

Year	Method	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	Standard	5.01%	5.13%	5.15%
Prior Year	Standard	4.84%	5.15%	4.85%

These interest rates are based on the plan sponsor’s election to use the Standard Method (the plan sponsor currently has the option to change methods) and are subject to the constraints established by law.

Mortality Rates

Pri-2012 separate employee and annuitant healthy mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

Benefit Election

	Single Life Annuity	50% Joint and Survivor Annuity	66 $\frac{2}{3}$ % Joint and Survivor Annuity
SCOR	50%	50%	N/A
Generali ERP	25%	0%	75%
Sorema	50%	50%	N/A

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Sample Termination Rates

Age	Rates
20	17.94%
25	17.22
30	16.21
35	14.86
40	13.10
45	10.84
50	7.92
55	4.40
60	1.20

Termination rates do not apply after early retirement age. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Sample Disability Rates

2013 Individual Disability Income Valuation Table (2013 IDIVT). Based on a review of the assumed rates compared to standard tables, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Retirement (From Active Status) Rates

Age	SCOR / Sorema Rates	Generali Rates
55-59	0%	5%
60-61	5	10
62-64	5	25
65-69	20	30
70+	100	100

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Description of Weighted Average Retirement Age

Age 64.04, determined as follows: The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Retirement From Inactive Status

Age 65

Percent Married

80% for SCOR and Sorema participants. 75% for Generali participants.

Age Difference

For SCOR and Sorema participants, male spouses are assumed to be four years older than female spouses. For Generali participants, male spouses are assumed to be three years older than female spouses.

Administrative Expenses

An expense assumption is required under the funding rules. Plan-related expenses of \$430,000 (previously \$700,000) are expected to be paid by the plan during the year.

This assumption is based on recent historical data, adjusted to reflect PBGC premium changes and estimated future experience and professional judgment.

Asset Method

As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 5.75% for 2023 and 6.00% for 2022, not to exceed the applicable third segment rates of 5.74% for 2023 and 5.92% for 2022.

Funding Method and Contribution Requirement

Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates.

Plan sponsors are required under Internal Revenue Code Section 430 to make a minimum level of contributions to qualified pension plans. Available credit balances can be used to satisfy this required contribution. In general, the minimum required contribution is the sum of the target normal cost and an installment that amortizes the plan's funding shortfall, offset by any plan overfunding, if applicable. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen years. Once that is achieved, or for overfunded plans, the minimum required contribution will generally equal the target normal cost reduced by any overfunding.

Non-Prescribed Assumption Changes Since Prior Valuation

- Administrative Expenses
 - Current Assumptions: \$430,000
 - Prior Assumptions: \$700,000
 - Reason for Change: Plan Experience

Actuarial Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

SCOR US Group Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transaction for the Year Ended

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
STIP 2: US TREASURY ONLY TRANSACTIONS: 173	CASH EQUIVALENT	\$ 9,220,274	\$ -	\$ -	\$ 9,220,274	\$ 9,220,274	\$ -
STIP 2: US TREASURY ONLY TRANSACTIONS: 52	CASH EQUIVALENT	\$ -	\$ 10,174,110	\$ -	\$ 10,174,110	\$ 10,174,110	\$ -

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan SCOR U.S. GROUP PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Scor U.S. Corporation	D Employer Identification Number (EIN) 75-1791342	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	75,786,640
	b Actuarial value	2b	81,700,818
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	153	54,009,843
	b For terminated vested participants	126	9,872,347
	c For active participants	73	12,563,664
	d Total	352	76,445,854
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.09%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	430,000
	c Target normal cost	6c	430,000

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

SIGN HERE	 Signature of actuary	<u>08/26/2025</u> Date
	<u>Jarred Wilson, EA, MAAA</u> Type or print name of actuary	<u>2307371</u> Most recent enrollment number
	<u>Segal</u> Firm name	<u>212-251-5107</u> Telephone number (including area code)
	<u>66 Hudson Blvd E 20th Floor NEW YORK NY 10001-2192</u> Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 2
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	430,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6,477,729	737,121	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,167,121	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1,167,121	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,466,184	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	299,063	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Attachment to 2024 Schedule SB of Form 5500

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

SCOR U.S. Group Pension Plan

EIN 75-1791342 PN 001

SCOR and Former Sorema Participants

Age	Rate of Retirement	Lx	Number of Retirements	Number of Retirements * Age
60	5.00%	10,000	500	30,000
61	5.00%	9,500	475	28,975
62	5.00%	9,025	451	27,978
63	5.00%	8,574	429	27,007
64	5.00%	8,145	407	26,064
65	20.00%	7,738	1,548	100,592
66	20.00%	6,190	1,238	81,711
67	20.00%	4,952	990	66,359
68	20.00%	3,962	792	53,880
69	20.00%	3,169	634	43,738
70	100.00%	2,536	2,536	177,487
Total			10,000	663,791

Weighted Average Retirement Age: 66.38

The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Attachment to 2024 Schedule SB of Form 5500

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

SCOR U.S. Group Pension Plan

EIN 75-1791342 PN 001

Former Generali Participants

Age	Rate of Retirement	Lx	Number of Retirements	Number of Retirements * Age
55	5.00%	10,000	500	27,500
56	5.00%	9,500	475	26,600
57	5.00%	9,025	451	25,721
58	5.00%	8,574	429	24,864
59	5.00%	8,145	407	24,028
60	10.00%	7,738	774	46,427
61	10.00%	6,964	696	42,481
62	25.00%	6,268	1,567	97,148
63	25.00%	4,701	1,175	74,036
64	25.00%	3,526	881	56,409
65	30.00%	2,644	793	51,561
66	30.00%	1,851	555	36,648
67	30.00%	1,296	389	26,042
68	30.00%	907	272	18,502
69	30.00%	635	190	13,142
70	100.00%	444	444	31,108
Total			10,000	622,216

Weighted Average Retirement Age: 62.22

The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

All Participants

Division	# of Participants	Weighted Avg Retirement Age
SCOR/Sorema	32	66.38
Generali	41	62.22
Total	73	64.04

Weighted Average Retirement Age: 64.04

The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

For SCOR and former Sorema participants, the plan is closed to new entrants and all benefit accruals are frozen effective 9/30/2006. For former Generali ERP participants, the Plan is closed to new entrants as of 07/01/2012 and all benefit accruals are frozen effective 12/31/2014.

Statutory Limits

Section 415 limit: \$275,000 (previously, \$265,000)

Recent Plan Amendments

- Generali ERP plan freeze and merger into the SCOR U.S. Group Pension Plan
 - Effective Date: December 31, 2014
 - Reflected in 2024 Actuarial Valuation: Yes
- Generali early retirement supplement service accrual freeze
 - Effective Date: January 1, 2015
 - Reflected in 2024 Actuarial Valuation: Yes
- Pre-retirement death benefit designation
 - Effective Date: January 1, 2015
 - Reflected in 2024 Actuarial Valuation: Yes
- Terminated vested lump sum distribution window
 - Effective Date: September 22, 2016

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

- Reflected in 2024 Actuarial Valuation: Yes
- Regulatory update for treatment of benefits payable as a partial lump sum
 - Effective Date: January 1, 2017
 - Reflected in 2024 Actuarial Valuation: Yes

Legacy SCOR U.S. Group Pension Plan Participants

Normal Retirement

- Age Requirement: 65
- Service Requirement: 5 Years
- Amount: $46\% \times \text{average monthly compensation} \times \text{years of service} / (\text{greater of projected years of service to normal retirement date and } 15)$
- Average monthly compensation: Average monthly compensation paid during the highest consecutive 5 calendar years

Early Retirement

- Age Requirement: 55
- Service Requirement: 10 years of service
- Amount: Reduced by 1/15th for each year preceding age 65 and 1/30th for each year preceding age 60

Late Retirement

- Active: Participants who work past normal retirement date receive actuarial equivalent increases beginning at age 70.5
- Deferred: Deferred participants over age 65 receive the actuarial equivalent of their normal retirement benefit

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Accrued pension payable at age 65
- Vesting Percentage: 100% after 5 years of service

Pre-Retirement Death Benefits

- Amount: Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died

Forms of Benefit

- Normal Form: Life annuity for single participants, 50% joint and survivor annuity for married participants
- Optional Forms: 50%, 66⅔%, 75%, or 100% joint and survivor, 5 year certain and life, 10 year certain and life
- Actuarial Equivalence: GA71 Table 50/50% M/F blended at 6.5% interest for all optional forms

Legacy Sorema N.A. Holding Corporation Pension Plan Participants

Normal Retirement

- Age Requirement: 65
- Service Requirement: 5 Years
- Amount: $50\% \times \text{average monthly compensation} \times (\text{lesser of years of service and } 15) / 15$
- Average monthly compensation: Average of the highest consecutive 60 months

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years of service
- Amount: Normal retirement benefit reduced by 1/15th for each year preceding age 65 and 1/30th for each year preceding age 60

Late Retirement

- Active: Participants who work past normal retirement date receive the actuarial equivalent of their normal retirement benefit
- Deferred: Deferred participants over age 65 receive the actuarial equivalent of their normal retirement benefit

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Accrued pension payable at age 65
- Vesting Percentage: Participants who terminate with 1 year of vesting service will be 20% vested, increasing by 20% for each additional year of vesting service up to a maximum of 100%

Pre-Retirement Death Benefits

- Amount: Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Forms of Benefit

- Normal Form: Life annuity for single participants, 50% joint and survivor annuity for married participants
- Optional Forms: 50%, 75%, or 100% joint and survivor, 10 year certain and life, life annuity with Social Security level income option, 10 level installments, 20 level installments, lump sum distribution
- Actuarial Equivalence: Lump sum and level installments actuarial equivalence is based on IRS section 417(e)
 - Interest as of the November of the preceding plan year
 - Mortality for the current plan year
 - Joint and survivor actuarial equivalence is given in Table 1 of Exhibit B in the plan document
 - Life annuity with a certain period actuarial equivalence is given in Table 2 of Exhibit B in the plan document
 - Life annuity with Social Security level income option actuarial equivalence is given in Table 3 of Exhibit B in the plan document

Legacy Generali USA Life Reassurance Company Employees' Retirement Plan Participants

Normal Retirement

- Age Requirement: 65
- Service Requirement: 5 Years
- Amount: $1.6\% \times \text{final average salary not in excess of Covered Compensation} \times \text{years of service up to 30} + 2\% \times \text{final average salary in excess of Covered Compensation} \times \text{years of service up to 30}$
- Final average salary: Average of the highest consecutive 36 months out of last 120 months

Early Retirement

- Points Requirement: 75 points and at least age 50
- Amount: If the participant retires from active service, the normal retirement benefit is reduced according to Table C of the plan document. If the participant retires from inactive service, the regular pension is reduced according to Table A of the plan document. Sample rates are provided below:

Active Early Retirement – Table C Sample

Vesting Service	Participant Age at Retirement			
	50	55	60	65
20	N/A	0.40	0.70	1.00
25	0.50	0.70	0.80	1.00
30	0.52	0.79	0.90	1.00
35	0.52	0.79	1.00	1.00

Inactive Early Retirement – Table A Sample

Participant Age at Retirement	Early Retirement Reduction Factor
50	0.275
55	0.407
60	0.623
65	1.000

Early Retirement Supplement

- Eligibility: Participants retiring under the early retirement provisions of the plan who are under the age of 62 at their early retirement date are eligible for an early retirement supplement. Payment of the early retirement supplement shall cease as of the first day of the calendar month coincident with or next following attainment of age 62.
- Amount: $\$12 \times \text{years of service up to } 30 \times [1 - 0.005 \times (60 - \text{participant age at retirement}) \times 12]$

Late Retirement

- Amount: Participants who work past normal retirement date receive the actuarial equivalent of their normal retirement benefit

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Accrued pension payable at age 65
- Vesting Percentage: 100% after 5 years of service

Pre-Retirement Death Benefits

- Amount: Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment, if married for more than 1 year but less than 5 years, as 50% joint and survivor annuity and then died, if married for more than 5 years, as 66 $\frac{2}{3}$ % joint and survivor annuity and then died.

Forms of Benefit

- Normal Form: Life annuity if single, 50% joint and survivor annuity if married and not eligible for 66 $\frac{2}{3}$ % joint and survivor annuity, 66 $\frac{2}{3}$ % joint and survivor annuity, if:
 - a) early retirement eligible at termination
 - b) married at least 5 years at termination
 - c) legally married for the year preceding benefit commencement
- Optional Forms: 50%, 75%, or 100% joint and survivor, 5 year certain and life, 10 year certain and life, 15 year certain and life, 20 year certain and life
- Actuarial Equivalence: GA71 Table set back six years for females 50/50% M/F blended at 6% interest for all optional forms

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
*	Identity of Issue, Borrower, Lessor or Similar Party					
	CASH, CASH EQUIVALENT					
	CASH					
	CASH			\$ 201,520	\$ 201,520	\$ 201,520
	CASH EQUIVALENT					
	STIP 2: US TREASURY ONLY			425,164	425,164	425,164
	TOTAL CASH, CASH EQUIVALENT				<u>\$ 626,684</u>	<u>\$ 626,684</u>
	FIXED MATURITIES					
	GOVERNMENTS					
	UNITED STATES OF AMER TREAS BONDS	02/15/44	0.000	1,100,000	1,106,237	1,049,916
	UNITED STATES TREASURY NOTE/BND	11/15/31	1.375	815,000	784,915	665,985
	UNITED STATES TREASURY NOTE/BND	11/15/42	2.750	225,000	224,965	168,152
	UNITED STATES TREASURY NOTE/BND	08/15/44	3.125	325,000	320,988	252,402
	UNITED STATES TREASURY NOTE/BND	02/15/39	3.500	9,835,000	10,337,900	8,620,476
	UNITED STATES TREASURY NOTE/BND	02/15/38	4.375	4,350,000	4,923,655	4,230,593
	UNITED STATES TREASURY NOTE/BND	08/15/39	4.500	4,285,000	4,923,360	4,170,890
	UNITED STATES TREASURY NOTE/BND	02/15/36	4.500	600,000	752,439	599,136
	UNITED STATES TREASURY STRIP COUPON	08/15/34	0.000	11,000,000	7,516,164	6,963,440
	UNITED STATES TREASURY STRIP COUPON	08/15/35	0.000	4,025,000	2,820,012	2,424,700
	UNITED STATES TREASURY STRIP COUPON	05/15/35	0.000	9,350,000	6,268,419	5,705,464
	UNITED STATES TREASURY STRIP COUPON	05/15/43	0.000	3,775,000	1,642,379	1,490,974
	UNITED STATES TREASURY STRIP COUPON	11/15/33	0.000	11,500,000	7,690,413	7,554,925
	TAXABLE MUNICIPAL					
	ARIZONA BRD OF RGTS TXBLE-SUSTAINABLE BOND-SER C- CALL ¹	07/01/42	4.116	150,000	150,000	128,319
	COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALL ²	11/01/46	3.650	300,000	300,000	289,992
	ESCAMBIA CNTY FL HLTH FACS AUT TXBLE-REF-HEALTHCARE	08/15/40	3.607	80,000	80,000	62,098
	INDIANA ST FIN AUTH REV TXBLE-REF-DEACONESS HEALTH	03/01/28	1.994	400,000	400,000	368,044

Footnotes:

1. ARIZONA BRD OF RGTS REV SER C- CALLABLE ON 07/01/2032 @ 100%
2. COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALLABLE ON 11/01/2028 @ 100%

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
*	Identity of Issue, Borrower, Lessor or Similar Party					
FIXED MATURITIES (Continued)						
TAXABLE MUNICIPAL						
	MIAMI-DADE CNTY FL AVIATION RE TXBLE-REF-AVIATION	10/01/27	2.349	525,000	525,000	494,734
	NORTH CAROLINA ST HSG FIN AGY TXBLE-SUSTAINABLE CALL ³	07/01/44	5.654	1,450,000	1,450,000	1,396,104
	PITTSBURGH PA PUBLIC PKG AUTH TXBLE-REF	12/01/30	2.480	285,000	285,000	248,714
	TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB CALL ⁴	06/01/31	2.951	250,000	250,000	214,048
CORPORATES						
	BANK OF AMERICA CORP	02/07/42	5.875	1,300,000	1,385,802	1,357,701
	BANK OF AMERICA CORP VARIABLE CALL ⁵	07/21/32	2.299	365,000	365,000	304,282
	BANK OF AMERICA CORP VARIABLE CALL ⁶	03/08/37	3.846	345,000	345,000	305,601
	COMCAST CORP CALL ⁷	04/01/40	3.750	1,200,000	1,026,505	965,196
	COMCAST CORP CALL ⁸	10/15/38	4.600	200,000	199,868	181,086
	CVS HEALTH CORP CALL ⁹	03/25/28	4.300	130,000	128,172	125,937
	JP MORGAN CHASE & CO	10/15/40	5.500	1,500,000	1,523,903	1,493,583
	MONTEFIORE MEDICAL CENTER CALL ¹⁰	10/20/26	2.152	105,000	105,000	101,515
	MORGAN STANLEY VARIABLE CALL ¹¹	04/22/39	4.457	1,000,000	833,700	895,150
	PFIZER INC CALL ¹²	03/15/39	3.900	1,400,000	1,287,216	1,182,040
	SHERWIN-WILLIAMS CO/THE CALL ¹³	05/15/30	2.300	360,000	359,924	314,405
	SUTTER HEALTH CALL ¹⁴	08/15/30	2.294	335,000	335,000	291,262

Footnotes:

3. NORTH CAROLINA ST HSG FIN AGY TXBLE-SUSTAINABLE CALLABLE ON 07/01/2032 @ 100%
4. TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB - CALLABLE ON 12/01/2030 @ 100%
5. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 07/21/2031 @ 100%
6. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 03/08/2032 @ 100%
7. COMCAST CORP - CALLABLE ON 10/01/2039 @ 100%
8. COMCAST CORP - CALLABLE ON 04/15/2038 @ 100%
9. CVS HEALTH CORP - CALLABLE ON 12/25/2027 @ 100%
10. MONTEFIORE MEDICAL CENTER - CALLABLE ON 04/20/2026 @ 100%
11. MORGAN STANLEY VARIABLE - CALLABLE ON 04/22/2038 @ 100%
12. PFIZER INC - CALLABLE ON 09/15/2038 @ 100%
13. SHERWIN-WILLIAMS CO/THE - CALLABLE ON 02/15/2030 @ 100%
14. SUTTER HEALTH - CALLABLE ON 02/15/2030 @ 100%

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
		Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
*	Identity of Issue, Borrower, Lessor or Similar Party					
FIXED MATURITIES (Continued)						
CORPORATES						
	TYSON FOODS INC CALL ¹⁵	08/15/34	4.875	100,000	100,483	95,280
	UNITEDHEALTH GRP INC CALL ¹⁶	08/15/39	3.500	1,550,000	1,304,263	1,226,364
	VERIZON COMMUNICATIONS INC	11/20/40	2.650	1,450,000	1,047,480	992,610
	WALT DISNEY CO/THE CALL ¹⁷	09/01/29	2.000	300,000	295,551	266,854
	TOTAL FIXED MATURITIES				\$63,394,713	\$57,197,972
COMMON STOCKS						
	ABBOTT LABORATORIES			1,500	56,299	169,686
	AIR PRODUCTS AND CHEMICALS INC			580	146,659	168,223
	ALPHABET INC			4,000	97,901	761,760
	AMAZON.COM INC			3,480	277,177	763,477
	APPLE INC			3,500	15,017	876,470
	ARES MANAGEMENT CORP			1,500	55,742	265,545
	ASTRAZENECA PLC SPONS ADR			5,000	253,770	327,600
	BLACKROCK INC			300	51,959	307,533
	BROADCOM INC			1,350	64,395	312,984
	CHEVRON CORP			1,500	96,094	217,260
	CONOCOPHILLIPS			2,000	104,385	198,340
	COSTCO WHOLESALE CORP			300	47,155	274,881
	DANAHER CORP			1,135	68,469	260,539
	EATON CORP PLC			1,000	136,932	331,870
	ECOLAB INC			935	123,105	219,089
	IQVIA HOLDINGS INC			605	74,808	118,889
	ISHARES CORE MSCI EMERGING MARKETS ETF			6,200	304,119	323,764
	ISHARES CORE S&P SMALL-CAP ETF			2,540	179,864	292,659
	ISHARES CORE S&P MID-CAP ETF			5,000	295,908	311,550
	ISHARES MSCI EAFE EFT			13,000	826,555	982,930

Footnotes:

15. TYSON FOODS INC - CALLABLE ON 02/15/2034 @ 100%

16. UNITEDHEALTH GROU INC - CALLABLE ON 02/15/2039 @ 100%

17. WALT DISNEY CO/THE - CALLABLE ON 06/01/2029 @ 100%

SCOR US Group Pension Plan

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

December 31, 2024

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
	COMMON STOCKS					
	JPMORGAN CHASE & CO			2,220	73,000	532,156
	LAM RESEARCH CORP			2,900	16,111	209,467
	MASTERCARD INC			720	16,704	379,130
	MCDONALD'S CORP			910	167,141	263,780
	MERCK & CO INC			2,000	107,586	198,960
	META PLATFORMS INC			400	214,769	234,204
	MICROSOFT CORP			2,500	101,184	1,053,750
	MORGAN STANLEY			2,485	105,024	312,414
	NEXTERA ENERGY INC			3,680	293,268	263,819
	NVIDIA CORP			6000	21866	805740
	O'REILLY AUTOMOTIVE INC			120	76,194	142,296
	PEPSICO INC			1,000	44,962	152,060
	PROCTER & GAMBLE CO/THE			1,000	122,600	167,650
	REGENERON PHARMACEUTICALS INC			180	50,580	128,219
	REPUBLIC SERVICES INC CL A			545	72,906	109,643
	SERVICENOW INC			200	37,217	212,024
	S&P GLOBAL INC			250	111,611	124,508
	STRYKER CORP			540	81,129	194,427
	SYNOPSIS INC			200	110,109	97,072
	TEXAS INSTRUMENTS INC			985	109,229	184,697
	TJX COS INC/THE			1,900	62,457	229,539
	UNITEDHEALTH GROUP INC			400	91,478	202,344
	WALMART INC			4,000	159,896	361,400
	TOTAL COMMON STOCKS				\$ 5,523,334	\$ 14,044,348
	TOTAL ASSETS				\$ 69,544,731	\$ 71,869,004

* Party-in-interest as defined by ERISA - None in 2024

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Schedule of Shortfall Amortization Bases as of January 1, 2024

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2024	\$432,463	\$432,463	15	\$39,346
2023	5,065,794	4,860,827	14	463,930
2022	(6,973,927)	(6,405,120)	13	(644,469)
2021	(2,219,386)	(1,939,731)	12	(206,940)
2020	11,559,150	9,529,290	11	1,085,254
Total		\$6,477,729		\$737,121

Attachment to 2024 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation

- Administrative Expenses
 - Current Assumptions: \$430,000
 - Prior Assumptions: \$700,000
 - Reason for Change: Plan Experience