

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

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

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

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

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

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

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

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

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

1a Name of plan <u>SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>502</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SCHLUMBERGER TECHNOLOGY CORPORATION</u> <u>3600 BRIARPARK DR., 3RD FLOOR, MD-4</u> <u>HOUSTON, TX 77042</u>	1c Effective date of plan <u>01/27/1938</u> 2b Employer Identification Number (EIN) <u>22-1692661</u> 2c Plan Sponsor's telephone number <u>281-285-8500</u> 2d Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	LORRAINE MAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	20360
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)	13691
	6a(2)	13185
	6b	118
	6c	0
	6d	13303
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input 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 type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>19</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 502</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE LEGAL PLANS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
34-1650967	00000	6750010	2557	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 51870	(b) Total amount of fees paid 4
------------------------------------------------------	-------------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY, INC. 333 WEST 34TH STREET NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51870			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL GROUP INC PO BOX 4058N NEW YORK, NY 10261

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	576947
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HORIZON HEALTHCARE SERVICES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	86193	9	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		99435
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	2500709,3174376	1847	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		272998
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION	D Employer Identification Number (EIN) 22-1692661	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	AI110704	6240	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 42913	(b) Total amount of fees paid 42913
-------------------------------------------------------------	------------------------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY EASTERN **P.O. BOX 4125 CHURCH STREET STATION**
NEW YORK, NY 10261-4125

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42913			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TEMPO HOLDINGS COMPANY LLC **4 OVERLOOK POINT**
LINCOLNSHIRE, IL 60069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	42913	SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	858257
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 502</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	CI110674	4363	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 163424	(b) Total amount of fees paid 81712
-------------------------------------------------------	-----------------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY EASTERN P.O. BOX 4125 CHURCH STREET STATION NEW YORK, NY 10261-4125

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
163424			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TEMPO HOLDINGS COMPANY LLC 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	81712	SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1634237
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 502</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	HC110538	4410	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 120920	(b) Total amount of fees paid 60460
-------------------------------------------------------	-----------------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE SEGAL COMPANY EASTERN P.O. BOX 4125 CHURCH STREET STATION
NEW YORK, NY 10261-4125

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
120920			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TEMPO HOLDINGS COMPANY LLC 4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	60460	SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		1209197
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 502</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE GROUP INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2556568	64548	NYD0075430	42	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 171	(b) Total amount of fees paid 9
----------------------------------------------------	-------------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS LLC **4565 PAYSPPHERE CIRCLE**
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
171			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS LLC **4565 PAYSPPHERE CIRCLE**
CHICAGO, IL 60674-0001

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		12958
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION	D Employer Identification Number (EIN) 22-1692661	

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	SDJ0980109	4	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 32	(b) Total amount of fees paid 0
------------------------------------------------------------------------------------	----------------------------------------------------------------------------

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

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

MERCER HEALTH & BENEFITS LLC 4565 PAYSHERE CIRCLE
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4252
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF CALIFORNIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2600475	00000	2500709,3174376	17	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		5210
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF COLORADO, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2675861	11175	2500709,3174376	12	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		5197
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF PENNSYLVANIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-1220578	47041	2500709,3174376	4	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2597
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF OHIO, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2579774	47805	2500709,3174376	5	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2597
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 502</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF FLORIDA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1611217	52021	2500709,3174376	4	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		374
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF KANSAS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2625350	52024	2500709,3174376	8	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2597
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF KENTUCKY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2619589	52108	2500709,3174376	11	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a			2597
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b			

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF TEXAS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2676977	95037	2500709,3174376	645	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		208052
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0147850	2206	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	-512

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS LLC **4565 PAYSHERE CIRCLE**
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	100	NON-MONETARY COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS LLC **4565 PAYSHERE CIRCLE**
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	-612	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		971315
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 502</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0147840	55913	01/01/2024	12/31/2024

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS LLC **4565 PAYSHERE CIRCLE**
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	95	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		15490473
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

<p>A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 502</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION</p>	<p>D Employer Identification Number (EIN) 22-1692661</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD FIRE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0383750	19682	GTA101906	14259	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION	D Employer Identification Number (EIN) 22-1692661	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	23317793	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)

CIGNA HEALTHCARE

06-1252419

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	NONE	6142929	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NISA INVESTMENT ADVISORS L.L.C.

48-1140940

(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?
28 51	NONE	661450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SIBSON CONSULTING

13-1835864

(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 50	NONE	260450	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)

CARE OPERATIVE LLC

20-8981027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	243773	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)

TOKIO MARINE

35-1817054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	208800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIS TOWERS WATSON

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	153500	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)

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	60680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 62	NONE	53431	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

PRINCIPAL

51-0099493

(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?
49 50	NONE	14000	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)

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
	SEE ATTACHED.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>SCHLUMBERGER GROUP WELFARE BENEFITS PLAN</u>	B Three-digit plan number (PN)	<u>502</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHLUMBERGER TECHNOLOGY CORPORATION</u>	D Employer Identification Number (EIN) <u>22-1692661</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MFB NTGI-QM COM DAILY S&P 500 TX EX</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>45-6138596-001</u>	<u>C</u>		<u>141528671</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION	D Employer Identification Number (EIN) 22-1692661

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7754085	54878903
(2) Participant contributions	1b(2)	2174129	259034
(3) Other	1b(3)	11149305	11444633
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12552174	0
(2) U.S. Government securities	1c(2)	175057014	148692601
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	33195276	27303249
(B) All other	1c(3)(B)	415704510	385175224
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	125283855	141528671
(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)	15284282	20836924
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	798154630	790119239
Liabilities			
g Benefit claims payable.....	1g	75705832	91833802
h Operating payables.....	1h	811539	1272377
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1211559	1669315
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	77728930	94775494
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	720425700	695343745

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)	273266392	
(B) Participants.....	2a(1)(B)	79628026	
(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)		352894418
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	3167237	
(C) Corporate debt instruments.....	2b(1)(C)	23142139	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	3189277	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29498653
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1046165	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1046165
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	577877996	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	593888098	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-16010102
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-25742875	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		27181763
(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)		3
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		368868025

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	354145355	
(2) To insurance carriers for the provision of benefits	2e(2)	21899032	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		376044387
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)	6511498	
(3) Recordkeeping fees	2i(3)	1575458	
(4) IQPA audit fees	2i(4)	53252	
(5) Investment advisory and investment management fees	2i(5)	704076	
(6) Bank or trust company trustee/custodial fees	2i(6)	4256	
(7) Actuarial fees	2i(7)	225150	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	8831903	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		17905593
j Total expenses. Add all expense amounts in column (b) and enter total	2j		393949980

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-25081955
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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		1000000
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 _____.

Schlumberger Group Welfare Benefits Plan

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Schlumberger Group Welfare Benefits Plan

Financial Statements and ERISA-Required Supplemental Schedules
Years Ended December 31, 2024 and 2023

Schlumberger Group Welfare Benefits Plan

Contents

Independent Auditor's Report	3-6
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	8
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	9
Statements of Plan Benefit Obligations as of December 31, 2024 and 2023	10
Statements of Changes in Plan Benefit Obligations for the Years Ended December 31, 2024 and 2023	11
Notes to Financial Statements	12-25
ERISA-Required Supplemental Schedules	
Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	27-55
Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024	56-58

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

The Plan Administrator
Schlumberger Group Welfare Benefits Plan
Houston, Texas

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

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

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

Management has obtained 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 6 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements,



whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

BDO USA, P.C.

October 15, 2025

Financial Statements

Schlumberger Group Welfare Benefits Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value:		
Mutual funds	\$ 20,836,924	\$ 15,284,282
Collective trust	141,528,671	125,283,855
Government and other related bonds	148,692,601	175,057,014
Corporate bonds and other fixed-income obligations	412,478,473	448,899,786
Cash and cash equivalents	-	12,552,174
Total Investments	723,536,669	777,077,111
Net assets held in Schlumberger defined benefit plans - restricted for 401(h) accounts	202,074,210	207,408,555
Receivables:		
Employer contributions	54,878,903	7,754,085
Participant contributions	259,034	2,174,129
Accrued interest and dividends	6,501,504	6,562,915
Formulary rebates	4,943,129	4,586,390
Total Receivables	66,582,570	21,077,519
Total Assets	992,193,449	1,005,563,185
Liabilities		
Accrued administrative expenses	1,272,377	811,539
Due to broker for securities purchased	1,669,315	1,211,559
Total Liabilities	2,941,692	2,023,098
Net Assets Available for Benefits	\$ 989,251,757	\$ 1,003,540,087

See accompanying notes to financial statements.

Schlumberger Group Welfare Benefits Plan
Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024	2023
Additions		
Contributions:		
Participant	\$ 79,628,026	\$ 62,157,958
Employer	273,266,392	242,890,535
Total Contributions	352,894,418	305,048,493
Investment income (loss):		
Interest and dividend income	32,239,346	32,813,591
Net (depreciation) appreciation in fair value of investments	(16,265,739)	50,797,528
Total Investment Income	15,973,607	83,611,119
Net (decrease) increase in 401(h) accounts	(5,334,345)	13,149,033
Total Additions, net of investment income	363,533,680	401,808,645
Deductions		
Claims paid, net	338,017,385	327,710,073
Insurance premiums paid	21,899,032	20,625,297
Administrative expenses	17,905,593	16,712,367
Total Deductions	377,822,010	365,047,737
Net (Decrease) Increase	(14,288,330)	36,760,908
Transfer of Assets	-	262,937
Net Assets Available for Benefits, beginning of year	1,003,540,087	966,516,242
Net Assets Available for Benefits, end of year	\$ 989,251,757	\$ 1,003,540,087

See accompanying notes to financial statements.

Schlumberger Group Welfare Benefits Plan

Statements of Plan Benefit Obligations

<i>December 31,</i>	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Health claims payable and premiums due to insurers	\$ 63,412,675	\$ 51,924,370
Other Obligations for Current Benefit Coverages, at present value of estimated amounts		
Claims incurred but not reported	28,421,127	23,781,462
Total Obligations, other than postretirement benefit obligations	91,833,802	75,705,832
Postretirement Benefit Obligations		
Retired participants	558,215,025	581,937,302
Other participants fully eligible for benefits	14,833,050	17,430,422
Participants not yet fully eligible for benefits	208,253,104	207,313,795
Total Postretirement Benefit Obligations	781,301,179	806,681,519
Total Plan Benefit Obligations	\$ 873,134,981	\$ 882,387,351

See accompanying notes to financial statements.

Schlumberger Group Welfare Benefits Plan
Statements of Changes in Plan Benefit Obligations

<i>Year ended December 31,</i>	2024	2023
Obligations Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance, beginning of year	\$ 51,924,370	\$ 51,116,038
Claims reported and incurred, including claims and premiums reclassified from postretirement benefit obligations	371,404,722	349,143,702
Claims and insurance premiums paid	(359,916,417)	(348,335,370)
Balance, end of year	63,412,675	51,924,370
Other Obligations for Current Benefit Coverages, at present value of estimated amounts		
Balance, beginning of year	23,781,462	24,266,747
Increase (decrease) in benefits attributable to medical benefits	4,541,674	(806,525)
Increase in benefits attributable to dental benefits	97,991	321,240
Balance, end of year	28,421,127	23,781,462
Total Obligations, other than postretirement benefit obligations	91,833,802	75,705,832
Postretirement Benefit Obligations		
Balance, beginning of year	806,681,519	809,866,873
Increase (decrease) during the year attributable to:		
Service and interest cost	58,880,190	57,644,932
Plan participants' contributions	6,164,714	7,426,576
Actuarial loss, including effect of changes in assumptions	(37,855,364)	(7,488,715)
Benefits reclassified to amounts currently payable	(52,569,880)	(60,768,147)
Balance, end of year	781,301,179	806,681,519
Total Plan Benefit Obligations, end of year	\$ 873,134,981	\$ 882,387,351

See accompanying notes to financial statements.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

1. Description of the Plan

The following brief description of the Schlumberger Group Welfare Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General

The Plan provides group health benefits (medical benefits, including hospital, surgical, physician services, mental health, wellness, and vision care; dental benefits; prescription drug benefits; long-term care; flexible spending arrangements for health and dependent care; temporary and long-term disability), life insurance, basic accidental death and dismemberment insurance, and business travel and accident insurance, covering eligible full-time, part-time, and retired employees who enroll in the Plan, along with their eligible dependents and their designated beneficiaries of Schlumberger Technology Corporation, WesternGeco Resources, Inc., Schlumberger Limited, Cameron International Corporation, OneSubsea LLC, and their affiliates (collectively referred to as the Company). The Plan was established on January 1, 1981 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by an Administrative Committee, which is appointed by the Board of Directors of the Company. The Administrative Committee is responsible for general administration of the Plan.

The Finance Committee is appointed by the Board of Directors of Schlumberger Limited. The Finance Committee communicates to The Northern Trust Company (the Trustee) the funding policies and methods that have been established to carry out the objectives of the Plan.

Eligibility

Under the terms of the Plan, full-time employees and their dependents are eligible for coverage at the time of employment. Part-time employees and their dependents are eligible for coverage upon completion of a specified period of service. Retired participants and their dependents are eligible for coverage upon completion of a specified period of service: for employees whose most recent date of hire or rehire is prior to April 1, 1997, after age 50; and for those employees whose most recent date of hire or rehire is on or after April 1, 1997, after age 55. Only service rendered after age 40 counts toward determining eligibility for retiree health benefits and retiree cost-sharing requirements.

Effective January 1, 2013, new entrants in the retiree health benefit portion of the Plan receive a new defined contribution design (the DCRM). This design is a defined contribution approach that includes the following provisions:

- Participants are credited with a notional amount of \$1,800 per year of service after age 40. These amounts will be put in a notional account that will be credited with 6% interest annually.
- Retirement eligibility is age 55 and 15 years of service after age 40.
- There are no retiree contributions required for participation.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

- It is expected that retirees will be able to draw down their notional balance by up to 50% of the premium that the Company calculates for retiree coverage in that year.
- Participants who terminate prior to reaching retirement eligibility forfeit all credits in their notional accounts.

On January 1, 2013, all employees of certain acquisitions who are over age 40 became participants in the DCRM. Legacy employees that turned age 40 during 2013 entered under the current defined benefit plan design (the DBRM) for one year. New participants currently over age 40 will be credited with service from the later of age 40 or date of hire, but the \$1,800 per year benefit starts as of January 1, 2013.

The combined totals of the DBRM and DCRM are reported in postretirement benefit obligations in the statements of plan benefit obligations and statements of changes in plan benefit obligations.

Benefits

Insured Benefits

Metropolitan Life Insurance Company (MetLife) provides life and accidental death and dismemberment coverage under group insurance contracts. A.C. Newman and Company (A.C. Newman) provides business travel accident coverage under group insurance contracts.

Self-Insured Benefits

All other plan benefits are self-insured. Connecticut General Life Insurance Company (CIGNA) is the primary provider of administrative services in processing and paying medical, dental, vision, prescription drug, and other voluntary benefits claims. New York Life Group Benefits Solution (NYL) is the provider of administrative services in processing short-term disability and long-term disability claims.

Formulary Rebates

The Plan utilizes a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Benefit payments are based on claims submitted to and approved by CIGNA, NYL, MetLife, and A.C. Newman (collectively, the Administrators), which make payments directly to the medical service providers, dental service providers, participants, or selected beneficiaries. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Contributions

Contributions to the Plan include amounts received from the Company and amounts received or receivable from the participating employees and retirees. The Plan Document provides that (a) the Company and its affiliates make contributions based on benefit formulas derived by the Administrators and (b) employees and retirees make monthly premium contributions based on their benefit program elections.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

Employees may contribute specified amounts, determined periodically by the Plan's actuary, Segal, to extend coverage to eligible dependents. The costs of the postretirement benefit plan are shared by the employer and retirees.

Retiree contributions are based on salary (for pre-age 65) and years of service at retirement. Contributions reach a minimum at 30 years of service. For employees who attained age 40 by December 31, 2004, all service is recognized toward the 30 years. For those who attain age 40 after December 31, 2004, only service after age 40 is recognized.

Sample monthly retiree contribution amounts are as follows:

Years of Service	Pre-Age 65 Single Coverage	
	2024	2023
10	\$ 435	\$ 414
15	366	349
20	288	274
25	209	199

Years of Service	Post-Age 65 Single Coverage	
	2024	2023
10	\$ 114	\$ 109
15	83	79
20	62	59
25	41	39
30	32	30

Some current retirees have a \$0 grandfathered contribution requirement, while others have different amounts based on other grandfathered requirements.

Only service rendered after age 40 is considered in determining the amount of the retiree contribution for non-grandfathered participants.

Effective April 1, 2015, certain Medicare-eligible retirees were moved to an exchange. The Company provides a contribution on behalf of eligible retirees towards the purchase of medical coverage. The amount of the contribution for each individual is based on years of service at retirement. The annual contribution is \$3,750 and \$3,550 for service less than 30 years and \$4,100 and \$3,900 for service over 30 years for 2024 and 2023, respectively.

2. Summary of Accounting Policies

Basis of Accounting

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

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the use of management estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from these estimates.

Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value. The Plan follows the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. Under ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., the exit price). The Director of Trust Investments determines the Plan's valuation policies utilizing information provided by the investment managers and the Trustee.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no significant transfers in or out of Levels 1, 2, or 3 for the years ended December 31, 2024 and 2023. See Note 7 for the disclosures required by ASC 820 with regard to Plan investments.

A fair value measurement is for a particular asset or liability. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements. Accordingly, the disclosures required by ASC 820 are required for the individual assets and liabilities underlying the net assets held in the 401(h) accounts that are measured at fair value and are not required for the net assets held in the 401(h) accounts themselves. Since all of the net assets held in the 401(h) accounts consist of the interest in the Schlumberger Master Pension Trust (the Pension Trust), which is not represented by shares of the Pension Trust, the disclosures required by ASC 820 are applicable to the individual assets and liabilities under the Pension Trust. Similarly, since the Pension Trust does not hold shares of the Schlumberger Group Trust (the Group Trust), the disclosures required by ASC 820 are required for the individual assets and liabilities under the Group Trust and are not required for the Pension Trust's total interest in the Group Trust. Likewise, since the Group Trust does not own shares of the different investment pools, the disclosures required by ASC 820 are required for the individual assets and liabilities under each investment pool and are not required for the Group Trust's total interest in each of the investment pools. The investment disclosures for the net assets held in the 401(h) account are included in the financial statements for the Schlumberger Technology Corporation Pension Plan (the Pension Plan).

In determining the fair value of assets and liabilities underlying the Plan, various inputs and valuation methodologies are used, which are described in Note 7 together with other disclosures required by ASC 820. There have been no significant changes in the inputs or valuation methodologies used at December 31, 2024 and 2023.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on an accrual basis.

Net appreciation or depreciation in fair value of investments includes realized gains or losses on investments sold and unrealized gains or losses on investments held.

Contributions Receivable

Participant contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation. Employer contributions are recorded in the relevant period in accordance with the terms in the Plan document.

Benefit Payments

Benefits are recorded when paid.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

Formulary Rebates

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable on the statements of net assets available for benefits, with the offset being netted against participants' health claims paid. Formulary rebates totaling \$20,863,606 and \$16,393,344 have been netted with participants' health claims paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

Claims Incurred but Not Reported

Plan obligations at December 31, 2024 and 2023 for health claims incurred by active participants but not reported are estimated based on formulas derived by CIGNA and evaluated by Segal, the Plan's independent actuary, and are reported in the accompanying statements of plan benefit obligations. Health claims incurred by retired participants but not reported at December 31, 2024 and 2023 are included in the postretirement benefit obligations.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan Document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits. Administrative expenses paid by the Plan include trustee fees, investment management fees, claims administration fees, consulting fees, audit and accounting fees, and actuarial fees. All other expenses of the Plan are paid by the Company.

3. Risks and Uncertainties

Due to various risks (e.g., interest rate, market, and credit risks) associated with certain investments and the net assets held in Schlumberger defined benefit plans - restricted for 401(h) accounts, and the level of uncertainty related to changes in the value of investments and the net assets held in the 401(h) accounts, it is at least reasonably possible that changes in the values of investments and the net assets held in the 401(h) accounts will occur in the near-term that could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

The Pension Trust and Group Trust invest in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

4. Plan Termination

The Company anticipates and believes that the Plan will continue without interruption and intends to continue to fund the Plan but reserves the right to terminate the Plan at any time by written action of the Board of Directors, effective as of the date it specifies. In the event of the Plan's termination, the Company shall have no obligation under the Plan beyond paying the claims incurred. If the Plan is terminated, any net assets of the Plan shall be distributed to the participants in the order provided for by the Administrative Committee and as prescribed by ERISA. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

5. Postretirement Benefit Obligations

The amounts reported as postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered as of December 31, 2024 and 2023, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefit obligations include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employer. The postretirement benefit obligations represent the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations is determined by an independent actuary, Segal, and is the amount that results from applying actuarial assumptions to historical claim cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following table represents the assumptions related to the annual rate of increase in the per capita cost of covered health care benefits:

Year	2024 Trend (%)	2023 Trend (%)
2023	N/A	7.50
2024	7.25	7.25
2025	7.00	7.00
2026	6.75	6.75
2027	6.50	6.50
2028	6.25	6.25
2029	6.00	6.00
2030	5.75	5.75
2031	5.50	5.50
2032	5.25	5.25
2033	5.00	5.00
2034	4.75	4.75
2035 and beyond	4.50	4.50

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

Administrative expenses expected to be paid by the Plan are included in the per capita cost of covered health care benefits. Administrative expenses are estimated to be approximately 2.71% (3% in 2023) and 0% (0% in 2023) of incurred claims for medical and prescription drugs, respectively. If the assumed medical trend rates increased by one percentage point in each future year, it would increase the postretirement benefit obligations, as of December 31, 2024 and 2023, by \$7,712,296 and \$8,216,080, respectively.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Weighted-Average Discount Rate

- 5.25% (5.25% in 2023).

Mortality

- Pri-2012 Headcount-Weighted Mortality Table with SSA-2023 Mortality Improvement Projection Scale in 2024.
- Pri-2012 Headcount-Weighted Mortality Table with SSA-2022 Mortality Improvement Projection Scale in 2023.

Average Rate of Compensation Increase

- DBRM - 4%.
- DCRM - N/A.

Retirement Rates

Retirement rates are applied only after the age of eligibility to retire is attained. Retirement rates are as follows:

Age	Rate (%)	Age	Rate (%)	Age	Rate (%)
55-58	7.0	60-61	12.0	63-64	20.0
59	9.0	62	25.0	65	100.0

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

Medicare Subsidy

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the Act) for employers sponsoring postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduced a prescription drug benefit under Medicare, as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

Under the Act, the Medicare subsidy amount is received directly by the Plan sponsor and not the Plan. Further, the Plan sponsor is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose. The postretirement benefit obligations as of December 31, 2024 and 2023 and the changes in the postretirement benefit obligations for the year ended December 31, 2024 do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy.

The amount of the Plan's postretirement benefit obligations is different than the amount disclosed by the Plan sponsor because the amount reported by the Plan sponsor is net of Medicare subsidy.

6. 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, The Northern Trust Company, a qualified institution, has certified that the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, accrued interest and dividends receivable, and due to broker for securities purchased reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net (depreciation) appreciation in fair value of investments and interest and dividend income reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year), as shown on the ERISA-required supplemental schedule.
- Series of transactions reflected on the supplemental Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions, as shown on the ERISA-required supplemental schedule.

The remainder of this page intentionally left blank.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

7. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy discussed in Note 2, the Plan's investments at fair value:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Corporate bonds and other fixed-income obligations	\$ -	\$ 412,478,473	\$ -	\$ 412,478,473
Mutual funds	20,836,924	-	-	20,836,924
Government and other related bonds	-	148,692,601	-	148,692,601
Total Investment Assets , in the fair value hierarchy	\$ 20,836,924	\$ 561,171,074	\$ -	582,007,998
Collective trust, measured at net asset value (NAV) ^(a)				141,528,671
Total Investments , at fair value				723,536,669
Accrued income				6,501,504
Due to broker for securities sold				(1,669,315)
Total				\$ 728,368,858

December 31, 2023

	Level 1	Level 2	Level 3	Total
Corporate bonds and other fixed-income obligations	\$ -	\$ 448,899,786	\$ -	\$ 448,899,786
Mutual funds	15,284,282	-	-	15,284,282
Government and other related bonds	-	175,057,014	-	175,057,014
Cash and cash equivalents	12,552,174	-	-	12,552,174
Total Investment Assets , in the fair value hierarchy	\$ 27,836,456	\$ 623,956,800	\$ -	651,793,256
Collective trust, measured at net asset value (NAV) ^(a)				125,283,855
Total Investments , at fair value				777,077,111
Accrued income				6,562,915
Due to broker for securities sold				(1,211,559)
Total				\$ 782,428,467

^(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended and permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

The following table sets forth a summary of investments held by the Plan reported at NAV:

December 31,

	Fair Value		Unfunded Commitments, December 31, 2024 and 2023	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
	2024	2023			
Collective trust:					
NTGI-QM Common Daily					
S&P 500 Equity Index					
Fund Non-Lending	\$ 141,528,671	\$ 125,283,855	\$ -	Daily	1 day

Valuation of Investments

Mutual Funds - Mutual funds are valued at quoted market prices (available to institutions and retail clients) that represent the NAV of shares owned by the Plan at year-end.

Government and Other Related Bonds - Government and other related bonds are comprised primarily of municipal and provincial bonds, and to a lesser extent, government agency obligations. Government and other related bonds are stated at fair value. Government and other related bonds are valued based on a bid evaluation. These evaluations use proprietary models under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Collective Trust - The collective trust is valued at the NAV of the units of participation owned by the Plan at year-end. The NAV, as determined by the trustees of the collective trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments of the collective trust.

Corporate Bonds and Other Fixed-Income Obligations - Corporate bonds and other fixed-income obligations consist primarily of investment-grade bonds from diversified industries. Corporate bonds and other fixed-income obligations are stated at fair value. Certain corporate bonds and other fixed-income obligations are valued based on a bid evaluation, while others are valued based on mid and bid prices (i.e., a bid price represents a price a dealer is ready to pay for a security). Oftentimes, bid evaluations use proprietary models under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Cash and Cash Equivalents - Cash and cash equivalents are stated at fair value. Foreign currency included in cash is translated using closing spot rates of exchange. Cash equivalents include repurchase agreements, U.S. Treasury Bills, and other highly liquid investments that are within three months of maturity when acquired, and short-term investment funds. Repurchase agreements are valued at amortized cost, which approximates fair value. U.S. government securities and government agency obligations included in cash equivalents are stated at fair value based on a bid evaluation. Short-term investment funds are stated using a constant price (or amortized cost) of \$1 per unit of participation, which approximates fair value. Other cash equivalents are valued on the basis of a bid evaluation or at amortized cost, which approximates fair value.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

8. Tax Status

The trust established under the Plan (the Trust) to hold the Plan's assets qualifies as an exempt organization under Section 501(c)(9) of the Internal Revenue Code (IRC). The Trust has obtained an exemption letter from the Internal Revenue Service (IRS) on March 20, 1984. The Plan has been amended since receiving the letter. Plan management and tax counsel believe that the Trust, as amended, continues to be exempt and to operate in accordance with applicable provisions of the IRC. As a result of the Plan's funding policy, the investment income from the Trust is subject to unrelated business income taxes; however, the 401(h) accounts are not subject to income taxes. Payments for unrelated business income tax of \$8,210,000 and \$12,110,000 during the years ended December 31, 2024 and 2023, respectively, is reported in administrative expenses in the accompanying statements of changes in net assets available for benefits.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Related Party and Party-in-Interest Transactions

The Plan invests in shares of mutual funds managed by the Trustee and a collective trust managed by an affiliate of the Trustee. Fees paid to the Trustee by the Plan amounted to \$53,431 and \$98,569 for the years ended December 31, 2024 and 2023, respectively. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

10. 401(h) Accounts

The Pension Plan includes a medical-benefit component in addition to the retirement benefit component, to fund a portion of the postretirement health care obligations for eligible retirees and specified beneficiaries in accordance with Section 401(h) of the IRC. Separate accounts have been established and maintained in the Pension Plan for such contributions. As required by IRC Section 401(h), the Plan's assets in the 401(h) accounts may not be used for, or diverted to, any purpose other than providing health care benefits for retirees and their beneficiaries. The related obligations for health care benefits are not included in the Pension Plan's obligations in its statements of accumulated plan benefits but are reflected as obligations in the financial statements of the Plan.

The remainder of this page intentionally left blank.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

A portion of the Plan's obligations are funded through contributions to the Pension Plans in accordance with IRC Section 401(h). The following tables present the components of the net assets available for such obligations and the related changes in net assets available for postretirement medical benefits in 401(h) accounts:

<i>December 31,</i>	2024	2023
Investments, at fair value:		
Interest in the Pension Trust	\$ 202,074,210	\$ 207,408,555
<i>Year ended December 31,</i>	2024	2023
Net appreciation (depreciation) in fair value of investments	\$ (5,212,871)	\$ 13,342,127
Administration expenses	(121,474)	(193,094)
Net Increase (Decrease)	\$ (5,334,345)	\$ 13,149,033

11. Reconciliation of Financial Statements to Form 5500

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

<i>December 31,</i>	2024	2023
Net Assets Available for Benefits , per financial statements	\$ 989,251,757	\$ 1,003,540,087
Benefit obligations currently payable	(91,833,802)	(75,705,832)
Net assets held in defined benefit plans - 401(h) accounts	(202,074,210)	(207,408,555)
Net Assets Available for Benefits , per Form 5500	\$ 695,343,745	\$ 720,425,700

The following is a reconciliation of total claims and insurance premiums paid per the financial statements to total benefit payments per Form 5500:

<i>Year ended December 31, 2024</i>		
Total Claims and Insurance Premiums Paid , per financial statements		\$ 359,916,417
Add: amounts payable at end of year		91,833,802
Less: amounts payable at beginning of year		(75,705,832)
Total Benefit Payments , per Form 5500		\$ 376,044,387

Amounts currently payable to or for participants, beneficiaries, and dependents are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

Schlumberger Group Welfare Benefits Plan

Notes to Financial Statements

The following is a reconciliation of total additions per the financial statements to total loss per Form 5500:

Year ended December 31, 2024

Total Additions , per financial statements	\$ 363,533,680
Add: net decrease in 401(h) accounts	5,334,345
Net Additions , per Form 5500	\$ 368,868,025

12. Contingencies

The Plan is involved in various legal actions arising out of the normal course of its operations, the final outcome of which cannot presently be determined. Plan management is of the opinion that the ultimate liability, if any, with respect to these matters will not have a material adverse effect on the Plan's statements of net assets available for benefits.

13. Subsequent Events

For purposes of determining the effect of subsequent events on these financial statements, management has evaluated events through October 15, 2025, the date on which the financial statements were available to be issued. There were no subsequent events requiring adjustment to the financial statements or disclosures stated herein.

ERISA-Required Supplemental Schedules

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c)	(d)	(e)		
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value	
Mutual Funds						
*	THE NORTHERN TRUST COMPANY	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	\$ 20,734,716	\$ 20,734,716		
*	THE NORTHERN TRUST COMPANY	NORTHERN FDS LIMITED TERM U.S. GOVERNMENT FUND	110,832	102,208		
Total Mutual Funds			20,845,548	20,836,924		
Collective Trust						
	NORTHERN TRUST GLOBAL INVESTMENTS	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND - NON-LENDING	60,108,792	141,528,671		
Government and Other Related Bonds						
	BANK GOSPODARSTWA KRAJOWEGO GTD NT 144A 6.25% 07-09-2054	1,500,000	6.25	7/9/2054	1,489,140	1,470,432
	BAY AREA TOLL AUTH CALIF TOLL BRDG REV 6.907% 10-01-2050 BEO TAXABLE	1,075,000	6.91	10/1/2050	1,858,475	1,220,200
	BAY AREA TOLL AUTH CALIF TOLL BRDG REV 7.043% 04-01-2050 BEO TAXABLE	85,000	7.04	4/1/2050	143,237	97,430
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2029 BEO	515,000	5.00	7/1/2029	555,387	545,919
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2033 BEO	4,960,000	5.00	7/1/2033	5,146,704	5,294,634
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2036 BEO	5,150,000	5.00	7/1/2036	5,483,301	5,497,452
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5.125% 07-01-2037 BEO	2,610,000	5.13	7/1/2037	2,724,084	2,702,222
	CALIFORNIA ST 7.6% 11-01-2040 BEO TAXABLE	3,415,000	7.60	11/1/2040	4,197,908	4,066,719
	CALIFORNIA ST UNIV REV 5.183% 11-01-2053 BEO TAXABLE	4,180,000	5.18	11/1/2053	3,925,772	4,004,823
	CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	740,000	7.55	4/1/2039	871,818	874,705
	CHILE REP 4.95% 01-05-2036	525,000	4.95	1/5/2036	495,580	496,231
	CITY OF NEW YORK 5.517 DUE 10-01-2037	715,000	5.52	10/1/2037	963,522	709,432
	COOK CNTY ILL SCH DIST NO 159 ZERO CPN 0% 12-01-2027 BEO	1,825,000	-	12/1/2027	1,638,237	1,657,036
	DISTRICT COLUMBIA WTR & SWR AUTH PUB UTITAXABLE-SR LIEN-SER A 4.814 10-01-2114	295,000	-	10/1/2114	418,263	252,926
	ESC GCI LIBERTY INC SR ESCROW	3,626	-	-	-	-

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds (continued)						
	FOOTHILL / EASTERN TRANSN CORRIDOR AGY CAL TOLL RD REV ZERO CPN 0 01-01-2028BEO	3,640,000	-	1/1/2028	\$ 3,368,919	\$ 3,320,424
	FOOTHILL / EASTN TRANSN CORRIDOR AGY CALTOLL CAP APPREC SR LIEN SERA 01-01-30	1,660,000	-	1/1/2030	1,437,499	1,420,397
	FOOTHILL /EASTN AGY C CAP AP-SR LIEN-SERA 01-01-2025 OID 7.275 @12.092	1,850,000	7.28	1/1/2025	1,850,000	1,850,000
	FOOTHILL /EASTN TRANSN CORRIDOR AGY CAL TOLL RD REV SER A CAP APPREC 0 BD 1-1-26	8,500,000	-	1/1/2026	8,088,265	8,239,595
	FOOTHILL EASTN TRANSN CORRIDOR CAL TOLL CAP APPREC LIEN SERA 1-1-29 BEO OID 7.3	1,295,000	7.30	1/1/2029	1,157,184	1,143,913
	HACIENDA LA PUENTE CALIF UNI SCH DIST ZERO CPN 0% 08-01-2028 BEO	10,600,000	-	8/1/2028	9,287,931	9,527,951
	HOUSTON TEX WTR & SWR SYS REV PREREFUNDED-CAP APPREC-JR-A 0 12-01-2028	2,320,000	-	12/1/2028	2,122,497	2,036,632
	HSTN TEX WTR & SWR SYS REV PRERFD-CAP APPREC-JR-A DUE 12- 01-2027 BEO	2,000,000	-	12/1/2027	1,776,004	1,815,930
	ILLINOIS DEV FIN AUTH RETIREMENT HSG ZERO-REG PK-B-RMK 3/2/92 DUE 07-15-2025	1,065,000	-	7/15/2025	1,041,420	1,045,993
	INDONESIA REP BDS 4.45% DUE 04- 15-2070 REG	400,000	4.45	4/15/2070	454,956	317,949
	INTER-AMERN DEVEL BK BD 4.375 DUE 01-24-2044 BEO	185,000	4.38	1/24/2044	246,292	169,266
	ISRAEL ST 3.375% DUE 01-15-2050 REG	1,965,000	3.38	1/15/2050	2,046,962	1,274,246
	MARYLAND ST HEALTH & HIGHER EDL FACS AUTH REV 3.052% 07-01- 2040 BEO TAXABLE	1,220,000	3.05	7/1/2040	1,242,251	898,606
	MARYLAND ST HEALTH & HIGHER EDL FACS AUTH REV 3.197% 07-01- 2050 BEO TAXABLE	60,000	3.20	7/1/2050	59,770	40,632
	MASSACHUSETTS ST 2.9% 09-01- 2049 BEO TAXABLE	785,000	2.90	9/1/2049	815,354	531,683
	MET PIER & EXPOSITION AUTH ILL MCCORMICKPL CONVENTION 7 DUE 07-01-2026 BEO	325,000	-	7/1/2026	325,000	337,068
	MET TRANSN AUTH N Y REV UNREFUNDED BALANCE-TAXABLE- 5.175 11-15-2049	55,000	5.18	11/15/2049	53,052	47,237
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV 3.229% 05-15- 2050 BEO TAXABLE	695,000	3.23	5/15/2050	757,694	489,910

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date			
Government and Other Related Bonds (continued)						
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV 3.652% 08-15- 2057 BEO TAXABLE	395,000	3.65	8/15/2057	\$ 467,303	\$ 291,370	
MUNICIPAL ELEC AUTH GA 6.655% 04-01-2057BEO TAXABLE	872,000	6.66	4/1/2057	1,281,562	935,467	
NEW JERSEY ST TPK AUTH TPK REV 7.414% 01-01-2040 BEO TAXABLE	1,555,000	7.41	1/1/2040	2,512,652	1,781,404	
NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5.44% 06-15-2043 BEO TAXABLE	225,000	5.44	6/15/2043	222,192	212,843	
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.508% 08-01-2037 BEO TAXABLE	350,000	5.51	8/1/2037	464,918	345,064	
NEW YORK ST DORM AUTH REVS CAP APPR-MEM -NATL 07-01-30 OID 5.06 @25.7759 ETM	10,000,000	5.06	7/1/2030	7,998,064	8,344,707	
NORTH TEX TWY AUTH REV 6.718% 01-01-2049BEO TAXABLE	555,000	6.72	1/1/2049	906,679	616,806	
NY N Y CY MUN WTR FIN AUTH WTR&TAXABLE 2ND GENSER EE 6.011 6-15-2042BEO TAXABLE	185,000	6.01	6/15/2042	193,451	187,404	
NY ST DORM AUTH REVS CAP APPREC 07-01-2027 BEO OID 5.04 @30.086	3,815,000	5.04	7/1/2027	3,478,017	3,516,517	
OKLAHOMA DEV FIN AUTH REV 4.623% 06-01-2044 BEO TAXABLE	1,320,000	4.62	6/1/2044	1,320,000	1,222,892	
PANAMA REP 4.5% 01-19-2063	2,180,000	4.50	1/19/2063	1,701,385	1,275,186	
PANAMA REP 4.5% DUE 04-16-2050 REG	1,025,000	4.50	4/16/2050	1,019,875	631,935	
PANAMA REP AMORTIZING GLOBAL BD 6.7% DUE01-26-2036 REG	400,000	6.70	1/26/2034	537,138	370,594	
SINKING FUND 01-26-2034	885,000	3.30	3/11/2041	854,265	637,112	
PERU REP 3.3% 03-11-2041	780,000	3.55	3/10/2051	759,919	521,040	
PERU REP GLOBAL BD 3.55% 03-10- 2051	780,000	3.55	3/10/2051	759,919	521,040	
PHILIPPINES REP GLOBAL BD 2.95% 05-05-2045	955,000	2.95	5/5/2045	923,244	638,981	
PHILIPPINES REP GLOBAL BD 3.95% DUE 01-20-2040	1,425,000	3.95	1/20/2040	1,576,385	1,184,852	
PHILIPPINES REP GLOBAL BD 6.375% DUE 10-23-2034 REG	1,565,000	6.38	10/23/2034	2,203,550	1,683,158	
PORT AUTH N Y & N J 4.458% 10-01- 2062 BEO TAXABLE	1,665,000	4.46	10/1/2062	2,131,199	1,398,586	
PVTPL SAUDI ARABIA KINGDOM GLOBAL 3.25% 11-17-2051	610,000	3.25	11/17/2051	558,539	385,029	
REPUBLIC OF CHILE 3.1% DUE 05-07- 2041 REG	755,000	3.10	5/7/2041	684,956	538,963	

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds (continued)						
REPUBLIC OF CHILE	5.33% 01-05-2054	1,120,000	5.33	1/5/2054	\$ 1,031,890	\$ 1,035,216
REPUBLIC OF INDONESIA	4.35% 01-11-2048	1,735,000	4.35	1/11/2048	1,945,861	1,454,735
REPUBLIC OF POLAND	5.125% 09-18-2034	1,260,000	5.13	9/18/2034	1,262,873	1,220,622
RICHMOND CALIF WASTEWATER REV CAP APPREC	08-01-2027 OID 6.23 @18.292	1,220,000	6.23	8/1/2027	1,129,452	1,126,967
SAN ANTONIO TEX ELEC & GAS REV	5.985% 02-01-2039 BEO TAXABLE	105,000	5.99	2/1/2039	147,520	108,595
SAN JOAQN HILLS CA TRANSN CORR CAP APPREC-JR LIEN 0	01-01-28 BEO 9 @4.669	4,950,000	9.00	1/1/2028	4,341,877	4,540,818
SAN JOAQUIN HILLS CAL TRANSN COR ZCP	01-01-2026 @ 8.254 OID 7.75	1,000,000	7.75	1/1/2026	961,129	971,175
SAN JOAQUIN HILLS CAL TRANSN CORRIDOR CAP APPREC-SR LIEN 0	01-01-2025 BEO	615,000	-	1/1/2025	615,000	615,000
STATE OF ISRAEL	5.5% 03-12-2034	2,060,000	5.50	3/12/2034	2,022,529	2,009,911
UNITED MEXICAN STATES	6.0% 05-07-2036	590,000	6.00	5/7/2036	587,917	555,209
UNITED MEXICAN STATES	6.338% DUE 05-04-2053	8,480,000	6.34	5/4/2053	8,479,830	7,545,637
UNITED STATES OF AMER TREAS NOTES	4.25% 11-15-2034	120,000	4.25	11/15/2034	117,113	116,906
UNITED STATES OF AMER TREAS STRIP 0%	02-15-2047	510,000	-	2/15/2047	184,032	173,335
UNITED STATES OF AMER TREAS STRIP 0%	02-15-2054	2,745,000	-	2/15/2054	784,898	716,404
UNITED STATES OF AMER TREAS STRIP 0%	08-15-2053	1,120,000	-	8/15/2053	292,682	295,496
UNITED STATES OF AMER TREAS STRIP 0%	11-15-2053	2,565,000	-	11/15/2053	801,588	677,665
UNITED STATES OF AMER TREAS STRIP 0% DUE	11-15-2051 REG	3,895,000	-	11/15/2051	1,377,886	1,074,296
UNITED STATES OF AMER TREAS STRIP 0%	02-15-2053	4,420,000	-	2/15/2053	1,295,267	1,177,962
UNITED STATES OF AMER TREAS STRIP TBOND 0.0%	05-15-2053	4,485,000	-	5/15/2023	1,339,702	1,185,873
UNITED STATES TREAS BD STRIPPED	08-15-2052	2,820,000	-	8/15/2052	1,009,897	760,676
UNITED STATES TREAS BD STRIPPED	DUE 08-15-2045	930,000	-	8/15/2045	378,805	342,680
UNITED STATES TREAS BD STRIPPED	PRIN 0.0% 08-15-2047	1,875,000	-	8/15/2047	1,072,128	622,416
UNITED STATES TREAS BD STRIPPED	PRIN PMT 0% DUE 05-15-2049	4,550,000	-	5/15/2049	1,641,881	1,389,680

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds (continued)						
UNITED STATES TREAS BD STRIPPED PRIN PMT 05-15-2045		670,000	-	5/15/2045	\$ 291,541	\$ 249,972
UNITED STATES TREAS BD STRIPPED PRIN PMT0.0% 11-15-2052		1,115,000	-	11/15/2052	326,726	301,851
UNITED STATES TREAS BD STRIPPED PRIN PMT00109 11-15-2045 (UNDDATE) REG		1,155,000	-	11/15/2045	574,963	420,674
UNITED STATES TREAS BD STRIPPED PRIN PMT00110 02-15-2046 (UNDDATE) REG		1,260,000	-	2/15/2046	829,487	451,956
UNITED STATES TREAS BD STRIPPED PRIN PMT00112 05-15-2046 (UNDDATE) REG		95,000	-	5/15/2046	39,894	33,608
UNITED STATES TREAS BD STRIPPED PRIN PMT00113 08-15-2046 (UNDDATE) REG		70,000	-	8/15/2046	25,845	24,455
UNITED STATES TREAS BD STRIPPED PRIN PMT00114 11-15-2046 (UNDDATE) REG		665,000	-	11/15/2046	270,474	229,537
UNITED STATES TREAS BD STRIPPED PRIN PMT00117 05-15-2047		1,665,000	-	5/15/2047	781,582	559,818
UNITED STATES TREAS BD STRIPPED PRIN PMT00122 05-15-2048 (UNDDATE) REG		1,470,000	-	5/15/2048	837,746	468,821
UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG		3,930,000	-	8/15/2048	1,360,967	1,238,891
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO		7,730,000	-	2/15/2052	2,552,980	2,115,494
UNITED STATES TREAS SEC STRIP 02- 15-2046		360,000	-	2/15/2046	151,698	124,396
UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048		545,000	-	2/15/2048	204,588	171,117
UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047		420,000	-	11/15/2047	247,040	133,569
UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046		815,000	-	5/15/2046	325,867	278,159
UNITED STATES TREAS SEC STRIPPED INT PMT 00130 08-15-2046		350,000	-	8/15/2046	144,928	118,011
UNITED STATES TREAS SEC STRIPPED INT PMT 11-15-2045		790,000	-	11/15/2045	321,669	276,468
UNITED STATES TREAS SEC STRIPPED INT PMT 08-15-2045 (UNDDATE) REG		315,000	-	8/15/2045	138,086	111,558

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds						
(continued)						
UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049		605,000	-	5/15/2049	\$ 208,369	\$ 178,903
UNITED STATES TREAS SEC STRIPPED INT PMT0% DUE 08-15-2051 REG		450,000	-	8/15/2051	142,255	121,199
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/08/2049 USD 08-15-2049		190,000	-	8/15/2049	71,755	55,536
UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049		350,000	-	11/15/2049	109,664	101,006
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG		1,075,000	-	11/15/2046	399,709	358,681
UNITED STATES TREAS SEC STRIPPED INT PMTNT 218 05-15-2045 (UNDDATE) REG		2,660,000	-	5/15/2045	1,036,083	955,411
UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048		705,000	-	8/15/2048	408,710	215,667
URUGUAY (GOVT OF) 7.625% DUE 03-21-2036 REG		1,305,000	7.63	3/21/2036	1,566,940	1,520,718
US TREASURY N/B 4.25% 08-15-2054		2,130,000	4.25	8/15/2054	1,949,366	1,948,617
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15- 2052		2,165,000	-	5/15/2052	746,977	589,139
UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15- 2054		2,390,000	-	8/15/2054	675,525	613,450
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15- 2050		570,000	-	2/15/2050	187,767	163,379
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 05-15- 2050		550,000	-	2/15/2050	169,527	155,970
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2047		730,000	-	2/15/2047	268,563	240,264
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2048		1,750,000	-	2/15/2048	645,952	565,094
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2049		900,000	-	2/15/2049	298,112	277,942
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2050		1,335,000	-	2/15/2050	581,518	395,296
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051		6,120,000	-	2/15/2051	2,812,501	1,735,305
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2052		795,000	-	2/15/2052	242,980	211,744

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds						
(continued)						
UTD STATES TREAS ZERO CPN 0%		3,120,000	-	5/15/2050	\$ 1,164,319	\$ 920,562
DUE 05-15-2050						
UTD STATES TREAS ZERO CPN 0%		5,880,000	-	5/15/2051	1,999,968	1,657,830
DUE 05-15-2051						
UTD STATES TREAS ZERO CPN 0%		4,515,000	-	2/15/2054	1,333,977	1,172,723
DUE 05-15-2054						
UTD STATES TREAS ZERO CPN 0%		1,205,000	-	8/15/2047	414,807	387,746
DUE 08-15-2047						
UTD STATES TREAS ZERO CPN 0%		1,615,000	-	8/15/2049	736,566	486,441
DUE 08-15-2049						
UTD STATES TREAS ZERO CPN 0%		3,930,000	-	8/15/2050	1,896,911	1,133,899
DUE 08-15-2050						
UTD STATES TREAS ZERO CPN 0%		2,235,000	-	8/15/2051	675,677	622,766
DUE 08-15-2051						
UTD STATES TREAS ZERO CPN 0%		440,000	-	8/15/2053	123,894	114,364
DUE 08-15-2053						
UTD STATES TREAS ZERO CPN 0%		3,695,000	-	11/15/2047	1,551,108	1,212,935
DUE 11-15-2047						
UTD STATES TREAS ZERO CPN 0%		2,615,000	-	11/15/2048	1,170,459	816,413
DUE 11-15-2048						
UTD STATES TREAS ZERO CPN 0%		3,385,000	-	11/15/2049	1,180,221	1,011,568
DUE 11-15-2049						
UTD STATES TREAS ZERO CPN 0%		5,605,000	-	11/15/2050	1,769,532	1,608,901
DUE 11-15-2050						
Total Government and Other Related Bonds					166,625,321	148,692,601
Corporate Bonds and Other Fixed-Income Obligations						
ABBOTT LABS 4.75% DUE 11-30-2036		1,962,000	4.75	11/30/2036	2,074,520	1,896,000
ABBVIE INC 4.05% DUE 11-21-2039						
REG		387,000	4.05	11/21/2039	331,320	331,004
ABBVIE INC 4.25% DUE 11-21-2049						
REG		728,000	4.25	11/21/2049	612,509	592,780
ABBVIE INC 4.3% DUE 05-14-2036		225,000	4.30	5/14/2036	211,752	205,522
ABBVIE INC 4.4% DUE 11-06-2042		460,000	4.40	11/6/2042	399,493	398,772
ABBVIE INC 4.45% DUE 05-14-2046		502,000	4.45	5/14/2046	469,889	427,272
ABBVIE INC 4.55% DUE 03-15-2035						
REG		300,000	4.55	3/15/2035	290,129	282,135
ABBVIE INC 4.875% DUE 11-14-2048		254,000	4.88	11/14/2048	235,878	228,400
ABBVIE INC FIXED 4.5% DUE 05-14-2035		350,000	4.50	5/14/2035	335,949	327,864
ABBVIE INC FIXED 4.7% DUE 05-14-2045		425,000	4.70	5/14/2045	378,357	375,482
AETNA INC NEW 6.625 DUE 06-15-2036 BEO		1,520,000	6.63	6/15/2036	1,653,857	1,602,065
AFLAC INC 4.75% DUE 01-15-2049		20,000	4.75	1/15/2049	18,244	17,537

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
AIR PRODS & CHEMS FIXED 2.7% DUE 05-15-2040		820,000	2.70	5/15/2040	\$ 600,337	\$ 585,385
AIR PRODS & CHEMS INC 2.8% DUE 05-15-2050 REG		456,000	2.80	5/15/2050	303,060	287,606
AIR PRODS & CHEMS INC 4.85% 02- 08-2034		921,000	4.85	2/8/2034	912,085	899,831
ALABAMA PWR CO 6% DUE 03-01- 2039		373,000	6.00	3/1/2039	411,614	389,279
ALLINA HEALTH SYS 3.887% DUE 04- 15-2049		60,000	3.89	4/15/2049	67,448	45,879
ALPHABET INC 1.9% DUE 08-15-2040		2,500,000	1.90	8/15/2040	1,704,602	1,635,099
ALPHABET INC 2.05% 08-15-2050		683,000	2.05	8/15/2050	411,134	379,039
ALTRIA GROUP INC 3.7% DUE 02-04- 2051/02-04-2021 REG		1,810,000	3.70	2/4/2051	1,151,103	1,231,484
ALTRIA GROUP INC 4.45% DUE 05-06- 2050/05-06-2020 REG		750,000	4.45	5/6/2050	616,848	582,407
ALTRIA GROUP INC 4.5% DUE 05-02- 2043		1,000,000	4.50	5/2/2043	841,529	816,782
ALTRIA GROUP INC 5.8% DUE 02-14- 2039		1,000,000	5.80	2/14/2039	1,049,457	987,322
AMAZON COM INC 4.05% 08-22-2047		910,000	4.05	8/22/2047	779,070	752,792
AMAZON COM INC FIXED 4.25% DUE 08-22-2057		525,000	4.25	8/22/2057	445,809	430,751
AMAZON COM INC NT 3.1% 05-12- 2051		845,000	3.10	5/12/2051	599,954	570,778
AMAZON.COM INC 3.95% 04-13-2052		903,000	3.95	4/13/2052	856,468	713,247
AMEREN ILL CO 1ST MTG BD 2.9% 06- 15-2051		68,000	2.90	6/15/2051	51,753	42,807
AMERISOURCEBERGEN 4.3% 12-15- 2047		20,000	4.30	12/15/2047	16,969	16,178
AMGEN INC 3.375% 02-21-2050		2,243,000	3.38	2/21/2050	1,769,261	1,535,286
AMGEN INC 4.4% 05-01-2045		113,000	4.40	5/1/2045	104,695	93,802
AMGEN INC FIXED 3.15% 02-21-2040		1,730,000	3.15	2/21/2040	1,330,065	1,290,455
ANHEUSER BUSCH 5.8% DUE 01-23- 2059		380,000	5.80	1/23/2059	412,450	387,166
ANHEUSER BUSCH INBEV WOR 5.55% 01-23-2049		1,365,000	5.55	1/23/2049	1,425,775	1,348,037
ANHEUSER BUSCH INBEV WORLDWIDE INC 5.45% 01-23-2039		480,000	5.45	1/23/2039	496,052	481,268
ANHEUSER BUSCH INC 4.439% DUE 10-06-2048		300,000	4.44	10/6/2048	271,071	254,349
ANHEUSER-BUSCH 4.9% DUE 02-01- 2046		240,000	4.90	2/1/2046	229,462	217,242
ANHEUSER-BUSCH 4.95% DUE 01-15- 2042		215,000	4.95	1/15/2042	211,485	200,031
ANHEUSER-BUSCH COS LLC CORP 4.7% 02-01-2036		345,000	4.70	2/1/2036	336,758	327,049

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046		1,657,000	4.90	2/1/2046	\$ 1,613,603	\$ 1,508,100
ANHEUSER-BUSCH INBEV WOR 8.2 DUE 01-15-2039		299,000	8.20	1/15/2039	384,773	375,206
ANTHEM INC 4.55% 05-15-2052		1,880,000	4.55	5/15/2052	1,818,073	1,519,388
AON CORP/AON GLOBAL HOLD AON 3.9% 02-28-2052		2,299,000	3.90	2/28/2052	1,959,819	1,690,095
APPLE INC 2.65% DUE 05-11-2050 REG		274,000	2.65	5/11/2050	175,992	170,811
APPLE INC 3.85% DUE 05-04-2043		5,580,000	3.85	5/4/2043	5,231,982	4,628,464
APPLE INC 3.95% 08-08-2052		3,390,000	3.95	8/8/2052	2,969,189	2,701,627
ARTHUR J GALLAGHER 5.75% DUE 03-02-2053		725,000	5.75	3/2/2053	703,337	712,741
AT&T INC 3.5% DUE 06-01-2041		2,855,000	3.50	6/1/2041	2,831,391	2,189,775
AT&T INC 3.5% DUE 09-15-2053 REG		660,000	3.50	9/15/2053	611,950	444,657
AT&T INC 3.55% DUE 09-15-2055		5,055,000	3.55	9/15/2055	4,674,678	3,410,650
AT&T INC 3.8% 12-01-2057		2,405,000	3.80	12/1/2057	2,304,961	1,662,675
AT&T INC 4.5% DUE 03-09-2048		680,000	4.50	3/9/2048	750,033	562,121
ATHENE HLDG LTD 6.25% 04-01-2054		1,751,000	6.25	4/1/2054	1,829,154	1,758,743
ATMOS ENERGY CORP 4.125% DUE 10-15-2044		941,000	4.13	10/15/2044	859,430	766,834
AUTOZONE INC 5.4% 07-15-2034		20,000	5.40	7/15/2034	20,107	19,887
B A T CAP CORP 4.54% 08-15-2047		238,000	4.54	8/15/2047	183,504	189,240
B A T CAP CORP NT 5.65% 03-16- 2052		73,000	5.65	3/16/2052	65,521	66,931
BANK AMER CORP 2.831% 10-24- 2051		144,000	2.83	10/24/2051	104,831	88,661
BANK AMER CORP 2.972% DUE 07-21- 2052 BEO		5,804,000	2.97	7/21/2052	4,354,281	3,696,764
BANK AMER CORP 5% DUE 01-21- 2044		1,260,000	5.00	1/21/2044	1,279,871	1,177,884
BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19- 2020 REG		285,000	2.68	6/19/2041	207,967	198,169
BANK OF AMERICA CORPORATION 4.443% 01-20-2048		331,000	4.44	1/20/2048	313,765	279,121
BARCLAYS PLC 5.335% 09-10-2035		685,000	5.34	9/10/2035	677,938	658,106
BAT CAPITAL CORPORATION 7.079% DUE 08-02-2043		556,000	7.08	8/2/2043	579,977	601,301
BAT CAPITAL CORPORATION 7.081% DUE 08-02-2053		169,000	7.08	8/2/2053	175,742	185,462
BECTON DICKINSON & 4.669% DUE 06-06-2047		570,000	4.67	6/6/2047	511,645	488,490
BECTON DICKINSON & 4.685% DUE 12-15-2044		720,000	4.69	12/15/2044	652,636	622,903
BECTON DICKINSON & FIXED 3.794% DUE 05-20-2050		230,000	3.79	5/20/2050	182,908	170,042
BELL CANADA 4.464% 04-01-2048		678,000	4.46	4/1/2048	613,574	548,941

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
BELL CDA 3.65% 08-15-2052		1,028,000	3.65	8/15/2052	\$ 852,830	\$ 709,398
BELL CDA GTD NT SER US-4 3.65% 03-17-2051		846,000	3.65	3/17/2051	704,110	585,358
BERKLEY W R CORP SR NT 3.15% 09- 30-2061		159,000	3.15	9/30/2061	110,464	93,712
BERKSHIRE HATHAWAY 4.5% DUE 02- 01-2045		129,000	4.50	2/1/2045	121,839	111,939
BERKSHIRE HATHAWAY 5.75% DUE 01-15-2040		1,510,000	5.75	1/15/2040	1,685,644	1,593,046
BERKSHIRE HATHAWAY ENERGY CO SR NT 4.6% 05-01-2053		740,000	4.60	5/1/2053	712,768	614,961
BERKSHIRE HATHAWAY FIN CORP 4.2% DUE 08-15-2048 REG		1,120,000	4.20	8/15/2048	1,032,065	928,062
BERKSHIRE HATHAWAY FIN CORP 4.25% DUE 01-15-2049		680,000	4.25	1/15/2049	598,048	568,644
BERKSHIRE HATHAWAY FINANCE CORP 3.85% 03-15-2052		1,121,000	3.85	3/15/2052	909,287	849,419
BK OF AMER NA 6 DUE 10-15-2036		260,000	6.00	10/15/2036	272,245	270,114
BLACKROCK FUNDING INC. 5.35% 01- 08-2055		153,000	5.35	1/8/2055	151,080	146,336
BOEING CO 3.25% DUE 02-01-2035		805,000	3.25	2/1/2035	670,917	642,252
BOEING CO 3.6% 05-01-2034		1,322,000	3.60	5/1/2034	1,147,977	1,106,695
BOEING CO 3.75% DUE 02-01-2050		370,000	3.75	2/1/2050	268,457	253,274
BOEING CO FIXED 3.5% DUE 03-01- 2039		128,000	3.50	3/1/2039	101,183	95,039
BOEING CO FIXED 3.625% DUE 03-01- 2048		612,000	3.63	3/1/2048	454,926	407,887
BOEING CO FIXED 5.705% DUE 05-01- 2040		346,000	5.71	5/1/2040	316,464	329,479
BOEING CO SR NT 5.875 DUE 02-15- 2040		154,000	5.88	2/15/2040	142,261	148,980
BP CAP MKTS AMER 2.939% DUE 06- 04-2051		25,000	2.94	6/4/2051	18,634	15,504
BRIGHTHOUSE FINL INC SR NT 3.85% 12-22-2051		500,000	3.85	12/22/2051	316,726	325,756
BRISTOL MYERS FIXED 4.25% DUE 10- 26-2049		1,745,000	4.25	10/26/2049	1,663,892	1,412,244
BRISTOL MYERS FIXED 4.35% DUE 11- 15-2047		620,000	4.35	11/15/2047	532,333	512,418
BRISTOL MYERS SQUIBB CO 6.4% 11- 15-2063		425,000	6.40	11/15/2063	480,570	456,071
BRISTOL-MYERS SQUIBB CO 3.7% 03- 15-2052		609,000	3.70	3/15/2052	535,949	443,950
BROOKFIELD FIN INC 5.968% 03-04- 2054		500,000	5.97	3/4/2054	492,490	506,084
BROWN FORMAN CORP 4.5% DUE 07- 15-2045		415,000	4.50	7/15/2045	389,269	363,087

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
	BSTN SCIENTIFIC 4.7% DUE 03-01-2049	6,000	4.70	3/1/2049	\$ 5,372	\$ 5,276
	BURL NORTHN SANTA 3.9% DUE 08-01-2046	1,287,000	3.90	8/1/2046	1,172,943	1,007,871
	BURLINGTON NORTHERN SANTA FE LLC 4.125% DEB SNR 06-15-2047 USD	2,778,000	4.13	6/15/2047	2,609,487	2,252,550
	CALIFORNIA INSTITUTE OF TECHNOLOGY 3.65% 09-01-2119	260,000	3.65	9/1/2119	279,093	165,497
	CAMPBELL SOUP CO 4.8% 03-15-2048	675,000	4.80	3/15/2048	620,413	582,599
	CANADIAN NATL RY CO 4.4% DUE 08-05-2052 BEO	525,000	4.40	8/5/2052	460,069	439,862
	CANADIAN PAC RY CO 4.2% 11-15-2069	250,000	4.20	11/15/2069	193,073	183,801
	CANADIAN PAC RY CO 4.7% 05-01-2048	405,000	4.70	5/1/2048	354,539	352,090
	CANADIAN PAC RY CO NEW 3.1% 12-02-2051	760,000	3.10	12/2/2051	514,512	494,941
	CANADIAN PACIFIC RAILWAY COMPANY 3.5% 05-01-2050	435,000	3.50	5/1/2050	317,458	308,686
	CBS CORP NEW FIXED 4.9% DUE 08-15-2044	211,000	4.90	8/15/2044	185,174	159,876
	CDN NAT RES LTD 6.25% DUE 03-15-2038	1,000,000	6.25	3/15/2038	1,077,530	1,021,935
	CDN NAT RES LTD 6.75% DUE 02-01-2039	253,000	6.75	2/1/2039	273,965	268,214
	CDN NAT RES LTD FIXED 4.95% DUE 06-01-2047	1,360,000	4.95	6/1/2047	1,316,507	1,167,336
	CDN PAC RY CO NEW 6.125% DUE 09-15-2115	595,000	6.13	9/15/2115	648,104	596,340
	CELULOSA ARAUCO Y FIXED 5.5% DUE 11-02-2047	542,000	5.50	11/2/2047	487,156	486,131
	CENOVUS ENERGY INC 5.4% 06-15-2047	420,000	5.40	6/15/2047	394,551	374,120
	CENTERPOINT ENERGY 3.55% DUE 08-01-2042	409,000	3.55	8/1/2042	336,303	316,596
	CENTERPOINT ENERGY 4.5% DUE 04-01-2044	1,591,000	4.50	4/1/2044	1,432,384	1,371,928
	CF INDS INC 4.95% DUE 06-01-2043	695,000	4.95	6/1/2043	620,523	612,707
	CF INDS INC 5.375% DUE 03-15-2044	685,000	5.38	3/15/2044	635,993	637,725
	CHARTER 6.484% DUE 10-23-2045	1,817,000	6.48	10/23/2045	1,781,340	1,718,433
	CHARTER 6.834% DUE 10-23-2055	500,000	6.83	10/23/2055	458,148	487,188
	CHARTER COMMUNICATIONS OPER LLC / SR SECD NT 3.95% 06-30-2062	1,970,000	3.95	6/30/2062	1,209,832	1,201,974

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.8% DUE 03-01-2050		1,030,000	4.80	3/1/2050	\$ 774,779	\$ 775,347
CHARTER FIXED 5.75% DUE 04-01- 2048		101,000	5.75	4/1/2048	89,505	86,418
CHENIERE CORPUS FIXED 2.742% DUE 12-31-2039		4,670,000	2.74	12/31/2039	3,818,731	3,722,334
CHEVRON CORP NEW FIXED 3.078% DUE 05-11-2050		1,285,000	3.08	5/11/2050	912,857	851,787
CHEVRON USA INC 2.343% DUE 08- 12-2050 REG		1,165,000	2.34	8/12/2050	710,413	655,784
CIGNA CORP NEW CORP 4.9% 12-15- 2048		115,000	4.90	12/15/2048	112,338	98,133
CIGNA GROUP 5.6% 02-15-2054		193,000	5.60	2/15/2054	188,932	180,991
CISCO SYS INC 5.5% DUE 01-15-2040		1,255,000	5.50	1/15/2040	1,365,480	1,266,291
CISCO SYS INC SR NT 5.9 DUE 02-15- 2039 REG		780,000	5.90	2/15/2039	874,143	824,658
CITIGROUP INC 2.904% 11-03-2042		3,436,000	2.90	11/3/2042	2,675,124	2,409,095
CITIGROUP INC 5.316% 09-26-2020 REG		470,000	5.32	9/26/2020	470,569	452,845
CITIGROUP INC 5.827% 02-13-2035		826,000	5.83	2/13/2035	795,762	823,143
CITIGROUP INC 8.125% DUE 07-15- 2039		491,000	8.13	7/15/2039	652,992	606,395
CMNTY HLTH NETWORK FIXED 3.099% DUE 05-01-2050		540,000	3.10	5/1/2050	520,762	343,551
COCA COLA CO 2.5% 03-15-2051		310,000	2.50	3/15/2051	205,357	182,061
COCA COLA CO 2.6% DUE 06-01-2050		655,000	2.60	6/1/2050	445,059	395,474
COCA COLA CO 2.875% DUE 05-05- 2041		116,000	2.88	5/5/2041	97,470	84,362
COCA COLA CO 5.4% 05-13-2064		2,298,000	5.40	5/13/2064	2,346,144	2,215,269
COCA-COLA CO/THE 3.0% DUE 03- 05-2051		810,000	3.00	3/5/2051	600,334	534,237
COLGATE-PALMOLIVE CO 3.7% DUE 08-01-2047		248,000	3.70	8/1/2047	195,527	190,207
COMCAST CORP NEW 2.8% DUE 01- 15-2051/05-28-2020 REG		385,000	2.80	1/15/2051	243,653	229,620
COMCAST CORP NEW 2.937% 11-01- 2056		1,485,000	2.94	11/1/2056	973,889	867,456
COMCAST CORP NEW 3.25% 11-01- 2039		6,419,000	3.25	11/1/2039	5,465,730	4,868,703
COMCAST CORP NEW 3.4% DUE 07- 15-2046		460,000	3.40	7/15/2046	346,602	323,369
COMCAST CORP NEW 3.75% DUE 04- 01-2040		267,000	3.75	4/1/2040	240,232	214,949
COMCAST CORP NEW 3.9% DUE 03- 01-2038		1,475,000	3.90	3/1/2038	1,294,498	1,241,240

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date			
Corporate Bonds and Other Fixed-Income Obligations (continued)						
COMCAST CORP NEW 4% DUE 03-01-2048	215,000	4.00	3/1/2048	\$ 173,076	\$ 163,523	
COMCAST CORP NEW 6.45% DUE 03-15-2037	461,000	6.45	3/15/2037	539,913	494,127	
COMCAST CORP NEW FIXED 2.45% DUE 08-15-2052	340,000	2.45	8/15/2052	198,313	184,875	
COMCAST CORP NEW FIXED 3.969% DUE 11-01-2047	140,000	3.97	11/1/2047	112,089	106,168	
COMMONSPIRIT HLTH 3.91% DUE 10-01-2050	855,000	3.91	10/1/2050	905,666	630,447	
COMMONWEALTH EDISON CO 4.0% DUE 03-01-2048 REG	1,290,000	4.00	3/1/2048	1,187,682	1,007,397	
COMMONWEALTH EDISON CO 5.65% DUE 06-01-2054	66,000	5.65	6/1/2054	67,154	65,210	
CONAGRA BRANDS INC 5.4% 11-01-2048	1,065,000	5.40	11/1/2048	995,704	967,434	
CONAGRA BRANDS INC FIXED 5.3% 11-01-2038	1,914,000	5.30	11/1/2038	1,899,794	1,803,369	
CONOCOPHILLIPS CO FIXED 3.758% DUE 03-15-2042	279,000	3.76	3/15/2042	256,879	220,057	
CONS EDISON CO N Y 4.3% DUE 12-01-2056	1,629,000	4.30	12/1/2056	1,453,340	1,270,641	
CONS EDISON CO N Y 4.5% DUE 05-15-2058	454,000	4.50	5/15/2058	420,254	365,408	
CONSOLIDATED EDISON CO N Y INC 4.125% 05-15-2049 REG	209,000	4.13	5/15/2049	187,148	164,659	
CONSTELLATION 4.1% 02-15-2048	425,000	4.10	2/15/2048	364,282	330,044	
CONSTELLATION 5.25% DUE 11-15-2048	457,000	5.25	11/15/2048	430,192	417,829	
CONSTELLATION BRANDS INC 3.75% DUE 05-01-2050/04-27-2020 REG	1,675,000	3.75	5/1/2050	1,349,717	1,230,033	
COOPERATIEVE 5.25% DUE 05-24-2041	6,000	5.25	5/24/2041	6,624	5,828	
COREBRIDGE FINL INC SR NT 4.35% 04-05-2042	20,000	4.35	4/5/2042	17,033	16,696	
CORNING INC 4.375% 11-15-2057	2,047,000	4.38	11/15/2057	1,795,414	1,568,718	
CORNING INC 5.35% DUE 11-15-2048	61,000	5.35	11/15/2048	64,215	57,123	
CORNING INC 5.45% DUE 11-15-2079	386,000	5.45	11/15/2079	381,522	349,599	
CSX CORP 3.8% DUE 11-01-2046	3,802,000	3.80	11/1/2046	3,112,184	2,927,811	
CSX CORP 4.1 DUE 03-15-2044	249,000	-	3/15/2044	226,737	204,100	
CSX CORP 6.15% DUE 05-01-2037	210,000	6.15	5/1/2037	238,228	223,247	
CUMMINS INC 4.875% DUE 10-01-2043	261,000	4.88	10/1/2043	262,260	239,450	
CUMMINS INC FIXED 2.6% DUE 09-01-2050	1,000,000	2.60	9/1/2050	627,606	596,346	
CVS HEALTH CORP 4.78% DUE 03-25-2038	3,858,000	4.78	3/25/2038	3,767,646	3,336,420	
CVS HLTH FIXED 6.05% 06-01-2054	2,072,000	6.05	6/1/2054	2,089,080	1,949,109	

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
	DANAHER CORP 2.6% DUE 10-01-2050	575,000	2.60	10/1/2050	\$ 387,231	\$ 342,650
	DANAHER CORP 4.375% DUE 09-15-2045	415,000	4.38	9/15/2045	376,754	354,321
	DANAHER CORP SR NT 2.8% 12-10-2051	519,000	2.80	12/10/2051	385,902	320,603
	DARDEN RESTAURANTS INC 4.55% 02-15-2048	450,000	4.55	2/15/2048	365,742	362,283
	DELL INTL LLC/EMC CORP 8.35% 07-15-2046	716,000	8.35	7/15/2046	967,261	913,006
	DEVON ENERGY CORP 4.75% DUE 05-15-2042	500,000	4.75	5/15/2042	436,632	416,089
	DEVON ENERGY CORP 5.6 DUE 07-15-2041	695,000	5.60	7/15/2041	670,015	643,606
	DEVON ENERGY CORP FIXED 5% DUE 06-15-2045	455,000	5.00	6/15/2045	405,941	380,391
	DH EUROPE FIN II S 3.4% DUE 11-15-2049	630,000	3.40	11/15/2049	484,975	446,446
	DICKS SPORTING GOODS INC 4.1% 01-15-2052	1,000,000	4.10	1/15/2052	732,723	732,319
	DISNEY WALT CO 2.75% DUE 09-01-2049	1,655,000	2.75	9/1/2049	1,078,412	1,034,243
	DISNEY WALT CO 3.5% DUE 05-13-2040 REG	3,231,000	3.50	5/13/2040	2,678,252	2,593,051
	DISNEY WALT CO 3.8% DUE 05-13-2060 REG	153,000	3.80	5/13/2060	130,725	111,336
	DISNEY WALT CO 4.7% DUE 03-23-2050	163,000	4.70	3/23/2050	164,480	144,822
	DISNEY WALT CO NEW 4.125 DUE 06-01-2044	74,000	-	6/1/2044	69,239	60,897
	DISNEY WALT CO SR NT 4.75% 09-15-2044	189,000	4.75	9/15/2044	188,267	169,369
	DISNEY WALT CO SR NT 5.4% 10-01-2043	143,000	5.40	10/1/2043	154,359	140,570
	DOLLAR TREE INC 3.375% 12-01-2051	1,000,000	3.38	12/1/2051	673,582	634,986
	DTE ELEC CO 3.7% DUE 03-15-2045	35,000	3.70	3/15/2045	30,450	26,896
	DUKE ENERGY 5.3% DUE 02-15-2040	1,955,000	5.30	2/15/2040	2,062,040	1,913,951
	DUKE ENERGY 6% DUE 01-15-2038	200,000	6.00	1/15/2038	222,580	208,092
	DUKE ENERGY CAROLINAS LLC 3.55% DUE 03-15-2052 BEO	5,884,000	3.55	3/15/2052	5,054,986	4,149,109
	DUKE ENERGY FLA LLC 5.95% DUE 11-15-2052BEO	372,000	5.95	11/15/2052	402,258	378,743
	DUKE ENERGY OHIO INC 5.6% 03-15-2054	667,000	5.60	3/15/2054	702,742	644,742
	DUKE UNIV 2.832% 10-01-2055	470,000	2.83	10/1/2055	467,540	292,437
	ECOLAB INC 2.7% DUE 12-15-2051	2,455,000	2.70	12/15/2051	1,840,453	1,493,700

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
ELEVANCE HLTH INC 4.65% DUE 08-15-2044		488,000	4.65	8/15/2044	\$ 471,418	\$ 419,051
ELI LILLY AND COMPANY 3.95% 03-15-2049		369,000	3.95	3/15/2049	322,088	289,165
EMERA US FIN LP 4.75% DUE 06-15-2046		1,108,000	4.75	6/15/2046	876,377	918,434
EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO		1,000,000	2.80	12/21/2051	654,160	619,074
ENBRIDGE ENERGY 7.375% DUE 10-15-2045		1,799,000	7.38	10/15/2045	2,163,867	2,035,524
ENBRIDGE INC 6.7% 11-15-2053		754,000	6.70	11/15/2053	861,059	819,421
ENBRIDGE INC FIXED 4.5% DUE 06-10-2044		560,000	4.50	6/10/2044	473,019	462,078
ENERGY TRANSFER 5.15% DUE 02-01-2043		179,000	5.15	2/1/2043	160,204	158,003
ENERGY TRANSFER 5.8% DUE 06-15-2038		158,000	5.80	6/15/2038	156,186	155,294
ENERGY TRANSFER 6% DUE 06-15-2048		740,000	6.00	6/15/2048	733,906	715,755
ENERGY TRANSFER 6.25% DUE 04-15-2049		390,000	6.25	4/15/2049	408,522	391,453
ENERGY TRANSFER FIXED 5.3% DUE 04-15-2047		482,000	5.30	4/15/2047	434,001	426,903
ENERGY TRANSFER OPER L P 5.0% 05-15-2050		420,000	5.00	5/15/2050	379,001	356,811
ENERGY MISS LLC 5.85% 06-01-2054		1,000,000	5.85	6/1/2054	1,051,121	1,009,374
ENERGY TEXAS INC 5.55% 09-15-2054		2,000,000	5.55	9/15/2054	2,075,622	1,941,786
ENERGY TEXAS INC 5.8% 09-01-2053		176,000	5.80	9/1/2053	181,657	176,358
ENTERPRISE PRODS 5.7% DUE 02-15-2042		925,000	5.70	2/15/2042	955,221	924,944
ENTERPRISE PRODS 6.125% DUE 10-15-2039		1,000,000	6.13	10/15/2039	1,063,743	1,038,987
ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046		208,000	4.90	5/15/2046	197,070	185,612
ENTERPRISE PRODS OPER LLC 4.8% 02-01-2049		348,000	4.80	2/1/2049	327,517	299,916
ENTERPRISE PRODS OPER LLC GTD SR NT 4.85% DUE 08-15-2042		79,000	-	8/15/2042	75,161	71,383
EOG RES INC 4.95% DUE 04-15-2050		2,046,000	4.95	4/15/2050	1,910,468	1,822,075
EQUINOR ASA FIXED 3.7% DUE 04-06-2050		1,200,000	3.70	4/6/2050	1,314,918	890,197
EVEREST REINSURANCE HOLDINGS INC 3.5% 10-15-2050		20,000	3.50	10/15/2050	13,844	13,558
EVEREST REINSURANCE HOLDINGS INC SR NT 3.125% 10-15-2052		2,175,000	3.13	10/15/2052	1,611,349	1,341,705

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
EVERGY KANS CENT INC 5.7% 03-15-2053		1,933,000	5.70	3/15/2053	\$ 2,014,164	\$ 1,899,123
EXXON MOBIL CORP FIXED 4.327% DUE 03-19-2050		3,198,000	4.33	3/19/2050	3,131,897	2,633,516
FED RLTY INVT TR 4.5% DUE 12-01-2044		1,000,000	4.50	12/1/2044	826,528	837,811
FEDEX CORP 4.1% DUE 02-01-2045		67,000	4.10	2/1/2045	57,553	52,462
FEDEX CORP 4.95% 10-17-2048		91,000	4.95	10/17/2048	88,320	79,535
FEDEX CORP BOND 5.1 DUE 01-15-2044		25,000	5.10	1/15/2044	24,628	22,823
FIFTH 3RD BANCORP 8.25% DUE 03-01-2038		1,000,000	8.25	3/1/2038	1,208,826	1,199,315
FISERV INC 4.4% DUE 07-01-2049		206,000	4.40	7/1/2049	171,593	168,442
FL PWR & LT CO 1ST MTG BD 5.96 DUE 04-01-2039		1,611,000	5.96	4/1/2039	1,756,469	1,684,902
FL PWR & LT CO 5.69% DUE 03-01-2040		750,000	5.69	3/1/2040	795,686	765,800
FLORIDA POWER & LIGHT COMPANY 2.875% 12-04-2051		3,453,000	2.88	12/4/2051	2,669,495	2,162,081
FLORIDA PWR CORP 6.35% DUE 09-15-2037		16,000	6.35	9/15/2037	17,515	17,016
FLORIDA PWR CORP 6.4% DUE 06-15-2038		378,000	6.40	6/15/2038	425,612	407,098
FOX CORP 5.576% DUE 01-25-2049		874,000	5.58	1/25/2049	844,584	812,954
FRANKLIN RESOURCES INC 2.95% 08-12-2051		592,000	2.95	8/12/2051	439,410	367,679
GALLAGHER ARTHUR J & CO SR NT 3.5% 05-20-2051		930,000	3.50	5/20/2051	647,462	640,599
GEN DYNAMICS CORP FIXED 4.25% DUE 04-01-2040		1,210,000	4.25	4/1/2040	1,106,241	1,057,084
GENERAL DYNAMICS CORP 4.25% DUE 04-01-2050 REG		745,000	4.25	4/1/2050	672,495	616,032
GENERAL DYNAMICS CORP NT 2.85% 06-01-2041		515,000	5.00	4/1/2035	394,445	367,468
GENERAL MLS INC 3.0% 02-01-2051		1,810,000	3.00	2/1/2051	1,279,341	1,147,384
GENERAL MTRS CO 5% DUE 04-01-2035		36,000	5.00	4/1/2035	34,233	33,799
GENERAL MTRS CO 6.25% DUE 10-02-2043		47,000	6.25	10/2/2043	47,671	46,628
GENERAL MTRS CO 6.75% DUE 04-01-2046		34,000	6.75	4/1/2046	36,237	35,517
GEORGE WASH UNIV 4.126% DUE 09-15-2048		315,000	4.13	9/15/2048	378,051	256,566

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
GILEAD SCIENCES	4.15% DUE 03-01-2047	493,000	4.15	3/1/2047	\$ 446,821	\$ 395,640
GILEAD SCIENCES	4.5% DUE 02-01-2045	365,000	4.50	2/1/2045	335,613	313,173
GILEAD SCIENCES	4.8% DUE 04-01-2044	263,000	4.80	4/1/2044	251,962	235,606
GILEAD SCIENCES	5.65% DUE 12-01-2041	36,000	5.65	12/1/2041	37,651	36,020
GOLDMAN SACHS	4.75% DUE 10-21-2045	1,616,000	4.75	10/21/2045	1,580,852	1,431,491
GOLDMAN SACHS	4.8% DUE 07-08-2044	1,494,000	4.80	7/8/2044	1,465,928	1,321,805
HACKENSACK	2.675% DUE 09-01-2041	6,000	2.68	9/1/2041	5,722	4,156
HARRIS CORP DEL	4.854% DUE 04-27-2035	1,415,000	4.85	4/27/2035	1,381,634	1,345,892
HASBRO INC	5.1% DUE 05-15-2044	1,000,000	5.10	5/15/2044	877,771	868,189
HASBRO INC	6.35% DUE 03-15-2040	6,000	6.35	3/15/2040	5,963	6,068
HCA INC	5.25% DUE 06-15-2049	3,435,000	5.25	6/15/2049	3,212,264	2,978,681
HCA INC	5.5% DUE 06-15-2047	1,795,000	5.50	6/15/2047	2,263,419	1,634,937
HERSHEY CO	3.125% DUE 11-15-2049	420,000	3.13	11/15/2049	322,418	279,618
HERSHEY CO	3.375% DUE 08-15-2046	450,000	3.38	8/15/2046	356,989	324,653
HESS CORP	6% DUE 01-15-2040	6,000	6.00	1/15/2040	6,198	6,252
HOME DEPOT INC	2.375% 03-15-2051	3,934,000	2.38	3/15/2051	2,783,456	2,230,436
HOME DEPOT INC	3.3% DUE 04-15-2040 REG	740,000	3.30	4/15/2040	650,197	577,064
HOME DEPOT INC	4.875 DUE 02-15-2044	263,000	4.88	2/15/2044	246,978	240,782
HOME DEPOT INC	5.875% DUE 12-16-2036	1,378,000	5.88	12/16/2036	1,582,557	1,450,501
HOME DEPOT INC	SR NT 2.75% 09-15-2051	1,097,000	2.75	9/15/2051	829,124	669,875
HONEYWELL INTERNATIONAL INC	4.5% 01-15-2034	620,000	4.50	1/15/2034	599,257	591,732
HONEYWELL INTL INC	2.8% DUE 06-01-2050	490,000	2.80	6/1/2050	370,033	307,897
HONEYWELL INTL INC	5.7% DUE 03-15-2037	640,000	5.70	3/15/2037	697,963	657,689
HONEYWELL INTL INC	FIXED 3.812% DUE 11-21-2047	620,000	3.81	11/21/2047	506,593	475,513
HORMEL FOODS CORP	FIXED 3.05% DUE 06-03-2051	1,141,000	3.05	6/3/2051	794,248	742,201
HSBC HLDGS PLC	7.399% 11-13-2034	784,000	7.40	11/13/2034	833,052	852,247
HSBC HOLDINGS PLC	6.332% 03-09-2044	1,895,000	6.33	3/9/2044	2,009,165	2,002,166

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
IL TOOL WKS INC 3.9% DUE 09-01-2042		1,695,000	3.90	9/1/2042	\$ 1,511,824	\$ 1,386,069
ILLINOIS TOOL WKS INC 4.875 DUE 09-15-2041 REG		215,000	4.88	9/15/2041	208,907	201,296
INTEL CORP 3.1% DUE 02-15-2060		1,657,000	3.10	2/15/2060	1,229,318	886,746
INTEL CORP 3.734% 12-08-2047 BEO		420,000	3.73	12/8/2047	321,511	277,290
INTEL CORP 6.02% 02-10-2063		207,000	6.02	2/10/2063	205,294	187,055
INTEL CORP SR NT 3.05% 08-12-2051		271,000	3.05	8/12/2051	210,574	154,715
INTEL CORP SR NT 3.2% 08-12-2061		718,000	3.20	8/12/2061	541,436	390,312
INTERNATIONAL BUSINESS MACHS CORP 4 NTS DUE 06-20-2042 USD1000		1,633,000	-	6/20/2042	1,402,287	1,335,172
INTERNATIONAL BUSINESS MACHS CORP 4.15% DUE 05-15-2039		175,000	4.15	5/15/2039	156,112	150,613
INTL BUSINESS FIXED 2.85% DUE 05-15-2040		62,000	2.85	5/15/2040	50,109	44,203
INTL FLAVORS & 4.375% DUE 06-01-2047		824,000	4.38	6/1/2047	658,328	645,083
INTL FLAVORS & 5% DUE 09-26-2048		975,000	5.00	9/26/2048	863,716	837,720
JBS USA LUX S A / JBS USA FOOD CO 7.25% 11-15-2053		500,000	7.25	11/15/2053	512,106	550,907
JOHNS HOPKINS UNIV 2.813% DUE 01-01-2060		455,000	2.81	1/1/2060	442,287	269,284
JOHNSON & JOHNSON 3.7% DUE 03-01-2046		2,090,000	3.70	3/1/2046	1,753,911	1,653,248
JOHNSON & JOHNSON 3.75% DUE 03-03-2047		510,000	3.75	3/3/2047	421,360	402,389
JPMORGAN CHASE & CO 5.6% DUE 07-15-2041		607,000	5.60	7/15/2041	648,229	612,844
JPMORGAN CHASE & CO 3.109% DUE 04-22-2051		665,000	3.11	4/22/2051	471,916	441,176
JPMORGAN CHASE & CO 3.109% DUE 04-22-2041/10-22-2020 REG		540,000	3.11	4/22/2041	425,670	400,684
JPMORGAN CHASE & CO 3.157% 04-22-2042		520,000	3.16	4/22/2042	408,877	382,186
JPMORGAN CHASE & CO 3.328% 04-22-2052		1,075,000	3.33	4/22/2052	790,407	737,710
JPMORGAN CHASE & CO 3.882% 07-24-2038		65,000	3.88	7/24/2038	56,475	55,501
JPMORGAN CHASE & CO 3.964% 11-15-2048		1,055,000	3.96	11/15/2048	869,241	825,564
JPMORGAN CHASE & CO 4.26% 02-22-2048615,0004.262/22/2048532,264509,615JPMORGAN CHASE & CO 4.26% 02-22-2048		615,000	4.26	2/22/2048	532,264	509,615
JPMORGAN CHASE & CO 4.85 NOTES DUE 02-01-2044		1,107,000	-	2/1/2044	1,091,953	1,019,476

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
JPMORGAN CHASE & CO 5.4 SNR NTS DUE 01-06-2042 USD1000	434,000	-	1/6/2042	\$ 462,268	\$ 428,645	
JPMORGAN CHASE & FLTG RT 2.525% DUE 11-19-2041	555,000	2.53	11/19/2041	401,532	376,348	
KANSAS CITY POWER & LIGHT CO FIXED 4.125%04-01-2049 BEO	439,000	4.13	4/1/2049	350,294	341,572	
KELLANOVA 4.5% DUE 04-01-2046	20,000	4.50	4/1/2046	17,229	16,856	
KENTUCKY UTILITIES 5.125 11-1- 2040	3,304,000	5.13	11/1/2040	3,352,299	3,130,095	
KENTUCKY UTILS CO 4.375% DUE 10- 01-2045	901,000	4.38	10/1/2045	782,769	747,411	
KENVUE INC 5.1% 03-22-2043	38,000	5.10	3/22/2043	36,978	36,487	
KENVUE INC 5.2% 03-22-2063	575,000	5.20	3/22/2063	588,302	532,255	
KEURIG DR PEPPER INC 3.8% DUE 05- 01-2050BEO	620,000	3.80	5/1/2050	480,715	456,725	
KEURIG DR PEPPER INC SR NT 3.35% 03-15-2051	570,000	3.35	3/15/2051	427,981	382,583	
KEURIG DR PEPPER INC SR NT 4.5% 04-15-2052	1,567,000	4.50	4/15/2052	1,353,167	1,290,274	
KILROY REALTY LP 2.65% DUE 11-15- 2033	1,429,000	2.65	11/15/2033	1,071,675	1,093,412	
KIMBERLY-CLARK 2.875% DUE 02-07- 2050	20,000	2.88	2/7/2050	13,788	12,948	
KIMBERLY-CLARK 6.625% DUE 08-01- 2037	440,000	6.63	8/1/2037	508,135	497,689	
KINDER MORGAN 5.5 DUE 03-01- 2044	284,000	5.50	3/1/2044	275,352	263,316	
KINDER MORGAN 6.95% DUE 01-15- 2038	1,239,000	6.95	1/15/2038	1,382,428	1,343,657	
KINDER MORGAN INC 5.2% 03-01- 2048	191,000	5.20	3/1/2048	182,478	168,892	
KINDER MORGAN INC DEL SR NT 3.6% 02-15-2051	2,273,000	3.60	2/15/2051	1,701,685	1,537,710	
KONINKLIJKE 6.875% DUE 03-11- 2038	985,000	6.88	3/11/2038	1,064,280	1,061,378	
KRAFT FOODS GROUP 5% DUE 06-04- 2042	3,937,000	5.00	6/4/2042	3,741,213	3,542,205	
KRAFT FOODS GROUP 6.875% DUE 01-26-2039	1,239,000	6.88	1/26/2039	1,450,401	1,366,643	
KROGER CO 5.65% 09-15-2064	1,895,000	5.65	9/15/2064	1,855,804	1,784,884	
LAM RESH CORP 2.875% DUE 06-15- 2050	740,000	2.88	6/15/2050	513,335	468,280	
LAM RESH CORP 4.875% DUE 03-15- 2049	740,000	4.88	3/15/2049	712,687	665,565	
LINCOLN NATL CORP 7% DUE 06-15- 2040	26,000	7.00	6/15/2040	27,445	28,441	
LLOYDS BKG GROUP 3.369% DUE 12- 14-2046	577,000	3.37	12/14/2046	431,509	399,538	

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
LLOYDS BKG GROUP 5.3% DUE 12-01-2045		196,000	5.30	12/1/2045	\$ 190,198	\$ 177,496
LOCKHEED MARTIN 3.8% DUE 03-01-2045		964,000	3.80	3/1/2045	885,387	760,608
LOCKHEED MARTIN 4.07% DUE 12-15-2042 15-2042420,0004.0712 / 15 / 2042391,859350,527	LOCKHEED MARTIN	420,000	4.07	12/15/2042	391,859	350,527
LOCKHEED MARTIN 4.7% DUE 05-15-2046		807,000	4.70	5/15/2046	834,648	722,344
LOCKHEED MARTIN 5.9% DUE 11-15-2063		395,000	5.90	11/15/2063	454,079	413,319
LOCKHEED MARTIN CORP 5.7% DUE 11-15-2054		590,000	5.70	11/15/2054	657,192	601,309
LOCKHEED MARTIN FIXED 2.8% DUE 06-15-2050		225,000	2.80	6/15/2050	150,259	141,170
LOUISVILLE GAS & ELEC CO 4.25% DUE 04-01-2049		84,000	4.25	4/1/2049	71,957	66,802
LOWE'S COMPANIES INC 5.625% DUE 04-15-2053 BEO		769,000	5.63	4/15/2053	755,566	740,137
LOWES COS INC 3.7% DUE 04-15-2046		1,163,000	3.70	4/15/2046	903,652	861,718
LOWES COS INC 4.05% DUE 05-03-2047		117,000	4.05	5/3/2047	101,720	90,916
LOWES COS INC 4.25% 04-01-2052		1,000,000	4.25	4/1/2052	827,143	781,964
LOWES COS INC 4.45% 04-01-2062		400,000	4.45	4/1/2062	309,158	310,358
LOWES COS INC 5% DUE 04-15-2040		435,000	5.00	4/15/2040	436,588	407,018
LOWES COS INC 5.85% 04-01-2063		545,000	5.85	4/1/2063	560,901	534,029
LOWES COS INC FIXED 5.8% DUE 09-15-2062		445,000	5.80	9/15/2062	424,032	430,855
MA INST TECH FIXED 2.989% DUE 07-01-2050		1,295,000	2.99	7/1/2050	1,367,607	872,027
MARATHON PETE CORP 4.75% DUE 09-15-2044		280,000	4.75	9/15/2044	254,303	232,600
MARATHON PETE CORP 6.5% DUE 03-01-2041		6,000	6.50	3/1/2041	6,395	6,220
MARKEL GROUP INC SR NT 3.45% 05-07-2052		1,418,000	3.45	5/7/2052	1,108,619	943,460
MARSH & MCLENNAN 4.9% DUE 03-15-2049		760,000	4.90	3/15/2049	697,870	681,206
MARSH & MCLENNAN COMPANIES INC 5.45% 03-15-2053		345,000	5.45	3/15/2053	337,928	333,631
MARSH & MCLENNAN COS INC 4.2% 03-01-2048		420,000	4.20	3/1/2048	347,923	340,954
MARSH & MCLENNAN COS INC 4.75% 03-15-2039		203,000	4.75	3/15/2039	203,632	187,999
MARSH & MCLENNAN COS INC SR NT 2.9% 12-15-2051		79,000	2.90	12/15/2051	58,913	49,255
MASCO CORP 4.5% DUE 05-15-2047		465,000	4.50	5/15/2047	377,927	380,320

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
MATTEL INC	5.45% DUE 11-01-2041	20,000	5.45	11/1/2041	\$ 18,228	\$ 17,899
MAYO CLINIC	3.774% DUE 11-15-2043	6,000	3.77	11/15/2043	6,791	4,942
MCDONALDS CORP	4.45% DUE 03-01-2047 REG	1,081,000	4.45	3/1/2047	1,022,972	908,252
MCDONALDS CORP	4.2% 04-01-2050	320,000	4.20	4/1/2050	264,500	253,154
MCDONALDS CORP	4.875% DUE 12-09-2045	678,000	4.88	12/9/2045	678,703	610,384
MCDONALD'S CORP	5.45% 08-14-2053	335,000	5.45	8/14/2053	332,568	321,435
MCDONALDS CORP	6.3% DUE 10-15-2037	465,000	6.30	10/15/2037	522,868	499,695
MCDONALD'S CORP	FIXED 4.45% DUE 09-01-2048	280,000	4.45	9/1/2048	242,082	233,741
MCDONALDS CORP	MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	602,000	3.63	9/1/2049	459,232	434,612
MERCK & CO INC	2.9% DUE 12-10-2061	596,000	2.90	12/10/2061	438,304	342,473
MERCK & CO INC	2.75% DUE 12-10-2051 BEO	3,977,000	2.75	12/10/2051	3,065,061	2,414,604
META PLATFORMS INC	4.65% 08-15-2062	835,000	4.65	8/15/2062	710,573	711,443
META PLATFORMS INC	5.6% DUE 05-15-2053	855,000	5.60	5/15/2053	847,066	856,477
META PLATFORMS INC	FIXED 4.45% DUE 08-15-2052	1,165,000	4.45	8/15/2052	1,019,473	983,534
MICROSOFT CORP	2.525% DUE 06-01-2050 BEO	3,035,000	2.53	6/1/2050	1,968,248	1,873,368
MICROSOFT CORP	3.7% DUE 08-08-2046	1,655,000	3.70	8/8/2046	1,414,060	1,325,939
MICROSOFT CORP	SR NT 2.5% 09-15-2050	497,000	2.50	9/15/2050	322,729	301,227
MIDAMERICAN ENERGY	5.15% DUE 11-15-2043	971,000	5.15	11/15/2043	988,548	922,367
MIDAMERICAN ENERGY	6.125% DUE 04-01-2036	2,285,000	6.13	4/1/2036	2,493,493	2,405,069
MORGAN STANLEY	3.971% 07-22-2038	600,000	3.97	7/22/2038	562,522	510,492
MORGAN STANLEY	4.3% DUE 01-27-2045	669,000	4.30	1/27/2045	623,518	551,919
MORGAN STANLEY	4.457% 04-22-2039	546,000	4.46	4/22/2039	529,784	489,130
MPLX LP	4.5% 04-15-2038	673,000	4.50	4/15/2038	593,881	586,749
MPLX LP	SR NT 4.95% 03-14-2052	1,578,000	4.95	3/14/2052	1,417,796	1,328,463
MYLAN INC	FORMERLY FIXED 5.2% DUE 04-15-2048	500,000	5.20	4/15/2048	397,007	414,382
NASDAQ INC	SR NT 3.95% 03-07-2052	1,623,000	3.95	3/7/2052	1,378,481	1,202,396

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
NBCUNIVERSAL MEDIA 4.45% DUE 01-15-2043		95,000	4.45	1/15/2043	\$ 90,750	\$ 80,990
NBCUNIVERSAL MEDIA 6.4% DUE 04-30-2040		500,000	6.40	4/30/2040	544,774	532,315
NOKIA CORP 6.625% DUE 05-15-2039		1,445,000	6.63	5/15/2039	1,395,434	1,468,301
NORFOLK SOUTHERN CORP 4.55% 06-01-2053		335,000	4.55	6/1/2053	298,317	281,065
NORFOLK SOUTHN 3.05% DUE 05-15-2050		306,000	3.05	5/15/2050	217,871	198,150
NORFOLK SOUTHN CORP 3.155% DUE 05-15-2055		445,000	3.16	5/15/2055	310,686	281,817
NORFOLK SOUTHN CORP 4.15% 02-28-2048		403,000	4.15	2/28/2048	351,931	321,046
NORFOLK SOUTHN CORP 5.95% 03-15-2064		270,000	5.95	3/15/2064	290,940	277,574
NORFOLK SOUTHN FIXED 3.942% DUE 11-01-2047		69,000	3.94	11/1/2047	57,755	53,105
NORTHERN STS PWR CO MINN 3.6% 09-15-2047		1,049,000	3.60	9/15/2047	912,891	775,934
NORTHN STS PWR CO 3.6% DUE 05-15-2046		1,451,000	3.60	5/15/2046	1,275,307	1,083,962
NORTHROP GRUMMAN 4.03% DUE 10-15-2047		637,000	4.03	10/15/2047	546,691	500,453
NORTHROP GRUMMAN 4.75% DUE 06-01-2043		844,000	4.75	6/1/2043	842,194	757,038
NORTHROP GRUMMAN CORP 4.95% 03-15-2053		510,000	4.95	3/15/2053	496,113	455,908
NORTHROP GRUMMAN FIXED 5.25% DUE 05-01-2050		520,000	5.25	5/1/2050	535,883	487,639
NORTHWESTERN UNIV 3.662% DUE 12-01-2057		400,000	3.66	12/1/2057	473,629	293,886
NOVANT HEALTH INC 3.168% DUE 11-01-2051		83,000	3.17	11/1/2051	56,123	54,920
NUTRIEN LTD 5.0% 04-01-2049		1,025,000	5.00	4/1/2049	1,059,236	912,785
NYU LANGONE HOSPS 3.38% DUE 07-01-2055		400,000	3.38	7/1/2055	405,272	268,168
OCCIDENTAL PETE 4.2% DUE 03-15-2048		240,000	4.20	3/15/2048	189,180	172,486
OCCIDENTAL PETE 6.2% DUE 03-15-2040		295,000	6.20	3/15/2040	303,710	290,768
OCCIDENTAL PETE CORP SR NT 6.6% 03-15-2046		815,000	6.60	3/15/2046	877,432	823,371
OHIO POWER CO SR NT 2.9% 10-01-2051		569,000	2.90	10/1/2051	419,960	342,356
OLD REP INTL CORP SR NT 3.85% 06-11-2051		1,016,000	3.85	6/11/2051	779,444	715,557
ONCOR ELEC 3.75% DUE 04-01-2045		578,000	3.75	4/1/2045	462,481	444,559
ONCOR ELEC 5.25% DUE 09-30-2040		750,000	5.25	9/30/2040	758,591	728,877

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date			
Corporate Bonds and Other Fixed-Income Obligations (continued)						
ONCOR ELEC DELIVERY CO LLC 3.1% 09-15-2049	370,000	3.10	9/15/2049	\$ 270,700	\$ 243,006	
ONEOK INC NEW 3.95% 03-01-2050	225,000	3.95	3/1/2050	182,773	162,487	
ONEOK PARTNERS L P 6.125 DUE 02- 01-2041	3,029,000	-	2/1/2041	3,053,645	3,019,056	
ORACLE CORP 3.6% DUE 04-01-2050 REG	3,300,000	3.60	4/1/2050	2,471,249	2,314,029	
ORACLE CORP 3.85% DUE 07-15-2036	1,050,000	3.85	7/15/2036	855,781	899,857	
ORACLE CORP 3.9% DUE 05-15-2035	2,643,000	3.90	5/15/2035	2,325,229	2,316,148	
ORACLE CORP 4% DUE 07-15-2046	2,315,000	4.00	7/15/2046	1,883,885	1,783,481	
ORACLE CORP 4.125% DUE 05-15- 2045	599,000	4.13	5/15/2045	478,291	472,928	
ORACLE CORP 5.5% 09-27-2064	647,000	5.50	9/27/2064	636,904	593,078	
ORACLE CORP 5.55% 02-06-2053	257,000	5.55	2/6/2053	249,419	243,348	
ORACLE CORP FIXED 6.9% DUE 11- 09-2052	822,000	6.90	11/9/2052	971,734	922,460	
ORANGE 5.375% DUE 01-13-2042	20,000	5.38	1/13/2042	19,605	19,195	
OWENS CORNING 5.95% 06-15-2054	333,000	5.95	6/15/2054	346,426	329,554	
PAC GAS & ELEC CO 3.3% DUE 08-01- 2040	587,000	3.30	8/1/2040	436,564	439,770	
PAC GAS & ELEC CO 3.5% DUE 08-01- 2050	1,222,000	3.50	8/1/2050	858,776	838,748	
PAC GAS & ELEC CO FIXED 4.5% DUE 07-01-2040	1,810,000	4.50	7/1/2040	1,437,585	1,564,007	
PAC GAS & ELEC CO FIXED 4.95% DUE 07-01-2050	1,335,000	4.95	7/1/2050	1,059,206	1,157,457	
PACIFIC GAS & ELEC CO 4.75% DUE 02-15-2044	62,000	4.75	2/15/2044	50,140	52,979	
PACKAGING CORP FIXED 3.05% DUE 10-01-2051	260,000	3.05	10/1/2051	196,374	167,048	
PARTNERS HEALTHCARE SYS INC 3.342% DUE 07-01-2060	350,000	3.34	7/1/2060	369,344	228,323	
PEACEHEALTH 3.218% DUE 11-15- 2050	525,000	3.22	11/15/2050	523,901	335,128	
PECO ENERGY CO FIXED 3.9% DUE 03-01-2048	627,000	3.90	3/1/2048	573,222	486,967	
PEPSICO INC 2.875% DUE 10-15-2049	1,864,000	2.88	10/15/2049	1,503,736	1,218,762	
PEPSICO INC 3.45% DUE 10-06-2046	425,000	3.45	10/6/2046	342,754	312,817	
PEPSICO INC 3.6% DUE 08-13-2042	343,000	3.60	8/13/2042	275,443	268,231	
PEPSICO INC 4.45% DUE 04-14-2046	385,000	4.45	4/14/2046	361,535	332,915	
PEPSICO INC 5.5% DUE 01-15-2040	750,000	5.50	1/15/2040	801,371	759,399	
PEPSICO INC FIXED 2.625% 10-21- 2041	351,000	2.63	10/21/2041	286,707	243,835	
PEPSICO INC SR NT 2.75% 10-21-2051	315,000	2.75	10/21/2051	247,580	196,784	
PEPSICO INC SR NT 4 DUE 03-05-2042	230,000	4.00	3/5/2042	203,943	192,133	
PFIZER INC 4.125% DUE 12-15-2046	1,988,000	4.13	12/15/2046	1,929,871	1,603,469	
PFIZER INC 4.3% DUE 06-15-2043	169,000	4.30	6/15/2043	166,276	144,110	

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
PFIZER INC 5.6% DUE 09-15-2040		6,000	5.60	9/15/2040	\$ 6,149	\$ 6,068
PFIZER INC NT 7.2 DUE 03-15-2039		547,000	7.20	3/15/2039	708,499	639,633
PHILIP MORRIS INTL 4.25% DUE 11-10-2044		725,000	4.25	11/10/2044	582,532	594,102
PRESIDENT & FELLOWS HARVARD COLLEGE 2.517% DUE 10-15-2050/04-21-2020 REG		435,000	2.52	10/15/2050	420,156	263,182
PROGRESS ENERGY 6.5% DUE 02-01-2042		535,000	6.50	2/1/2042	552,160	554,500
PROGRESSIVE CORP OH 3.7% DUE 03-15-2052 BEO		1,591,000	3.70	3/15/2052	1,375,825	1,177,448
PUBLIC STORAGE 5.35% 08-01-2053		20,000	5.35	8/1/2053	19,944	19,044
PUBLIC SVC ELEC GAS CO SECD MEDIUM TERM NTS 3.8 01-01-2043		344,000	3.80	1/1/2043	279,738	272,223
PVTPL BAYER US FIN LLC 6.875% 11-21-2053		480,000	6.88	11/21/2053	473,986	484,704
PVTPL BOEING CO THE 7.008% 05-01-2064		172,000	7.01	5/1/2064	178,154	182,835
PVTPL BROADCOM INC 3.75% DUE 02-15-2051		555,000	3.75	2/15/2051	420,853	413,786
PVTPL BROADCOM INC NT 4.926% 05-15-2037		2,905,000	4.93	5/15/2037	2,650,749	2,764,545
PVTPL CAIXABANK SA 6.037% 06-15-2035		480,000	6.04	6/15/2035	468,490	484,037
PVTPL CAMERON LNG LLC 3.402% DUE 01-15-2038/07-15-2037 BEO		3,505,000	3.40	1/15/2038	2,964,840	2,909,586
PVTPL CREDIT AGRICOLE S A 6.251% 01-10-2035		6,000	6.25	1/10/2035	5,929	6,026
PVTPL GLOBAL ATLANTIC FIN CO 6.75% 03-15-2054		70,000	6.75	3/15/2054	68,000	71,148
PVTPL MUTUAL OF OMAHA INS CO 6.144% 01-16-2064		500,000	6.14	1/16/2064	479,435	494,353
PVTPL NESTLE CAPITAL CORPORATION 5.1% 03-12-2054		500,000	5.10	3/12/2054	484,695	471,579
PVTPL ONCOR ELECTRIC DELIVERY CO 5.55% 06-15-2054		2,144,000	5.55	6/15/2054	2,271,562	2,084,787
PVTPL SOCIETE GENERALE 7.132% 01-19-2055		1,641,000	7.13	1/19/2055	1,607,566	1,565,001
REALTY INCOME CORP 4.65% DUE 03-15-2047		385,000	4.65	3/15/2047	350,556	332,253
REGENCY CTRS L P 4.4% DUE 02-01-2047		941,000	4.40	2/1/2047	782,020	775,394
REPUBLIC SVCS INC 5.7% DUE 05-15-2041		457,000	5.70	5/15/2041	499,407	456,682
REYNOLDS AMERN INC 6.15% DUE 09-15-2043		69,000	6.15	9/15/2043	65,989	68,306
REYNOLDS AMERN INC 7.25% DUE 06-15-2037		3,825,000	7.25	6/15/2037	4,344,704	4,206,193

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
REYNOLDS AMERN INC FIXED 5.85% DUE 08-15-2045		389,000	5.85	8/15/2045	\$ 361,708	\$ 370,953
ROGERS COMMUNICATIONS INC 3.7% DUE 11-15-2049		1,479,000	3.70	11/15/2049	1,181,593	1,037,189
RTX CORPORATION 2.82% 09-01- 2051		1,767,000	2.82	9/1/2051	1,322,213	1,073,576
RTX CORPORATION 3.03% 03-15- 2052		430,000	3.03	3/15/2052	334,518	272,464
S CAROLINA ELEC & 6.05% DUE 01- 15-2038		499,000	6.05	1/15/2038	534,470	520,261
S&P GLOBAL INC 3.7% 03-01-2052		976,000	3.70	3/1/2052	853,342	729,691
S&P GLOBAL INC 3.9% 03-01-2062		350,000	3.90	3/1/2062	285,740	260,867
SABINE PASS LIQUEFACTION LLC SR SECD NT 5.9% 09-15-2037		1,000,000	5.90	9/15/2037	1,040,950	1,016,461
SALESFORCE.COM INC 3.05% DUE 07- 15-2061 BEO		310,000	3.05	7/15/2061	232,459	191,599
SAN DIEGO G & E FIXED 2.95% DUE 08-15-2051		647,000	2.95	8/15/2051	498,600	416,680
SHELL FIN US INC 4.0% 05-10-2046		573,000	4.00	5/10/2046	526,409	449,245
SHELL INTL FIN B V 3% DUE 11-26- 2051		360,000	3.00	11/26/2051	282,325	228,251
SHELL INTL FIN B V 6.375% DUE 12- 15-2038		423,000	6.38	12/15/2038	500,883	460,543
SHERWIN-WILLIAMS 4.5% DUE 06-01- 2047		1,808,000	4.50	6/1/2047	1,703,009	1,522,345
SHERWIN-WILLIAMS FIXED 3.3% DUE 05-15-2050		140,000	3.30	5/15/2050	98,782	92,992
SIMON PPTY GROUP L P 6.65% 01-15- 2054		814,000	6.65	1/15/2054	893,422	907,295
SMUCKER J M CO 6.5% 11-15-2043		1,014,000	6.50	11/15/2043	1,065,953	1,081,083
SMUCKER J M CO 6.5% 11-15-2053		1,194,000	6.50	11/15/2053	1,346,557	1,282,993
SOUTHERN CALIF EDISON CO 4.875% 03-01-2049		201,000	4.88	3/1/2049	189,519	175,905
SOUTHERN CALIF EDISON CO 5.875% 12-01-2053		317,000	5.88	12/1/2053	313,643	315,327
SOUTHERN CALIF GAS CO 4.3% 01- 15-2049		190,000	4.30	1/15/2049	161,662	154,330
SOUTHERN CALIF GAS CO 5.75% 06- 01-2053		1,249,000	5.75	6/1/2053	1,302,878	1,242,855
SOUTH CAL EDISON 4% DUE 04-01- 2047		1,017,000	4.00	4/1/2047	859,600	783,557
SOUTH CAL GAS CO 3.95% DUE 02- 15-2050		160,000	3.95	2/15/2050	143,309	121,716
SOUTH CAL GAS CO FIXED 6.35% DUE 11-15-2052		1,906,000	6.35	11/15/2052	2,182,234	2,052,467
SOUTH CO GAS CAP 3.95% DUE 10- 01-2046		450,000	3.95	10/1/2046	372,943	348,557
SOUTH COPPER 6.75% DUE 04-16- 2040		624,000	6.75	4/16/2040	687,723	667,952

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
	SOUTHN COPPER CORP 5.25% DUE 11-08-2042	868,000	5.25	11/8/2042	\$ 864,328	\$ 784,808
	SOUTHWESTERN ELEC PWR CO SR NT SER O 3.25% 11-01-2051	126,000	3.25	11/1/2051	95,365	79,995
	SOUTHWESTERN PUB SVC CO 6.0% 06-01-2054	2,703,000	6.00	6/1/2054	2,910,554	2,735,476
	SOUTHWESTN PUB SVC 4.5% DUE 08- 15-2041	500,000	4.50	8/15/2041	412,709	430,376
	STANFORD UNIV CAL 2.413% DUE 06- 01-2050	880,000	2.41	6/1/2050	831,179	522,950
	STARBUCKS CORP 3.5% DUE 11-15- 2050	1,116,000	3.50	11/15/2050	899,808	772,706
	STARBUCKS CORP FIXED 3.35% DUE 03-12-2050	1,409,000	3.35	3/12/2050	1,105,956	942,485
	STARBUCKS CORP FIXED 4.45% 08- 15-2049	870,000	4.45	8/15/2049	803,835	713,146
	STERIS PLC FIXED 3.75% DUE 03-15- 2051	90,000	3.75	3/15/2051	67,278	63,575
	STRYKER CORP 2.9% DUE 06-15-2050 REG	6,000	2.90	6/15/2050	4,214	3,887
	STRYKER CORP 4.625% DUE 03-15- 2046	905,000	4.63	3/15/2046	827,804	784,542
	SUNCOR ENERGY INC 4% DUE 11-15- 2047	600,000	4.00	11/15/2047	525,399	445,571
	SUNCOR ENERGY INC NEW SR NT 3.75% 03-04-2051	1,280,000	3.75	3/4/2051	1,063,575	898,683
	SUNOCO LOGISTICS 5.3% DUE 04-01- 2044	489,000	5.30	4/1/2044	444,120	437,784
	SUNOCO LOGISTICS PARTNERS 5.4% 10-01-2047	430,000	5.40	10/1/2047	404,088	386,596
	SYSCO CORP 6.6% DUE 04-01-2040	756,000	6.60	4/1/2040	850,869	815,875
	SYSCO CORP FIXED 6.6% DUE 04-01- 2050	175,000	6.60	4/1/2050	194,913	192,097
	SYSCO CORPORATION 3.15% 12-14- 2051	127,000	3.15	12/14/2051	94,149	81,993
	THERMO FISHER 4.1% DUE 08-15- 2047	595,000	4.10	8/15/2047	510,106	483,493
	THERMO FISHER SCIENTIFIC INC 2.8% 10-15-2041	837,000	2.80	10/15/2041	634,311	589,342
	THERMO FISHER SCIENTIFIC INC 5.3 DUE 02-01-2044	405,000	5.30	2/1/2044	411,684	387,210
	THERMO FISHER SCIENTIFIC INC 5.404% 08-10-2043	405,000	5.40	8/10/2043	418,637	398,610
	THOMSON CORP BD 5.5% DUE 08-15- 2035/08-14-2035 BEO	50,000	5.50	8/15/2035	50,658	50,094
	TIME WARNER CABLE 5.5% DUE 09- 01-2041	840,000	5.50	9/1/2041	712,950	714,171

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
TIME WARNER CABLE 5.875% DUE 11-15-2040		103,000	5.88	11/15/2040	\$ 85,510	\$ 92,182
TIME WARNER CABLE 6.75% DUE 06-15-2039		531,000	6.75	6/15/2039	553,451	520,785
TIME WARNER CABLE 7.3% DUE 07-01-2038		81,000	7.30	7/1/2038	84,271	82,508
T-MOBILE USA INC 3.4% 10-15-2052		845,000	3.40	10/15/2052	609,786	564,918
T-MOBILE USA INC 3.6% 11-15-2060		897,000	3.60	11/15/2060	668,273	594,066
T-MOBILE USA INC 4.5% DUE 04-15-2050		2,190,000	4.50	4/15/2050	1,934,555	1,798,155
T-MOBILE USA INC FIXED 4.375% DUE 04-15-2040		2,819,000	4.38	4/15/2040	2,556,402	2,445,389
T-MOBILE USA INC TMUS 3.3% 02-15-2051		910,000	3.30	2/15/2051	649,423	601,195
TOTALENERGIES CAPITAL S.A. 5.638% 04-05-2064		500,000	5.64	4/5/2064	506,730	479,043
TRANSCONTINENTAL GAS PIPE LINE CO LLC 3.95% DUE 05-15-2050		269,000	3.95	5/15/2050	229,442	199,150
TYSON FOODS INC 4.55% DUE 06-02-2047		1,512,000	4.55	6/2/2047	1,310,111	1,242,330
TYSON FOODS INC 5.1% 09-28-2048		425,000	5.10	9/28/2048	365,886	377,650
TYSON FOODS INC 5.15% DUE 08-15-2044		750,000	5.15	8/15/2044	704,602	684,899
UBS GROUP AG 4.875% 05-15-2045		20,000	4.88	5/15/2045	18,861	17,927
UNION ELEC CO 8.45% DUE 03-15-2039		398,000	8.45	3/15/2039	534,699	504,053
UNION ELECTRIC CO 3.9% DUE 04-01-2052		3,569,000	3.90	4/1/2052	3,202,098	2,737,263
UNION ELECTRIC COMPANY 5.125% 03-15-2055		183,000	5.13	3/15/2055	176,321	167,930
UNION PAC CORP 3.25% DUE 02-05-2050		3,184,000	3.25	2/5/2050	2,596,600	2,177,016
UNION PAC CORP 3.5% 02-14-2053		1,201,000	3.50	2/14/2053	1,011,158	847,600
UNION PAC CORP FIXED 2.95% 03-10-2052		321,000	2.95	3/10/2052	246,511	203,056
UNION PAC CORP FIXED 3.75% DUE 02-05-2070		272,000	3.75	2/5/2070	225,231	181,812
UNITEDHEALTH GROUP 4.25% DUE 03-15-2043		1,415,000	4.25	3/15/2043	1,277,973	1,194,250
UNITEDHEALTH GROUP 4.75% DUE 07-15-2045		1,690,000	4.75	7/15/2045	1,617,346	1,490,289
UNITEDHEALTH GROUP 5.75% DUE 07-15-2064		1,470,000	5.75	7/15/2064	1,512,766	1,433,490
UNITEDHEALTH GROUP 5.95% DUE 02-15-2041		500,000	5.95	2/15/2041	529,227	512,668
UNITEDHEALTH GROUP 6.875% DUE 02-15-2038		1,891,000	6.88	2/15/2038	2,323,884	2,137,495
UNITEDHEALTH GROUP FIXED 4.25% DUE 06-15-2048		1,250,000	4.25	6/15/2048	1,106,710	1,004,349

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
UNITEDHEALTH GROUP INC 2.75% DUE 05-15-2040/05-18-2020 REG		375,000	2.75	5/15/2040	\$ 287,525	\$ 265,340
UNITEDHEALTH GROUP INC 3.05% DUE 05-15-2041 BEO		1,840,000	3.05	5/15/2041	1,547,193	1,331,267
UNIV PA TRUSTEES 2.396% DUE 10- 01-2050		525,000	2.40	10/1/2050	486,146	310,535
UNIV SOUTHN CAL 3.841% DUE 10- 01-2047		500,000	3.84	10/1/2047	587,358	402,524
UNIVERSITY CHICAGO 2.547% DUE 04-01-2050		610,000	2.55	4/1/2050	569,876	390,873
UTD PARCEL SVC INC 3.75% 11-15- 2047		127,000	3.75	11/15/2047	115,738	96,200
VERIZON 4% DUE 03-22-2050		245,000	4.00	3/22/2050	204,201	186,238
VERIZON 4.125% DUE 08-15-2046		4,443,000	4.13	8/15/2046	4,077,036	3,523,284
VERIZON 5.012% DUE 08-21-2054		165,000	5.01	8/21/2054	162,579	145,914
VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO		960,000	3.55	3/22/2051	740,866	679,497
VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO		760,000	3.70	3/22/2061	579,761	516,183
VERIZON COMMUNICATIONS INC 2.875% DUE 11-20-2050 BEO		595,000	2.88	11/20/2050	405,753	366,128
VERIZON COMMUNICATIONS INC 2.987% 10-30-2056 USD		675,000	2.99	10/30/2056	419,573	401,158
VERIZON COMMUNICATIONS INC 3.0% DUE 11-20-2060 REG		425,000	3.00	11/20/2060	276,457	246,334
VERIZON COMMUNICATIONS INC 3.875% 03-01-2052		200,000	3.88	3/1/2052	163,287	148,194
VIACOM INC NEW 4.375% DUE 03- 15-2043		73,000	4.38	3/15/2043	60,394	53,193
VIACOMCBS INC FIXED 4.95% DUE 05-19-2050		90,000	4.95	5/19/2050	80,218	67,945
VICI PPTYS LP SR NT 5.625% 05-15- 2052		490,000	5.63	5/15/2052	432,949	455,894
VISA INC 3.65% 09-15-2047		315,000	3.65	9/15/2047	258,565	241,494
VISA INC 4.3% DUE 12-14-2045		1,580,000	4.30	12/14/2045	1,457,507	1,353,084
WALMART INC 2.5% DUE 09-22-2041 BEO		305,000	2.50	9/22/2041	225,494	210,115
WALMART INC 2.95% DUE 09-24- 2049		210,000	2.95	9/24/2049	153,851	140,606
WALMART INC 4.05% DUE 06-29- 2048 REG		482,000	4.05	6/29/2048	441,385	396,517
WALMART INC 4.5% DUE 04-15-2053		500,000	4.50	4/15/2053	473,665	435,773
WALMART INC 4.5% DUE 09-09-2052 BEO		335,000	4.50	9/9/2052	319,376	292,803
WALMART INC 5.625% DUE 04-01- 2040		210,000	5.63	4/1/2040	231,668	219,100
WALMART INC 6.5% DUE 08-15-2037		310,000	6.50	8/15/2037	366,935	350,619

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
WARNERMEDIA HLDGS INC SR NT 5.391% 03-15-2062		500,000	5.39	3/15/2062	\$ 389,897	\$ 369,180
WASTE MANAGEMENT INC 2.95% DUE 06-01-2041		365,000	2.95	6/1/2041	272,246	265,206
WASTE MANAGEMENT INC 4.1% DUE 03-01-2045REG		425,000	4.10	3/1/2045	362,950	350,362
WASTE MANAGEMENT INC 5.35% 10- 15-2054		475,000	5.35	10/15/2054	470,302	457,006
WASTE MGMT INC DEL 2.5% DUE 11- 15-2050/11-17-2020 REG		440,000	2.50	11/15/2050	296,441	256,164
WASTE MGMT INC DEL 4.875% 02- 15-2034		6,000	4.88	2/15/2034	5,983	5,885
WASTE MGMT INC DEL FIXED 4.15% 07-15-2049		450,000	4.15	7/15/2049	406,981	365,574
WELLS FARGO & CO 3.068% 04-30- 2041		1,110,000	3.07	4/30/2041	844,135	808,689
WELLS FARGO & CO 4.611% 04-25- 2053		2,203,000	4.61	4/25/2053	2,136,822	1,844,813
WELLS FARGO & CO 5.375% DUE 11- 02-2043		2,396,000	5.38	11/2/2043	2,464,006	2,238,152
WELLS FARGO & CO MEDIUM TERM 5.013% 04-04-2051		1,156,000	5.01	4/4/2051	1,131,384	1,027,593
WELLTOWER INC 4.95% DUE 09-01- 2048		20,000	4.95	9/1/2048	18,634	17,988
WESTLAKE CHEM CORP 3.125% 08- 15-2051		495,000	3.13	8/15/2051	323,784	307,541
WESTLAKE CHEM CORP SR NT 3.375% 08-15-2061		513,000	3.38	8/15/2061	325,168	308,680
WESTN GAS PARTNERS 5.45% DUE 04-01-2044		20,000	5.45	4/1/2044	18,372	17,805
WHIRLPOOL CORP FIXED 4.6% DUE 05-15-2050		20,000	4.60	5/15/2050	16,501	15,089
WILLIAMS COMPANIES INC 3.5% 10- 15-2051		1,294,000	3.50	10/15/2051	993,552	883,376
WILLIAMS PARTNERS 5.1% DUE 09- 15-2045		11,000	5.10	9/15/2045	10,549	9,879
WILLIAMS PARTNERS 6.3% DUE 04- 15-2040		460,000	6.30	4/15/2040	480,065	479,423
WILLIS-KNIGHTON 4.813% DUE 09- 01-2048		418,000	4.81	9/1/2048	519,551	357,571
ZIMMER HLDGS INC 4.45% DUE 08- 15-2045		20,000	4.45	8/15/2045	17,322	16,703
ZOETIS INC FIXED 4.45% DUE 08-20- 2048		53,000	4.45	8/20/2048	45,784	43,704
Total Corporate Bonds					451,318,550	412,478,473
Total					\$698,898,211	\$723,536,669

* A party-in-interest, as defined by ERISA.

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions
 EIN: 22-1692661 Plan Number: 502

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions								
The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A SEDOL B0C9TG3	\$420,037,746	\$ -	\$ -	\$ -	\$420,037,746	\$420,037,746	\$ -
The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A SEDOL B0C9TG3	-	414,488,015	-	-	414,488,015	414,488,015	-
The Northern Trust Company	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND - NON LENDING CUSIP: 658991724	24,157,581	-	-	-	24,157,581	24,157,581	-
The Northern Trust Company	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND - NON LENDING CUSIP: 658991724	-	33,400,000	-	-	15,725,442	33,400,000	17,674,558
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	19,392,971	-	-	-	19,392,971	19,392,971	-
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	-	20,381,703	-	-	20,388,169	20,381,703	(6,466)
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	21,138,645	-	-	-	21,138,645	21,138,645	-
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	-	21,308,536	-	-	21,138,645	21,308,536	169,891

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions
 EIN: 22-1692661 Plan Number: 502

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions (cont.)								
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	\$ 21,336,182	\$ -	\$ -	\$ -	\$ 21,336,182	\$ 21,336,182	\$ -
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	-	21,325,786	-	-	21,336,182	21,325,786	(10,396)
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	26,851,675	-	-	-	26,851,675	26,851,675	-
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	-	26,798,916	-	-	26,851,641	26,798,916	(52,725)
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	26,054,919	-	-	-	26,054,919	26,054,919	-
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	-	26,031,992	-	-	26,054,649	26,031,992	(22,657)
The Northern Trust Company	UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054 SEDOL: BQSB5H8	34,229,887	-	-	-	34,229,887	34,229,887	-
The Northern Trust Company	UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054 SEDOL: BQSB5H8	-	34,152,908	-	-	34,229,740	34,152,908	(76,832)

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions
 EIN: 22-1692661 Plan Number: 502

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions (cont.)								
The Northern Trust Company	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043 SEDOL: BP0VPN5	\$ 37,074,749	\$ -	\$ -	\$ -	\$ 37,074,749	\$ 37,074,749	\$ -
The Northern Trust Company	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043 SEDOL: BP0VPN5	-	37,036,411	-	-	37,074,742	37,036,411	(38,331)
The Northern Trust Company	US TREASURY N/B 3.875% 08-15-2034 SEDOL: BR2NN62	38,500,886	-	-	-	38,500,886	38,500,886	-
The Northern Trust Company	US TREASURY N/B 3.875% 08-15-2034 SEDOL: BR2NN62	-	38,502,800	-	-	38,501,046	38,502,800	1,754

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

* A party-in-interest, as defined by ERISA.

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions
 EIN: 22-1692661 Plan Number: 502

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions								
The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A SEDOL B0C9TG3	\$420,037,746	\$ -	\$ -	\$ -	\$420,037,746	\$420,037,746	\$ -
The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A SEDOL B0C9TG3	-	414,488,015	-	-	414,488,015	414,488,015	-
The Northern Trust Company	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND - NON LENDING CUSIP: 658991724	24,157,581	-	-	-	24,157,581	24,157,581	-
The Northern Trust Company	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND - NON LENDING CUSIP: 658991724	-	33,400,000	-	-	15,725,442	33,400,000	17,674,558
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	19,392,971	-	-	-	19,392,971	19,392,971	-
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	-	20,381,703	-	-	20,388,169	20,381,703	(6,466)
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	21,138,645	-	-	-	21,138,645	21,138,645	-
The Northern Trust Company	UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	-	21,308,536	-	-	21,138,645	21,308,536	169,891

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions
 EIN: 22-1692661 Plan Number: 502

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions (cont.)								
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15- 2034 SEDOL: BS2G1B9	\$ 21,336,182	\$ -	\$ -	\$ -	\$ 21,336,182	\$ 21,336,182	\$ -
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15- 2034 SEDOL: BS2G1B9	-	21,325,786	-	-	21,336,182	21,325,786	(10,396)
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.375% 05- 15-2034 SEDOL: BQSB5K1	26,851,675	-	-	-	26,851,675	26,851,675	-
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.375% 05- 15-2034 SEDOL: BQSB5K1	-	26,798,916	-	-	26,851,641	26,798,916	(52,725)
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	26,054,919	-	-	-	26,054,919	26,054,919	-
The Northern Trust Company	UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	-	26,031,992	-	-	26,054,649	26,031,992	(22,657)
The Northern Trust Company	UNITED STATES TREAS BDS DTD 00305 4.75% 05-15- 2054 SEDOL: BQSB5H8	34,229,887	-	-	-	34,229,887	34,229,887	-
The Northern Trust Company	UNITED STATES TREAS BDS DTD 00305 4.75% 05-15- 2054 SEDOL: BQSB5H8	-	34,152,908	-	-	34,229,740	34,152,908	(76,832)

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions
 EIN: 22-1692661 Plan Number: 502

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions (cont.)								
The Northern Trust Company	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043 SEDOL: BP0VPN5	\$ 37,074,749	\$ -	\$ -	\$ -	\$ 37,074,749	\$ 37,074,749	\$ -
The Northern Trust Company	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043 SEDOL: BP0VPN5	-	37,036,411	-	-	37,074,742	37,036,411	(38,331)
The Northern Trust Company	US TREASURY N/B 3.875% 08-15-2034 SEDOL: BR2NN62	38,500,886	-	-	-	38,500,886	38,500,886	-
The Northern Trust Company	US TREASURY N/B 3.875% 08-15-2034 SEDOL: BR2NN62	-	38,502,800	-	-	38,501,046	38,502,800	1,754

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

* A party-in-interest, as defined by ERISA.



APPENDIX FOR SERVICE PROVIDER INFORMATION REGARDING SOURCES OF INDIRECT
COMPENSATION TO BE REPORTED ON SCHEDULE C PART I, LINE 3

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Castlight Health, 121 Spear St 3rd floor, San Francisco, CA 94105 EIN - 261989091

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Indirect compensation received by Cigna from this vendor (i) to defray Cigna's cost for the infrastructure changes required to facilitate implementation of this vendor's customer transparency and engagement services; (ii) as reimbursement for annually providing the vendor Cigna derived Center of Excellence (COE) and Cigna Designation (CCD) Information; (iii) as reimbursement for making available customer access to cost estimate information, and (iv) as reimbursed for access to client paid claim files.

Indirect Compensation Formula/Estimate: *For calendar year 2024, Cigna received indirect compensation from this vendor of approximately \$3.24 per participant. (Determined by dividing total compensation received by the number of participants as of July 1, 2024 in all plans that utilized this vendor. (excluding Shared Administration Repricing "SAR")*

Effective Date: *01/01/2024*

Cancel Date:

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Omada Complete, 500 Sansome St., #200, San Francisco, CA 94111 EIN - 45-2355015

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Omada Diabetes and Hypertension Cigna Indirect compensation received by Cigna from this provider for services including: Services, and facilitate enrollment of Screened Participants in the Omada Covered Services.

For calendar year 2024, Cigna received indirect

Eligible Indirect Compensation Formula/Estimate: compensation from this vendor of approximately \$0.17 per participant. (Determined by compensation received by the number of participants as of July 1, 2024 in all plans that utilized this vendor (excluding Shared Administration Repricing "SAR")

(i) explain the availability of Omada Covered Services to CHLIC existing clients and CHLIC prospective clients; and (ii) encourage the use of Omada Covered Services by Screened Participants that CHLIC has identified as potentially benefitting from the Omada Covered

Effective Date: *01/01/2024*

Cancel Date:

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Omada Health, Inc., 500 Sansome St., #200, San Francisco, CA 94111 EIN - 45-2355015

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Digital Diabetes Preventive Care Services Provider - Indirect compensation received by Cigna from this provider for services including: (i) explaining the Omada services to existing and prospective clients; (ii) encouraging at-risk individuals who may benefit from the Omada services to utilize Omada's preventive care services, and (iii) facilitating the enrollment of at-risk individuals in the Omada program.

Indirect Compensation Formula/Estimate: *For calendar year 2024, Cigna received indirect compensation from this vendor of approximately \$1.23 per participant. (Determined by dividing total compensation received by the number of participants as of July 1, 2024 in all plans that utilized this vendor (excluding Shared Administration Repricing "SAR"))*

Effective Date: 01/01/2024

Cancel Date:

-
- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Vision Service Plan "VSP", 333 Quality Drive, Rancho Cordova, CA 96670, EIN - 061227840

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

NOTE: The following is not applicable to your plan if your Cigna administered plan did not include benefits for vision services through VSP.

Vendor for Vision Services - Indirect compensation received by Cigna from this vendor for Cigna's expenses associated with administering plans with vision benefits.

Indirect Compensation Formula/Estimate: *For calendar year 2024, Cigna received indirect compensation from this vendor of approximately \$0.67 per participant. (Determined by dividing total compensation received by the number of Vision Service Plan participants in participating plans insured/administered by Cigna. The amount attributable specifically to your plan depends upon the amount of plan benefits paid.) (excluding Shared Administration Repricing plans)*

Effective Date: 01/01/2024

Cancel Date:

-
- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Refer to Sagamore Network Hospital listing below *

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Network hospitals listed below have contracted with Sagamore Health Network (an affiliate of Cigna) to pay network administration fees.

Indirect Compensation Formula/Estimate: *For calendar year 2024, Cigna received indirect compensation from these hospitals of approximately \$0.06 per participant. (Determined by dividing total indirect compensation received by the number of participants in all plans, including Shared Administration Repricing plans insured/administered by Cigna. The amount attributable specifically to your plan depends upon the amount of plan benefits paid to these hospitals.)*

Effective Date: 01/01/2024

Cancel Date:

* Bloomington Hospital, P. O. Box 1149, Bloomington, IN 47402, TIN = 351720796
Bloomington Hospital of Orange County, 642 W. Hospital Road, Paoli, IN 47454, TIN = 352090919
Clark Memorial Hospital, 1220 Missouri Avenue, Jeffersonville, IN 47130, TIN = 350944638
Daviess Community Hospital, P. O. Box 32, Washington, IN 47501, TIN = 356001322
Deaconess Gibson Hospital, 1808 Sherman Drive, Princeton, IN 47670, TIN = 350877575
Good Samaritan Hospital, 520 S. Seventh Street, Vincennes, IN 47591-1098, TIN = 356001532

Goshen General Hospital, P. O. Box 139, Goshen, IN 46527-0139, TIN = 356001540
Greene County General Hospital, RR#1, Box 1000, Linton, IN 47441-9457, TIN = 356001492
Franciscan Health Lafayette, P. O. Box 310, Mishawaka, IN 46546-0310, TIN = 352056396
Franciscan Healthcare Rensselaer (Jasper County Hospital), 1104 E. Grace Street, Rensselaer, IN 47978, TIN = 351404051
Margaret Mary Community Hospital, P. O. Box 226, Batesville, IN 47006-8953, TIN = 356067049
Meadows Hospital, 3600 N. Prow Road, Bloomington, IN 47404, TIN = 351858510
Monroe Hospital, 4011 S. Monroe Medical Park Blvd., Bloomington, IN 47403, TIN = 202069733
Oaklawn Psychiatric Center, P. O. Box 809, Goshen, IN 46527, TIN 351070041
Starke Memorial Hospital (Principal Knox LLC), P. O. Box 339, Knox, IN 46534-0339, TIN = 621763056
Pulaski Memorial Hospital, P. O. Box 279, Winamac, IN 46996, TIN = 351097674
St. Joseph Regional Medical Center -Plymouth, P. O. Box 1935, South Bend, IN 46634, TIN = 351142669
St. Joseph Regional Medical Center -South Bend, P. O. Box 1935, South Bend, IN 46634, TIN = 350868157
St. Mary's Medical Center, 3700 Washington Ave, Evansville, IN 47750, TIN = 350869065
St. Mary's Warrick Hospital, P.O. Box 2408, Indianapolis, IN 46206, TIN = 351343019
White County Memorial Hospital, 720 South 6th St., Monticello, IN 47960, TIN = 351140233
Woodlawn Hospital, 1400 E. 9th St., Rochester, IN 46975, TIN = 351171815



**APPENDIX FOR SERVICE PROVIDER INFORMATION REGARDING SOURCES OF
ELIGIBLE INDIRECT COMPENSATION
TO BE REPORTED ON SCHEDULE C PART I, LINE 3**

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**
- (d) Name and EIN (address) of source of indirect compensation:
Bank of America (Lockbox), 540 West Madison Street, Chicago, IL 60661 EIN# 59-1031071
- (e) Description of indirect compensation, including any formula used to determine eligibility or amount:
Earnings credits associated with bank accounts utilized by Cigna in the administration of claim overpayment recoveries. Applicable to all self-funded plans administered by Cigna.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2024, \$0.37 per participant with the average annual rate of the earnings credit at 4.00%.*

Effective Date: *01/01/2024*

Cancel Date:

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**
- (d) Name and EIN (address) of source of indirect compensation:
Cigna Healthy Rewards Vendors
Amplifon Hearing Healthcare Fifth Street Towers 150 South 5th St., Suite 2300 Minneapolis, MN 55402 EIN# 85-0437037
Fitbit 199 Fremont Street San Francisco, CA 94105 EIN# 20-8920744
LCA-Vision Inc. 7840 Montgomery Road, Cincinnati, OH 45236 EIN# 11-2882328
American Specialty Health Incorporated 10221 Wateridge Circle, San Diego, CA 92121 EIN# 330883241
- (e) Description of indirect compensation, including any formula used to determine eligibility or amount:
Volume based marketing fees paid by vendors participating in the Cigna Healthy Rewards program which offers plan participants discounts on various services. Applicable to your plan if your plan participants have a Cigna ID card and access to myCigna.com or other authorized portals.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2024, \$0.00 PMPY (this formula is based upon total compensation received from Healthy Reward Vendors across Cigna companies' entire insured and self-insured book of business.)*

Effective Date: *01/01/2024*

Cancel Date:

- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Citibank NA, One Penns Way, New Castle, DE 19720 EIN# 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits on daily fund balances associated with bank accounts utilized in the claim administration by Cigna.
Applicable to all self-funded plans utilizing Citibank services.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2024, \$1.97 per participant with the average annual rate of the earnings credit at 3.66%.*

Effective Date: 01/01/2024

Cancel Date:

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Citibank NA (Omnibus), One Penns Way, New Castle, DE 19720 EIN # 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits on daily fund balances associated with bank accounts utilized in the claim administration by Cigna.
Applicable to all self-funded plans for Evernorth Behavioral Health, Inc. or Evernorth Care Solutions, Inc.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2024, \$0.01 per participant with the average annual rate of the earnings credit at 3.66%.*

Effective Date: 01/01/2024

Cancel Date:

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

CHLIC - COR Deposits, PNC Bank, 1600 Market St., 19th Fl, Philadelphia, PA 1910 EIN #59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits associated with bank accounts utilized by Cigna in the administration of disbursing claim refunds.
Applicable to all self-funded plans administered by Cigna.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2024, \$1.02 per participant with the average annual rate of the earnings credit at 3.25%.*

Effective Date: 01/01/2024

Cancel Date:

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	38 Participant communications	50 Direct payments from the plan
13 Contract Administrator	49 Other Services	56 Non-monetary compensation
31 Named fiduciary - (if indicated in ASO agreement)		62 Float Revenue

(c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Deutsche Bank, 60 Wall St., New York, NY 10005-2836 EIN# 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

*Earnings credits associated with bank accounts utilized by Cigna in the administration of disbursing claim refunds.
Applicable to all self-funded plans administered by Cigna.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2024, \$0.00 per participant with the average annual rate of the earnings credit at 0.50%.*

Effective Date: 01/01/2024

Cancel Date:

-
- (a) Service provider name: **Cigna**
- (b) Service codes:
- | | | |
|-------------------------------------------------------------|--------------------------------------|-----------------------------------------|
| 12 Claims Processing | 38 Participant communications | 50 Direct payments from the plan |
| 13 Contract Administrator | 49 Other Services | 56 Non-monetary compensation |
| 31 Named fiduciary - (if indicated in ASO agreement) | | 62 Float Revenue |
- (c) Amount of indirect compensation: **\$0 (see formula/estimate provided below)**
- (d) Name and EIN (address) of source of indirect compensation:
JPMorgan Chase, 3 Chase Metro Tech Center, 5th Floor, Brooklyn, NY 11245 EIN# 59-1031071
- (e) Description of indirect compensation, including any formula used to determine eligibility or amount:
*Earnings credits on daily fund balances associated with bank accounts utilized in claim administration by Cigna.
Applicable to all self-funded plans utilizing JPMorgan Chase services.*

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2024, \$4.38 per participant with the average annual rate of the earnings credit at 3.54%.*

Effective Date: 01/01/2024

Cancel Date:

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c)	(d)	(e)		
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value	
Mutual Funds						
*	THE NORTHERN TRUST COMPANY	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	\$ 20,734,716	\$ 20,734,716		
*	THE NORTHERN TRUST COMPANY	NORTHERN FDS LIMITED TERM U.S. GOVERNMENT FUND	110,832	102,208		
Total Mutual Funds			20,845,548	20,836,924		
Collective Trust						
	NORTHERN TRUST GLOBAL INVESTMENTS	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND - NON-LENDING	60,108,792	141,528,671		
Government and Other Related Bonds						
	BANK GOSPODARSTWA KRAJOWEGO GTD NT 144A 6.25% 07-09-2054	1,500,000	6.25	7/9/2054	1,489,140	1,470,432
	BAY AREA TOLL AUTH CALIF TOLL BRDG REV 6.907% 10-01-2050 BEO TAXABLE	1,075,000	6.91	10/1/2050	1,858,475	1,220,200
	BAY AREA TOLL AUTH CALIF TOLL BRDG REV 7.043% 04-01-2050 BEO TAXABLE	85,000	7.04	4/1/2050	143,237	97,430
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2029 BEO	515,000	5.00	7/1/2029	555,387	545,919
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2033 BEO	4,960,000	5.00	7/1/2033	5,146,704	5,294,634
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2036 BEO	5,150,000	5.00	7/1/2036	5,483,301	5,497,452
	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5.125% 07-01-2037 BEO	2,610,000	5.13	7/1/2037	2,724,084	2,702,222
	CALIFORNIA ST 7.6% 11-01-2040 BEO TAXABLE	3,415,000	7.60	11/1/2040	4,197,908	4,066,719
	CALIFORNIA ST UNIV REV 5.183% 11-01-2053 BEO TAXABLE	4,180,000	5.18	11/1/2053	3,925,772	4,004,823
	CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	740,000	7.55	4/1/2039	871,818	874,705
	CHILE REP 4.95% 01-05-2036	525,000	4.95	1/5/2036	495,580	496,231
	CITY OF NEW YORK 5.517 DUE 10-01-2037	715,000	5.52	10/1/2037	963,522	709,432
	COOK CNTY ILL SCH DIST NO 159 ZERO CPN 0% 12-01-2027 BEO	1,825,000	-	12/1/2027	1,638,237	1,657,036
	DISTRICT COLUMBIA WTR & SWR AUTH PUB UTITAXABLE-SR LIEN-SER A 4.814 10-01-2114	295,000	-	10/1/2114	418,263	252,926
	ESC GCI LIBERTY INC SR ESCROW	3,626	-	-	-	-

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds (continued)						
	FOOTHILL / EASTERN TRANSN CORRIDOR AGY CAL TOLL RD REV ZERO CPN 0 01-01-2028BEO	3,640,000	-	1/1/2028	\$ 3,368,919	\$ 3,320,424
	FOOTHILL / EASTN TRANSN CORRIDOR AGY CALTOLL CAP APPREC SR LIEN SERA 01-01-30	1,660,000	-	1/1/2030	1,437,499	1,420,397
	FOOTHILL /EASTN AGY C CAP AP-SR LIEN-SERA 01-01-2025 OID 7.275 @12.092	1,850,000	7.28	1/1/2025	1,850,000	1,850,000
	FOOTHILL /EASTN TRANSN CORRIDOR AGY CAL TOLL RD REV SER A CAP APPREC 0 BD 1-1-26	8,500,000	-	1/1/2026	8,088,265	8,239,595
	FOOTHILL EASTN TRANSN CORRIDOR CAL TOLL CAP APPREC LIEN SERA 1-1-29 BEO OID 7.3	1,295,000	7.30	1/1/2029	1,157,184	1,143,913
	HACIENDA LA PUENTE CALIF UNI SCH DIST ZERO CPN 0% 08-01-2028 BEO	10,600,000	-	8/1/2028	9,287,931	9,527,951
	HOUSTON TEX WTR & SWR SYS REV PREREFUNDED-CAP APPREC-JR-A 0 12-01-2028	2,320,000	-	12/1/2028	2,122,497	2,036,632
	HSTN TEX WTR & SWR SYS REV PRERFD-CAP APPREC-JR-A DUE 12- 01-2027 BEO	2,000,000	-	12/1/2027	1,776,004	1,815,930
	ILLINOIS DEV FIN AUTH RETIREMENT HSG ZERO-REG PK-B-RMK 3/2/92 DUE 07-15-2025	1,065,000	-	7/15/2025	1,041,420	1,045,993
	INDONESIA REP BDS 4.45% DUE 04- 15-2070 REG	400,000	4.45	4/15/2070	454,956	317,949
	INTER-AMERN DEVEL BK BD 4.375 DUE 01-24-2044 BEO	185,000	4.38	1/24/2044	246,292	169,266
	ISRAEL ST 3.375% DUE 01-15-2050 REG	1,965,000	3.38	1/15/2050	2,046,962	1,274,246
	MARYLAND ST HEALTH & HIGHER EDL FACS AUTH REV 3.052% 07-01- 2040 BEO TAXABLE	1,220,000	3.05	7/1/2040	1,242,251	898,606
	MARYLAND ST HEALTH & HIGHER EDL FACS AUTH REV 3.197% 07-01- 2050 BEO TAXABLE	60,000	3.20	7/1/2050	59,770	40,632
	MASSACHUSETTS ST 2.9% 09-01- 2049 BEO TAXABLE	785,000	2.90	9/1/2049	815,354	531,683
	MET PIER & EXPOSITION AUTH ILL MCCORMICKPL CONVENTION 7 DUE 07-01-2026 BEO	325,000	-	7/1/2026	325,000	337,068
	MET TRANSN AUTH N Y REV UNREFUNDED BALANCE-TAXABLE- 5.175 11-15-2049	55,000	5.18	11/15/2049	53,052	47,237
	MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV 3.229% 05-15- 2050 BEO TAXABLE	695,000	3.23	5/15/2050	757,694	489,910

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date			
Government and Other Related Bonds (continued)						
MISSOURI ST HEALTH & EDL FACS AUTH EDL FACS REV 3.652% 08-15- 2057 BEO TAXABLE	395,000	3.65	8/15/2057	\$ 467,303	\$ 291,370	
MUNICIPAL ELEC AUTH GA 6.655% 04-01-2057BEO TAXABLE	872,000	6.66	4/1/2057	1,281,562	935,467	
NEW JERSEY ST TPK AUTH TPK REV 7.414% 01-01-2040 BEO TAXABLE	1,555,000	7.41	1/1/2040	2,512,652	1,781,404	
NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5.44% 06-15-2043 BEO TAXABLE	225,000	5.44	6/15/2043	222,192	212,843	
NEW YORK N Y CITY TRANSITIONAL FIN AUTH REV 5.508% 08-01-2037 BEO TAXABLE	350,000	5.51	8/1/2037	464,918	345,064	
NEW YORK ST DORM AUTH REVS CAP APPR-MEM -NATL 07-01-30 OID 5.06 @25.7759 ETM	10,000,000	5.06	7/1/2030	7,998,064	8,344,707	
NORTH TEX TWY AUTH REV 6.718% 01-01-2049BEO TAXABLE	555,000	6.72	1/1/2049	906,679	616,806	
NY N Y CY MUN WTR FIN AUTH WTR&TAXABLE 2ND GENSER EE 6.011 6-15-2042BEO TAXABLE	185,000	6.01	6/15/2042	193,451	187,404	
NY ST DORM AUTH REVS CAP APPREC 07-01-2027 BEO OID 5.04 @30.086	3,815,000	5.04	7/1/2027	3,478,017	3,516,517	
OKLAHOMA DEV FIN AUTH REV 4.623% 06-01-2044 BEO TAXABLE	1,320,000	4.62	6/1/2044	1,320,000	1,222,892	
PANAMA REP 4.5% 01-19-2063	2,180,000	4.50	1/19/2063	1,701,385	1,275,186	
PANAMA REP 4.5% DUE 04-16-2050 REG	1,025,000	4.50	4/16/2050	1,019,875	631,935	
PANAMA REP AMORTIZING GLOBAL BD 6.7% DUE01-26-2036 REG	400,000	6.70	1/26/2034	537,138	370,594	
SINKING FUND 01-26-2034	885,000	3.30	3/11/2041	854,265	637,112	
PERU REP 3.3% 03-11-2041	780,000	3.55	3/10/2051	759,919	521,040	
PERU REP GLOBAL BD 3.55% 03-10- 2051	780,000	3.55	3/10/2051	759,919	521,040	
PHILIPPINES REP GLOBAL BD 2.95% 05-05-2045	955,000	2.95	5/5/2045	923,244	638,981	
PHILIPPINES REP GLOBAL BD 3.95% DUE 01-20-2040	1,425,000	3.95	1/20/2040	1,576,385	1,184,852	
PHILIPPINES REP GLOBAL BD 6.375% DUE 10-23-2034 REG	1,565,000	6.38	10/23/2034	2,203,550	1,683,158	
PORT AUTH N Y & N J 4.458% 10-01- 2062 BEO TAXABLE	1,665,000	4.46	10/1/2062	2,131,199	1,398,586	
PVTPL SAUDI ARABIA KINGDOM GLOBAL 3.25% 11-17-2051	610,000	3.25	11/17/2051	558,539	385,029	
REPUBLIC OF CHILE 3.1% DUE 05-07- 2041 REG	755,000	3.10	5/7/2041	684,956	538,963	

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds (continued)						
REPUBLIC OF CHILE	5.33% 01-05-2054	1,120,000	5.33	1/5/2054	\$ 1,031,890	\$ 1,035,216
REPUBLIC OF INDONESIA	4.35% 01-11-2048	1,735,000	4.35	1/11/2048	1,945,861	1,454,735
REPUBLIC OF POLAND	5.125% 09-18-2034	1,260,000	5.13	9/18/2034	1,262,873	1,220,622
RICHMOND CALIF WASTEWATER REV CAP APPREC	08-01-2027 OID 6.23 @18.292	1,220,000	6.23	8/1/2027	1,129,452	1,126,967
SAN ANTONIO TEX ELEC & GAS REV	5.985% 02-01-2039 BEO TAXABLE	105,000	5.99	2/1/2039	147,520	108,595
SAN JOAQN HILLS CA TRANSN CORR CAP APPREC-JR LIEN 0	01-01-28 BEO 9 @4.669	4,950,000	9.00	1/1/2028	4,341,877	4,540,818
SAN JOAQUIN HILLS CAL TRANSN COR ZCP	01-01-2026 @ 8.254 OID 7.75	1,000,000	7.75	1/1/2026	961,129	971,175
SAN JOAQUIN HILLS CAL TRANSN CORRIDOR CAP APPREC-SR LIEN 0	01-01-2025 BEO	615,000	-	1/1/2025	615,000	615,000
STATE OF ISRAEL	5.5% 03-12-2034	2,060,000	5.50	3/12/2034	2,022,529	2,009,911
UNITED MEXICAN STATES	6.0% 05-07-2036	590,000	6.00	5/7/2036	587,917	555,209
UNITED MEXICAN STATES	6.338% DUE 05-04-2053	8,480,000	6.34	5/4/2053	8,479,830	7,545,637
UNITED STATES OF AMER TREAS NOTES	4.25% 11-15-2034	120,000	4.25	11/15/2034	117,113	116,906
UNITED STATES OF AMER TREAS STRIP 0%	02-15-2047	510,000	-	2/15/2047	184,032	173,335
UNITED STATES OF AMER TREAS STRIP 0%	02-15-2054	2,745,000	-	2/15/2054	784,898	716,404
UNITED STATES OF AMER TREAS STRIP 0%	08-15-2053	1,120,000	-	8/15/2053	292,682	295,496
UNITED STATES OF AMER TREAS STRIP 0%	11-15-2053	2,565,000	-	11/15/2053	801,588	677,665
UNITED STATES OF AMER TREAS STRIP 0% DUE	11-15-2051 REG	3,895,000	-	11/15/2051	1,377,886	1,074,296
UNITED STATES OF AMER TREAS STRIP 0%	02-15-2053	4,420,000	-	2/15/2053	1,295,267	1,177,962
UNITED STATES OF AMER TREAS STRIP TBOND 0.0%	05-15-2053	4,485,000	-	5/15/2023	1,339,702	1,185,873
UNITED STATES TREAS BD STRIPPED 08-15-2052		2,820,000	-	8/15/2052	1,009,897	760,676
UNITED STATES TREAS BD STRIPPED DUE	08-15-2045	930,000	-	8/15/2045	378,805	342,680
UNITED STATES TREAS BD STRIPPED PRIN 0.0%	08-15-2047	1,875,000	-	8/15/2047	1,072,128	622,416
UNITED STATES TREAS BD STRIPPED PRIN PMT 0%	DUE 05-15-2049	4,550,000	-	5/15/2049	1,641,881	1,389,680

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds (continued)						
UNITED STATES TREAS BD STRIPPED PRIN PMT 05-15-2045		670,000	-	5/15/2045	\$ 291,541	\$ 249,972
UNITED STATES TREAS BD STRIPPED PRIN PMT0.0% 11-15-2052		1,115,000	-	11/15/2052	326,726	301,851
UNITED STATES TREAS BD STRIPPED PRIN PMT00109 11-15-2045 (UNDDATE) REG		1,155,000	-	11/15/2045	574,963	420,674
UNITED STATES TREAS BD STRIPPED PRIN PMT00110 02-15-2046 (UNDDATE) REG		1,260,000	-	2/15/2046	829,487	451,956
UNITED STATES TREAS BD STRIPPED PRIN PMT00112 05-15-2046 (UNDDATE) REG		95,000	-	5/15/2046	39,894	33,608
UNITED STATES TREAS BD STRIPPED PRIN PMT00113 08-15-2046 (UNDDATE) REG		70,000	-	8/15/2046	25,845	24,455
UNITED STATES TREAS BD STRIPPED PRIN PMT00114 11-15-2046 (UNDDATE) REG		665,000	-	11/15/2046	270,474	229,537
UNITED STATES TREAS BD STRIPPED PRIN PMT00117 05-15-2047		1,665,000	-	5/15/2047	781,582	559,818
UNITED STATES TREAS BD STRIPPED PRIN PMT00122 05-15-2048 (UNDDATE) REG		1,470,000	-	5/15/2048	837,746	468,821
UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG		3,930,000	-	8/15/2048	1,360,967	1,238,891
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO		7,730,000	-	2/15/2052	2,552,980	2,115,494
UNITED STATES TREAS SEC STRIP 02- 15-2046		360,000	-	2/15/2046	151,698	124,396
UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048		545,000	-	2/15/2048	204,588	171,117
UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047		420,000	-	11/15/2047	247,040	133,569
UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046		815,000	-	5/15/2046	325,867	278,159
UNITED STATES TREAS SEC STRIPPED INT PMT 00130 08-15-2046		350,000	-	8/15/2046	144,928	118,011
UNITED STATES TREAS SEC STRIPPED INT PMT 11-15-2045		790,000	-	11/15/2045	321,669	276,468
UNITED STATES TREAS SEC STRIPPED INT PMT 08-15-2045 (UNDDATE) REG		315,000	-	8/15/2045	138,086	111,558

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds						
(continued)						
UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049		605,000	-	5/15/2049	\$ 208,369	\$ 178,903
UNITED STATES TREAS SEC STRIPPED INT PMT0% DUE 08-15-2051 REG		450,000	-	8/15/2051	142,255	121,199
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/08/2049 USD 08-15-2049		190,000	-	8/15/2049	71,755	55,536
UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049		350,000	-	11/15/2049	109,664	101,006
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG		1,075,000	-	11/15/2046	399,709	358,681
UNITED STATES TREAS SEC STRIPPED INT PMTNT 218 05-15-2045 (UNDDATE) REG		2,660,000	-	5/15/2045	1,036,083	955,411
UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048		705,000	-	8/15/2048	408,710	215,667
URUGUAY (GOVT OF) 7.625% DUE 03-21-2036 REG		1,305,000	7.63	3/21/2036	1,566,940	1,520,718
US TREASURY N/B 4.25% 08-15-2054		2,130,000	4.25	8/15/2054	1,949,366	1,948,617
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15- 2052		2,165,000	-	5/15/2052	746,977	589,139
UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15- 2054		2,390,000	-	8/15/2054	675,525	613,450
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15- 2050		570,000	-	2/15/2050	187,767	163,379
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 05-15- 2050		550,000	-	2/15/2050	169,527	155,970
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2047		730,000	-	2/15/2047	268,563	240,264
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2048		1,750,000	-	2/15/2048	645,952	565,094
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2049		900,000	-	2/15/2049	298,112	277,942
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2050		1,335,000	-	2/15/2050	581,518	395,296
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051		6,120,000	-	2/15/2051	2,812,501	1,735,305
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2052		795,000	-	2/15/2052	242,980	211,744

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
		Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds						
(continued)						
	UTD STATES TREAS ZERO CPN 0%					
	DUE 05-15-2050	3,120,000	-	5/15/2050	\$ 1,164,319	\$ 920,562
	UTD STATES TREAS ZERO CPN 0%					
	DUE 05-15-2051	5,880,000	-	5/15/2051	1,999,968	1,657,830
	UTD STATES TREAS ZERO CPN 0%					
	DUE 05-15-2054	4,515,000	-	2/15/2054	1,333,977	1,172,723
	UTD STATES TREAS ZERO CPN 0%					
	DUE 08-15-2047	1,205,000	-	8/15/2047	414,807	387,746
	UTD STATES TREAS ZERO CPN 0%					
	DUE 08-15-2049	1,615,000	-	8/15/2049	736,566	486,441
	UTD STATES TREAS ZERO CPN 0%					
	DUE 08-15-2050	3,930,000	-	8/15/2050	1,896,911	1,133,899
	UTD STATES TREAS ZERO CPN 0%					
	DUE 08-15-2051	2,235,000	-	8/15/2051	675,677	622,766
	UTD STATES TREAS ZERO CPN 0%					
	DUE 08-15-2053	440,000	-	8/15/2053	123,894	114,364
	UTD STATES TREAS ZERO CPN 0%					
	DUE 11-15-2047	3,695,000	-	11/15/2047	1,551,108	1,212,935
	UTD STATES TREAS ZERO CPN 0%					
	DUE 11-15-2048	2,615,000	-	11/15/2048	1,170,459	816,413
	UTD STATES TREAS ZERO CPN 0%					
	DUE 11-15-2049	3,385,000	-	11/15/2049	1,180,221	1,011,568
	UTD STATES TREAS ZERO CPN 0%					
	DUE 11-15-2050	5,605,000	-	11/15/2050	1,769,532	1,608,901
Total Government and Other Related Bonds					166,625,321	148,692,601
Corporate Bonds and Other Fixed-Income Obligations						
	ABBOTT LABS 4.75% DUE 11-30-2036	1,962,000	4.75	11/30/2036	2,074,520	1,896,000
	ABBVIE INC 4.05% DUE 11-21-2039					
	REG	387,000	4.05	11/21/2039	331,320	331,004
	ABBVIE INC 4.25% DUE 11-21-2049					
	REG	728,000	4.25	11/21/2049	612,509	592,780
	ABBVIE INC 4.3% DUE 05-14-2036	225,000	4.30	5/14/2036	211,752	205,522
	ABBVIE INC 4.4% DUE 11-06-2042	460,000	4.40	11/6/2042	399,493	398,772
	ABBVIE INC 4.45% DUE 05-14-2046	502,000	4.45	5/14/2046	469,889	427,272
	ABBVIE INC 4.55% DUE 03-15-2035					
	REG	300,000	4.55	3/15/2035	290,129	282,135
	ABBVIE INC 4.875% DUE 11-14-2048	254,000	4.88	11/14/2048	235,878	228,400
	ABBVIE INC FIXED 4.5% DUE 05-14-2035	350,000	4.50	5/14/2035	335,949	327,864
	ABBVIE INC FIXED 4.7% DUE 05-14-2045	425,000	4.70	5/14/2045	378,357	375,482
	AETNA INC NEW 6.625 DUE 06-15-2036 BEO	1,520,000	6.63	6/15/2036	1,653,857	1,602,065
	AFLAC INC 4.75% DUE 01-15-2049	20,000	4.75	1/15/2049	18,244	17,537

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
AIR PRODS & CHEMS FIXED 2.7% DUE 05-15-2040		820,000	2.70	5/15/2040	\$ 600,337	\$ 585,385
AIR PRODS & CHEMS INC 2.8% DUE 05-15-2050 REG		456,000	2.80	5/15/2050	303,060	287,606
AIR PRODS & CHEMS INC 4.85% 02- 08-2034		921,000	4.85	2/8/2034	912,085	899,831
ALABAMA PWR CO 6% DUE 03-01- 2039		373,000	6.00	3/1/2039	411,614	389,279
ALLINA HEALTH SYS 3.887% DUE 04- 15-2049		60,000	3.89	4/15/2049	67,448	45,879
ALPHABET INC 1.9% DUE 08-15-2040		2,500,000	1.90	8/15/2040	1,704,602	1,635,099
ALPHABET INC 2.05% 08-15-2050		683,000	2.05	8/15/2050	411,134	379,039
ALTRIA GROUP INC 3.7% DUE 02-04- 2051/02-04-2021 REG		1,810,000	3.70	2/4/2051	1,151,103	1,231,484
ALTRIA GROUP INC 4.45% DUE 05-06- 2050/05-06-2020 REG		750,000	4.45	5/6/2050	616,848	582,407
ALTRIA GROUP INC 4.5% DUE 05-02- 2043		1,000,000	4.50	5/2/2043	841,529	816,782
ALTRIA GROUP INC 5.8% DUE 02-14- 2039		1,000,000	5.80	2/14/2039	1,049,457	987,322
AMAZON COM INC 4.05% 08-22-2047		910,000	4.05	8/22/2047	779,070	752,792
AMAZON COM INC FIXED 4.25% DUE 08-22-2057		525,000	4.25	8/22/2057	445,809	430,751
AMAZON COM INC NT 3.1% 05-12- 2051		845,000	3.10	5/12/2051	599,954	570,778
AMAZON.COM INC 3.95% 04-13-2052		903,000	3.95	4/13/2052	856,468	713,247
AMEREN ILL CO 1ST MTG BD 2.9% 06- 15-2051		68,000	2.90	6/15/2051	51,753	42,807
AMERISOURCEBERGEN 4.3% 12-15- 2047		20,000	4.30	12/15/2047	16,969	16,178
AMGEN INC 3.375% 02-21-2050		2,243,000	3.38	2/21/2050	1,769,261	1,535,286
AMGEN INC 4.4% 05-01-2045		113,000	4.40	5/1/2045	104,695	93,802
AMGEN INC FIXED 3.15% 02-21-2040		1,730,000	3.15	2/21/2040	1,330,065	1,290,455
ANHEUSER BUSCH 5.8% DUE 01-23- 2059		380,000	5.80	1/23/2059	412,450	387,166
ANHEUSER BUSCH INBEV WOR 5.55% 01-23-2049		1,365,000	5.55	1/23/2049	1,425,775	1,348,037
ANHEUSER BUSCH INBEV WORLDWIDE INC 5.45% 01-23-2039		480,000	5.45	1/23/2039	496,052	481,268
ANHEUSER BUSCH INC 4.439% DUE 10-06-2048		300,000	4.44	10/6/2048	271,071	254,349
ANHEUSER-BUSCH 4.9% DUE 02-01- 2046		240,000	4.90	2/1/2046	229,462	217,242
ANHEUSER-BUSCH 4.95% DUE 01-15- 2042		215,000	4.95	1/15/2042	211,485	200,031
ANHEUSER-BUSCH COS LLC CORP 4.7% 02-01-2036		345,000	4.70	2/1/2036	336,758	327,049

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046		1,657,000	4.90	2/1/2046	\$ 1,613,603	\$ 1,508,100
ANHEUSER-BUSCH INBEV WOR 8.2 DUE 01-15-2039		299,000	8.20	1/15/2039	384,773	375,206
ANTHEM INC 4.55% 05-15-2052		1,880,000	4.55	5/15/2052	1,818,073	1,519,388
AON CORP/AON GLOBAL HOLD AON 3.9% 02-28-2052		2,299,000	3.90	2/28/2052	1,959,819	1,690,095
APPLE INC 2.65% DUE 05-11-2050 REG		274,000	2.65	5/11/2050	175,992	170,811
APPLE INC 3.85% DUE 05-04-2043		5,580,000	3.85	5/4/2043	5,231,982	4,628,464
APPLE INC 3.95% 08-08-2052		3,390,000	3.95	8/8/2052	2,969,189	2,701,627
ARTHUR J GALLAGHER 5.75% DUE 03-02-2053		725,000	5.75	3/2/2053	703,337	712,741
AT&T INC 3.5% DUE 06-01-2041		2,855,000	3.50	6/1/2041	2,831,391	2,189,775
AT&T INC 3.5% DUE 09-15-2053 REG		660,000	3.50	9/15/2053	611,950	444,657
AT&T INC 3.55% DUE 09-15-2055		5,055,000	3.55	9/15/2055	4,674,678	3,410,650
AT&T INC 3.8% 12-01-2057		2,405,000	3.80	12/1/2057	2,304,961	1,662,675
AT&T INC 4.5% DUE 03-09-2048		680,000	4.50	3/9/2048	750,033	562,121
ATHENE HLDG LTD 6.25% 04-01-2054		1,751,000	6.25	4/1/2054	1,829,154	1,758,743
ATMOS ENERGY CORP 4.125% DUE 10-15-2044		941,000	4.13	10/15/2044	859,430	766,834
AUTOZONE INC 5.4% 07-15-2034		20,000	5.40	7/15/2034	20,107	19,887
B A T CAP CORP 4.54% 08-15-2047		238,000	4.54	8/15/2047	183,504	189,240
B A T CAP CORP NT 5.65% 03-16- 2052		73,000	5.65	3/16/2052	65,521	66,931
BANK AMER CORP 2.831% 10-24- 2051		144,000	2.83	10/24/2051	104,831	88,661
BANK AMER CORP 2.972% DUE 07-21- 2052 BEO		5,804,000	2.97	7/21/2052	4,354,281	3,696,764
BANK AMER CORP 5% DUE 01-21- 2044		1,260,000	5.00	1/21/2044	1,279,871	1,177,884
BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19- 2020 REG		285,000	2.68	6/19/2041	207,967	198,169
BANK OF AMERICA CORPORATION 4.443% 01-20-2048		331,000	4.44	1/20/2048	313,765	279,121
BARCLAYS PLC 5.335% 09-10-2035		685,000	5.34	9/10/2035	677,938	658,106
BAT CAPITAL CORPORATION 7.079% DUE 08-02-2043		556,000	7.08	8/2/2043	579,977	601,301
BAT CAPITAL CORPORATION 7.081% DUE 08-02-2053		169,000	7.08	8/2/2053	175,742	185,462
BECTON DICKINSON & 4.669% DUE 06-06-2047		570,000	4.67	6/6/2047	511,645	488,490
BECTON DICKINSON & 4.685% DUE 12-15-2044		720,000	4.69	12/15/2044	652,636	622,903
BECTON DICKINSON & FIXED 3.794% DUE 05-20-2050		230,000	3.79	5/20/2050	182,908	170,042
BELL CANADA 4.464% 04-01-2048		678,000	4.46	4/1/2048	613,574	548,941

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
BELL CDA 3.65% 08-15-2052		1,028,000	3.65	8/15/2052	\$ 852,830	\$ 709,398
BELL CDA GTD NT SER US-4 3.65% 03-17-2051		846,000	3.65	3/17/2051	704,110	585,358
BERKLEY W R CORP SR NT 3.15% 09- 30-2061		159,000	3.15	9/30/2061	110,464	93,712
BERKSHIRE HATHAWAY 4.5% DUE 02- 01-2045		129,000	4.50	2/1/2045	121,839	111,939
BERKSHIRE HATHAWAY 5.75% DUE 01-15-2040		1,510,000	5.75	1/15/2040	1,685,644	1,593,046
BERKSHIRE HATHAWAY ENERGY CO SR NT 4.6% 05-01-2053		740,000	4.60	5/1/2053	712,768	614,961
BERKSHIRE HATHAWAY FIN CORP 4.2% DUE 08-15-2048 REG		1,120,000	4.20	8/15/2048	1,032,065	928,062
BERKSHIRE HATHAWAY FIN CORP 4.25% DUE 01-15-2049		680,000	4.25	1/15/2049	598,048	568,644
BERKSHIRE HATHAWAY FINANCE CORP 3.85% 03-15-2052		1,121,000	3.85	3/15/2052	909,287	849,419
BK OF AMER NA 6 DUE 10-15-2036		260,000	6.00	10/15/2036	272,245	270,114
BLACKROCK FUNDING INC. 5.35% 01- 08-2055		153,000	5.35	1/8/2055	151,080	146,336
BOEING CO 3.25% DUE 02-01-2035		805,000	3.25	2/1/2035	670,917	642,252
BOEING CO 3.6% 05-01-2034		1,322,000	3.60	5/1/2034	1,147,977	1,106,695
BOEING CO 3.75% DUE 02-01-2050		370,000	3.75	2/1/2050	268,457	253,274
BOEING CO FIXED 3.5% DUE 03-01- 2039		128,000	3.50	3/1/2039	101,183	95,039
BOEING CO FIXED 3.625% DUE 03-01- 2048		612,000	3.63	3/1/2048	454,926	407,887
BOEING CO FIXED 5.705% DUE 05-01- 2040		346,000	5.71	5/1/2040	316,464	329,479
BOEING CO SR NT 5.875 DUE 02-15- 2040		154,000	5.88	2/15/2040	142,261	148,980
BP CAP MKTS AMER 2.939% DUE 06- 04-2051		25,000	2.94	6/4/2051	18,634	15,504
BRIGHTHOUSE FINL INC SR NT 3.85% 12-22-2051		500,000	3.85	12/22/2051	316,726	325,756
BRISTOL MYERS FIXED 4.25% DUE 10- 26-2049		1,745,000	4.25	10/26/2049	1,663,892	1,412,244
BRISTOL MYERS FIXED 4.35% DUE 11- 15-2047		620,000	4.35	11/15/2047	532,333	512,418
BRISTOL MYERS SQUIBB CO 6.4% 11- 15-2063		425,000	6.40	11/15/2063	480,570	456,071
BRISTOL-MYERS SQUIBB CO 3.7% 03- 15-2052		609,000	3.70	3/15/2052	535,949	443,950
BROOKFIELD FIN INC 5.968% 03-04- 2054		500,000	5.97	3/4/2054	492,490	506,084
BROWN FORMAN CORP 4.5% DUE 07- 15-2045		415,000	4.50	7/15/2045	389,269	363,087

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
BSTN SCIENTIFIC	4.7% DUE 03-01-2049	6,000	4.70	3/1/2049	\$ 5,372	\$ 5,276
BURL NORTHN SANTA	3.9% DUE 08-01-2046	1,287,000	3.90	8/1/2046	1,172,943	1,007,871
BURLINGTON NORTHERN SANTA FE LLC	4.125% DEB SNR 06-15-2047 USD	2,778,000	4.13	6/15/2047	2,609,487	2,252,550
CALIFORNIA INSTITUTE OF TECHNOLOGY	3.65% 09-01-2119	260,000	3.65	9/1/2119	279,093	165,497
CAMPBELL SOUP CO	4.8% 03-15-2048	675,000	4.80	3/15/2048	620,413	582,599
CANADIAN NATL RY CO	4.4% DUE 08-05-2052 BEO	525,000	4.40	8/5/2052	460,069	439,862
CANADIAN PAC RY CO	4.2% 11-15-2069	250,000	4.20	11/15/2069	193,073	183,801
CANADIAN PAC RY CO	4.7% 05-01-2048	405,000	4.70	5/1/2048	354,539	352,090
CANADIAN PAC RY CO NEW	3.1% 12-02-2051	760,000	3.10	12/2/2051	514,512	494,941
CANADIAN PACIFIC RAILWAY COMPANY	3.5% 05-01-2050	435,000	3.50	5/1/2050	317,458	308,686
CBS CORP NEW FIXED	4.9% DUE 08-15-2044	211,000	4.90	8/15/2044	185,174	159,876
CDN NAT RES LTD	6.25% DUE 03-15-2038	1,000,000	6.25	3/15/2038	1,077,530	1,021,935
CDN NAT RES LTD	6.75% DUE 02-01-2039	253,000	6.75	2/1/2039	273,965	268,214
CDN NAT RES LTD FIXED	4.95% DUE 06-01-2047	1,360,000	4.95	6/1/2047	1,316,507	1,167,336
CDN PAC RY CO NEW	6.125% DUE 09-15-2115	595,000	6.13	9/15/2115	648,104	596,340
CELULOSA ARAUCO Y FIXED	5.5% DUE 11-02-2047	542,000	5.50	11/2/2047	487,156	486,131
CENOVUS ENERGY INC	5.4% 06-15-2047	420,000	5.40	6/15/2047	394,551	374,120
CENTERPOINT ENERGY	3.55% DUE 08-01-2042	409,000	3.55	8/1/2042	336,303	316,596
CENTERPOINT ENERGY	4.5% DUE 04-01-2044	1,591,000	4.50	4/1/2044	1,432,384	1,371,928
CF INDS INC	4.95% DUE 06-01-2043	695,000	4.95	6/1/2043	620,523	612,707
CF INDS INC	5.375% DUE 03-15-2044	685,000	5.38	3/15/2044	635,993	637,725
CHARTER	6.484% DUE 10-23-2045	1,817,000	6.48	10/23/2045	1,781,340	1,718,433
CHARTER	6.834% DUE 10-23-2055	500,000	6.83	10/23/2055	458,148	487,188
CHARTER COMMUNICATIONS OPER LLC / SR SECD NT	3.95% 06-30-2062	1,970,000	3.95	6/30/2062	1,209,832	1,201,974

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.8% DUE 03-01-2050		1,030,000	4.80	3/1/2050	\$ 774,779	\$ 775,347
CHARTER FIXED 5.75% DUE 04-01- 2048		101,000	5.75	4/1/2048	89,505	86,418
CHENIERE CORPUS FIXED 2.742% DUE 12-31-2039		4,670,000	2.74	12/31/2039	3,818,731	3,722,334
CHEVRON CORP NEW FIXED 3.078% DUE 05-11-2050		1,285,000	3.08	5/11/2050	912,857	851,787
CHEVRON USA INC 2.343% DUE 08- 12-2050 REG		1,165,000	2.34	8/12/2050	710,413	655,784
CIGNA CORP NEW CORP 4.9% 12-15- 2048		115,000	4.90	12/15/2048	112,338	98,133
CIGNA GROUP 5.6% 02-15-2054		193,000	5.60	2/15/2054	188,932	180,991
CISCO SYS INC 5.5% DUE 01-15-2040		1,255,000	5.50	1/15/2040	1,365,480	1,266,291
CISCO SYS INC SR NT 5.9 DUE 02-15- 2039 REG		780,000	5.90	2/15/2039	874,143	824,658
CITIGROUP INC 2.904% 11-03-2042		3,436,000	2.90	11/3/2042	2,675,124	2,409,095
CITIGROUP INC 5.316% 09-26-2020 REG		470,000	5.32	9/26/2020	470,569	452,845
CITIGROUP INC 5.827% 02-13-2035		826,000	5.83	2/13/2035	795,762	823,143
CITIGROUP INC 8.125% DUE 07-15- 2039		491,000	8.13	7/15/2039	652,992	606,395
CMNTY HLTH NETWORK FIXED 3.099% DUE 05-01-2050		540,000	3.10	5/1/2050	520,762	343,551
COCA COLA CO 2.5% 03-15-2051		310,000	2.50	3/15/2051	205,357	182,061
COCA COLA CO 2.6% DUE 06-01-2050		655,000	2.60	6/1/2050	445,059	395,474
COCA COLA CO 2.875% DUE 05-05- 2041		116,000	2.88	5/5/2041	97,470	84,362
COCA COLA CO 5.4% 05-13-2064		2,298,000	5.40	5/13/2064	2,346,144	2,215,269
COCA-COLA CO/THE 3.0% DUE 03- 05-2051		810,000	3.00	3/5/2051	600,334	534,237
COLGATE-PALMOLIVE CO 3.7% DUE 08-01-2047		248,000	3.70	8/1/2047	195,527	190,207
COMCAST CORP NEW 2.8% DUE 01- 15-2051/05-28-2020 REG		385,000	2.80	1/15/2051	243,653	229,620
COMCAST CORP NEW 2.937% 11-01- 2056		1,485,000	2.94	11/1/2056	973,889	867,456
COMCAST CORP NEW 3.25% 11-01- 2039		6,419,000	3.25	11/1/2039	5,465,730	4,868,703
COMCAST CORP NEW 3.4% DUE 07- 15-2046		460,000	3.40	7/15/2046	346,602	323,369
COMCAST CORP NEW 3.75% DUE 04- 01-2040		267,000	3.75	4/1/2040	240,232	214,949
COMCAST CORP NEW 3.9% DUE 03- 01-2038		1,475,000	3.90	3/1/2038	1,294,498	1,241,240

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
COMCAST CORP NEW 4% DUE 03-01-2048		215,000	4.00	3/1/2048	\$ 173,076	\$ 163,523
COMCAST CORP NEW 6.45% DUE 03-15-2037		461,000	6.45	3/15/2037	539,913	494,127
COMCAST CORP NEW FIXED 2.45% DUE 08-15-2052		340,000	2.45	8/15/2052	198,313	184,875
COMCAST CORP NEW FIXED 3.969% DUE 11-01-2047		140,000	3.97	11/1/2047	112,089	106,168
COMMONSPIRIT HLTH 3.91% DUE 10-01-2050		855,000	3.91	10/1/2050	905,666	630,447
COMMONWEALTH EDISON CO 4.0% DUE 03-01-2048 REG		1,290,000	4.00	3/1/2048	1,187,682	1,007,397
COMMONWEALTH EDISON CO 5.65% DUE 06-01-2054		66,000	5.65	6/1/2054	67,154	65,210
CONAGRA BRANDS INC 5.4% 11-01-2048		1,065,000	5.40	11/1/2048	995,704	967,434
CONAGRA BRANDS INC FIXED 5.3% 11-01-2038		1,914,000	5.30	11/1/2038	1,899,794	1,803,369
CONOCOPHILLIPS CO FIXED 3.758% DUE 03-15-2042		279,000	3.76	3/15/2042	256,879	220,057
CONS EDISON CO N Y 4.3% DUE 12-01-2056		1,629,000	4.30	12/1/2056	1,453,340	1,270,641
CONS EDISON CO N Y 4.5% DUE 05-15-2058		454,000	4.50	5/15/2058	420,254	365,408
CONSOLIDATED EDISON CO N Y INC 4.125% 05-15-2049 REG		209,000	4.13	5/15/2049	187,148	164,659
CONSTELLATION 4.1% 02-15-2048		425,000	4.10	2/15/2048	364,282	330,044
CONSTELLATION 5.25% DUE 11-15-2048		457,000	5.25	11/15/2048	430,192	417,829
CONSTELLATION BRANDS INC 3.75% DUE 05-01-2050/04-27-2020 REG		1,675,000	3.75	5/1/2050	1,349,717	1,230,033
COOPERATIEVE 5.25% DUE 05-24-2041		6,000	5.25	5/24/2041	6,624	5,828
COREBRIDGE FINL INC SR NT 4.35% 04-05-2042		20,000	4.35	4/5/2042	17,033	16,696
CORNING INC 4.375% 11-15-2057		2,047,000	4.38	11/15/2057	1,795,414	1,568,718
CORNING INC 5.35% DUE 11-15-2048		61,000	5.35	11/15/2048	64,215	57,123
CORNING INC 5.45% DUE 11-15-2079		386,000	5.45	11/15/2079	381,522	349,599
CSX CORP 3.8% DUE 11-01-2046		3,802,000	3.80	11/1/2046	3,112,184	2,927,811
CSX CORP 4.1 DUE 03-15-2044		249,000	-	3/15/2044	226,737	204,100
CSX CORP 6.15% DUE 05-01-2037		210,000	6.15	5/1/2037	238,228	223,247
CUMMINS INC 4.875% DUE 10-01-2043		261,000	4.88	10/1/2043	262,260	239,450
CUMMINS INC FIXED 2.6% DUE 09-01-2050		1,000,000	2.60	9/1/2050	627,606	596,346
CVS HEALTH CORP 4.78% DUE 03-25-2038		3,858,000	4.78	3/25/2038	3,767,646	3,336,420
CVS HLTH FIXED 6.05% 06-01-2054		2,072,000	6.05	6/1/2054	2,089,080	1,949,109

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
	DANAHER CORP 2.6% DUE 10-01-2050	575,000	2.60	10/1/2050	\$ 387,231	\$ 342,650
	DANAHER CORP 4.375% DUE 09-15-2045	415,000	4.38	9/15/2045	376,754	354,321
	DANAHER CORP SR NT 2.8% 12-10-2051	519,000	2.80	12/10/2051	385,902	320,603
	DARDEN RESTAURANTS INC 4.55% 02-15-2048	450,000	4.55	2/15/2048	365,742	362,283
	DELL INTL LLC/EMC CORP 8.35% 07-15-2046	716,000	8.35	7/15/2046	967,261	913,006
	DEVON ENERGY CORP 4.75% DUE 05-15-2042	500,000	4.75	5/15/2042	436,632	416,089
	DEVON ENERGY CORP 5.6 DUE 07-15-2041	695,000	5.60	7/15/2041	670,015	643,606
	DEVON ENERGY CORP FIXED 5% DUE 06-15-2045	455,000	5.00	6/15/2045	405,941	380,391
	DH EUROPE FIN II S 3.4% DUE 11-15-2049	630,000	3.40	11/15/2049	484,975	446,446
	DICKS SPORTING GOODS INC 4.1% 01-15-2052	1,000,000	4.10	1/15/2052	732,723	732,319
	DISNEY WALT CO 2.75% DUE 09-01-2049	1,655,000	2.75	9/1/2049	1,078,412	1,034,243
	DISNEY WALT CO 3.5% DUE 05-13-2040 REG	3,231,000	3.50	5/13/2040	2,678,252	2,593,051
	DISNEY WALT CO 3.8% DUE 05-13-2060 REG	153,000	3.80	5/13/2060	130,725	111,336
	DISNEY WALT CO 4.7% DUE 03-23-2050	163,000	4.70	3/23/2050	164,480	144,822
	DISNEY WALT CO NEW 4.125 DUE 06-01-2044	74,000	-	6/1/2044	69,239	60,897
	DISNEY WALT CO SR NT 4.75% 09-15-2044	189,000	4.75	9/15/2044	188,267	169,369
	DISNEY WALT CO SR NT 5.4% 10-01-2043	143,000	5.40	10/1/2043	154,359	140,570
	DOLLAR TREE INC 3.375% 12-01-2051	1,000,000	3.38	12/1/2051	673,582	634,986
	DTE ELEC CO 3.7% DUE 03-15-2045	35,000	3.70	3/15/2045	30,450	26,896
	DUKE ENERGY 5.3% DUE 02-15-2040	1,955,000	5.30	2/15/2040	2,062,040	1,913,951
	DUKE ENERGY 6% DUE 01-15-2038	200,000	6.00	1/15/2038	222,580	208,092
	DUKE ENERGY CAROLINAS LLC 3.55% DUE 03-15-2052 BEO	5,884,000	3.55	3/15/2052	5,054,986	4,149,109
	DUKE ENERGY FLA LLC 5.95% DUE 11-15-2052BEO	372,000	5.95	11/15/2052	402,258	378,743
	DUKE ENERGY OHIO INC 5.6% 03-15-2054	667,000	5.60	3/15/2054	702,742	644,742
	DUKE UNIV 2.832% 10-01-2055	470,000	2.83	10/1/2055	467,540	292,437
	ECOLAB INC 2.7% DUE 12-15-2051	2,455,000	2.70	12/15/2051	1,840,453	1,493,700

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
ELEVANCE HLTH INC 4.65% DUE 08-15-2044		488,000	4.65	8/15/2044	\$ 471,418	\$ 419,051
ELI LILLY AND COMPANY 3.95% 03-15-2049		369,000	3.95	3/15/2049	322,088	289,165
EMERA US FIN LP 4.75% DUE 06-15-2046		1,108,000	4.75	6/15/2046	876,377	918,434
EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO		1,000,000	2.80	12/21/2051	654,160	619,074
ENBRIDGE ENERGY 7.375% DUE 10-15-2045		1,799,000	7.38	10/15/2045	2,163,867	2,035,524
ENBRIDGE INC 6.7% 11-15-2053		754,000	6.70	11/15/2053	861,059	819,421
ENBRIDGE INC FIXED 4.5% DUE 06-10-2044		560,000	4.50	6/10/2044	473,019	462,078
ENERGY TRANSFER 5.15% DUE 02-01-2043		179,000	5.15	2/1/2043	160,204	158,003
ENERGY TRANSFER 5.8% DUE 06-15-2038		158,000	5.80	6/15/2038	156,186	155,294
ENERGY TRANSFER 6% DUE 06-15-2048		740,000	6.00	6/15/2048	733,906	715,755
ENERGY TRANSFER 6.25% DUE 04-15-2049		390,000	6.25	4/15/2049	408,522	391,453
ENERGY TRANSFER FIXED 5.3% DUE 04-15-2047		482,000	5.30	4/15/2047	434,001	426,903
ENERGY TRANSFER OPER L P 5.0% 05-15-2050		420,000	5.00	5/15/2050	379,001	356,811
ENERGY MISS LLC 5.85% 06-01-2054		1,000,000	5.85	6/1/2054	1,051,121	1,009,374
ENERGY TEXAS INC 5.55% 09-15-2054		2,000,000	5.55	9/15/2054	2,075,622	1,941,786
ENERGY TEXAS INC 5.8% 09-01-2053		176,000	5.80	9/1/2053	181,657	176,358
ENTERPRISE PRODS 5.7% DUE 02-15-2042		925,000	5.70	2/15/2042	955,221	924,944
ENTERPRISE PRODS 6.125% DUE 10-15-2039		1,000,000	6.13	10/15/2039	1,063,743	1,038,987
ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046		208,000	4.90	5/15/2046	197,070	185,612
ENTERPRISE PRODS OPER LLC 4.8% 02-01-2049		348,000	4.80	2/1/2049	327,517	299,916
ENTERPRISE PRODS OPER LLC GTD SR NT 4.85% DUE 08-15-2042		79,000	-	8/15/2042	75,161	71,383
EOG RES INC 4.95% DUE 04-15-2050		2,046,000	4.95	4/15/2050	1,910,468	1,822,075
EQUINOR ASA FIXED 3.7% DUE 04-06-2050		1,200,000	3.70	4/6/2050	1,314,918	890,197
EVEREST REINSURANCE HOLDINGS INC 3.5% 10-15-2050		20,000	3.50	10/15/2050	13,844	13,558
EVEREST REINSURANCE HOLDINGS INC SR NT 3.125% 10-15-2052		2,175,000	3.13	10/15/2052	1,611,349	1,341,705

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
	EVERGY KANS CENT INC 5.7% 03-15-2053	1,933,000	5.70	3/15/2053	\$ 2,014,164	\$ 1,899,123
	EXXON MOBIL CORP FIXED 4.327% DUE 03-19-2050	3,198,000	4.33	3/19/2050	3,131,897	2,633,516
	FED RLTY INVT TR 4.5% DUE 12-01-2044	1,000,000	4.50	12/1/2044	826,528	837,811
	FEDEX CORP 4.1% DUE 02-01-2045	67,000	4.10	2/1/2045	57,553	52,462
	FEDEX CORP 4.95% 10-17-2048	91,000	4.95	10/17/2048	88,320	79,535
	FEDEX CORP BOND 5.1 DUE 01-15-2044	25,000	5.10	1/15/2044	24,628	22,823
	FIFTH 3RD BANCORP 8.25% DUE 03-01-2038	1,000,000	8.25	3/1/2038	1,208,826	1,199,315
	FISERV INC 4.4% DUE 07-01-2049	206,000	4.40	7/1/2049	171,593	168,442
	FL PWR & LT CO 1ST MTG BD 5.96 DUE 04-01-2039	1,611,000	5.96	4/1/2039	1,756,469	1,684,902
	FL PWR & LT CO 5.69% DUE 03-01-2040	750,000	5.69	3/1/2040	795,686	765,800
	FLORIDA POWER & LIGHT COMPANY 2.875% 12-04-2051	3,453,000	2.88	12/4/2051	2,669,495	2,162,081
	FLORIDA PWR CORP 6.35% DUE 09-15-2037	16,000	6.35	9/15/2037	17,515	17,016
	FLORIDA PWR CORP 6.4% DUE 06-15-2038	378,000	6.40	6/15/2038	425,612	407,098
	FOX CORP 5.576% DUE 01-25-2049	874,000	5.58	1/25/2049	844,584	812,954
	FRANKLIN RESOURCES INC 2.95% 08-12-2051	592,000	2.95	8/12/2051	439,410	367,679
	GALLAGHER ARTHUR J & CO SR NT 3.5% 05-20-2051	930,000	3.50	5/20/2051	647,462	640,599
	GEN DYNAMICS CORP FIXED 4.25% DUE 04-01-2040	1,210,000	4.25	4/1/2040	1,106,241	1,057,084
	GENERAL DYNAMICS CORP 4.25% DUE 04-01-2050 REG	745,000	4.25	4/1/2050	672,495	616,032
	GENERAL DYNAMICS CORP NT 2.85% 06-01-2041	515,000	5.00	4/1/2035	394,445	367,468
	GENERAL MLS INC 3.0% 02-01-2051	1,810,000	3.00	2/1/2051	1,279,341	1,147,384
	GENERAL MTRS CO 5% DUE 04-01-2035	36,000	5.00	4/1/2035	34,233	33,799
	GENERAL MTRS CO 6.25% DUE 10-02-2043	47,000	6.25	10/2/2043	47,671	46,628
	GENERAL MTRS CO 6.75% DUE 04-01-2046	34,000	6.75	4/1/2046	36,237	35,517
	GEORGE WASH UNIV 4.126% DUE 09-15-2048	315,000	4.13	9/15/2048	378,051	256,566

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
GILEAD SCIENCES	4.15% DUE 03-01-2047	493,000	4.15	3/1/2047	\$ 446,821	\$ 395,640
GILEAD SCIENCES	4.5% DUE 02-01-2045	365,000	4.50	2/1/2045	335,613	313,173
GILEAD SCIENCES	4.8% DUE 04-01-2044	263,000	4.80	4/1/2044	251,962	235,606
GILEAD SCIENCES	5.65% DUE 12-01-2041	36,000	5.65	12/1/2041	37,651	36,020
GOLDMAN SACHS	4.75% DUE 10-21-2045	1,616,000	4.75	10/21/2045	1,580,852	1,431,491
GOLDMAN SACHS	4.8% DUE 07-08-2044	1,494,000	4.80	7/8/2044	1,465,928	1,321,805
HACKENSACK	2.675% DUE 09-01-2041	6,000	2.68	9/1/2041	5,722	4,156
HARRIS CORP DEL	4.854% DUE 04-27-2035	1,415,000	4.85	4/27/2035	1,381,634	1,345,892
HASBRO INC	5.1% DUE 05-15-2044	1,000,000	5.10	5/15/2044	877,771	868,189
HASBRO INC	6.35% DUE 03-15-2040	6,000	6.35	3/15/2040	5,963	6,068
HCA INC	5.25% DUE 06-15-2049	3,435,000	5.25	6/15/2049	3,212,264	2,978,681
HCA INC	5.5% DUE 06-15-2047	1,795,000	5.50	6/15/2047	2,263,419	1,634,937
HERSHEY CO	3.125% DUE 11-15-2049	420,000	3.13	11/15/2049	322,418	279,618
HERSHEY CO	3.375% DUE 08-15-2046	450,000	3.38	8/15/2046	356,989	324,653
HESS CORP	6% DUE 01-15-2040	6,000	6.00	1/15/2040	6,198	6,252
HOME DEPOT INC	2.375% 03-15-2051	3,934,000	2.38	3/15/2051	2,783,456	2,230,436
HOME DEPOT INC	3.3% DUE 04-15-2040 REG	740,000	3.30	4/15/2040	650,197	577,064
HOME DEPOT INC	4.875 DUE 02-15-2044	263,000	4.88	2/15/2044	246,978	240,782
HOME DEPOT INC	5.875% DUE 12-16-2036	1,378,000	5.88	12/16/2036	1,582,557	1,450,501
HOME DEPOT INC	SR NT 2.75% 09-15-2051	1,097,000	2.75	9/15/2051	829,124	669,875
HONEYWELL INTERNATIONAL INC	4.5% 01-15-2034	620,000	4.50	1/15/2034	599,257	591,732
HONEYWELL INTL INC	2.8% DUE 06-01-2050	490,000	2.80	6/1/2050	370,033	307,897
HONEYWELL INTL INC	5.7% DUE 03-15-2037	640,000	5.70	3/15/2037	697,963	657,689
HONEYWELL INTL INC	FIXED 3.812% DUE 11-21-2047	620,000	3.81	11/21/2047	506,593	475,513
HORMEL FOODS CORP	FIXED 3.05% DUE 06-03-2051	1,141,000	3.05	6/3/2051	794,248	742,201
HSBC HLDGS PLC	7.399% 11-13-2034	784,000	7.40	11/13/2034	833,052	852,247
HSBC HOLDINGS PLC	6.332% 03-09-2044	1,895,000	6.33	3/9/2044	2,009,165	2,002,166

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
IL TOOL WKS INC 3.9% DUE 09-01-2042		1,695,000	3.90	9/1/2042	\$ 1,511,824	\$ 1,386,069
ILLINOIS TOOL WKS INC 4.875 DUE 09-15-2041 REG		215,000	4.88	9/15/2041	208,907	201,296
INTEL CORP 3.1% DUE 02-15-2060		1,657,000	3.10	2/15/2060	1,229,318	886,746
INTEL CORP 3.734% 12-08-2047 BEO		420,000	3.73	12/8/2047	321,511	277,290
INTEL CORP 6.02% 02-10-2063		207,000	6.02	2/10/2063	205,294	187,055
INTEL CORP SR NT 3.05% 08-12-2051		271,000	3.05	8/12/2051	210,574	154,715
INTEL CORP SR NT 3.2% 08-12-2061		718,000	3.20	8/12/2061	541,436	390,312
INTERNATIONAL BUSINESS MACHS CORP 4 NTS DUE 06-20-2042 USD1000		1,633,000	-	6/20/2042	1,402,287	1,335,172
INTERNATIONAL BUSINESS MACHS CORP 4.15% DUE 05-15-2039		175,000	4.15	5/15/2039	156,112	150,613
INTL BUSINESS FIXED 2.85% DUE 05-15-2040		62,000	2.85	5/15/2040	50,109	44,203
INTL FLAVORS & 4.375% DUE 06-01-2047		824,000	4.38	6/1/2047	658,328	645,083
INTL FLAVORS & 5% DUE 09-26-2048		975,000	5.00	9/26/2048	863,716	837,720
JBS USA LUX S A / JBS USA FOOD CO 7.25% 11-15-2053		500,000	7.25	11/15/2053	512,106	550,907
JOHNS HOPKINS UNIV 2.813% DUE 01-01-2060		455,000	2.81	1/1/2060	442,287	269,284
JOHNSON & JOHNSON 3.7% DUE 03-01-2046		2,090,000	3.70	3/1/2046	1,753,911	1,653,248
JOHNSON & JOHNSON 3.75% DUE 03-03-2047		510,000	3.75	3/3/2047	421,360	402,389
JPMORGAN CHASE & CO 5.6% DUE 07-15-2041		607,000	5.60	7/15/2041	648,229	612,844
JPMORGAN CHASE & CO 3.109% DUE 04-22-2051		665,000	3.11	4/22/2051	471,916	441,176
JPMORGAN CHASE & CO 3.109% DUE 04-22-2041/10-22-2020 REG		540,000	3.11	4/22/2041	425,670	400,684
JPMORGAN CHASE & CO 3.157% 04-22-2042		520,000	3.16	4/22/2042	408,877	382,186
JPMORGAN CHASE & CO 3.328% 04-22-2052		1,075,000	3.33	4/22/2052	790,407	737,710
JPMORGAN CHASE & CO 3.882% 07-24-2038		65,000	3.88	7/24/2038	56,475	55,501
JPMORGAN CHASE & CO 3.964% 11-15-2048		1,055,000	3.96	11/15/2048	869,241	825,564
JPMORGAN CHASE & CO 4.26% 02-22-2048615,0004.262/22/2048532,264509,615JPMORGAN CHASE & CO 4.26% 02-22-2048		615,000	4.26	2/22/2048	532,264	509,615
JPMORGAN CHASE & CO 4.85 NOTES DUE 02-01-2044		1,107,000	-	2/1/2044	1,091,953	1,019,476

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
JPMORGAN CHASE & CO 5.4 SNR NTS DUE 01-06-2042 USD1000	434,000	-	1/6/2042	\$ 462,268	\$ 428,645	
JPMORGAN CHASE & FLTG RT 2.525% DUE 11-19-2041	555,000	2.53	11/19/2041	401,532	376,348	
KANSAS CITY POWER & LIGHT CO FIXED 4.125%04-01-2049 BEO	439,000	4.13	4/1/2049	350,294	341,572	
KELLANOVA 4.5% DUE 04-01-2046	20,000	4.50	4/1/2046	17,229	16,856	
KENTUCKY UTILITIES 5.125 11-1- 2040	3,304,000	5.13	11/1/2040	3,352,299	3,130,095	
KENTUCKY UTILS CO 4.375% DUE 10- 01-2045	901,000	4.38	10/1/2045	782,769	747,411	
KENVUE INC 5.1% 03-22-2043	38,000	5.10	3/22/2043	36,978	36,487	
KENVUE INC 5.2% 03-22-2063	575,000	5.20	3/22/2063	588,302	532,255	
KEURIG DR PEPPER INC 3.8% DUE 05- 01-2050BEO	620,000	3.80	5/1/2050	480,715	456,725	
KEURIG DR PEPPER INC SR NT 3.35% 03-15-2051	570,000	3.35	3/15/2051	427,981	382,583	
KEURIG DR PEPPER INC SR NT 4.5% 04-15-2052	1,567,000	4.50	4/15/2052	1,353,167	1,290,274	
KILROY REALTY LP 2.65% DUE 11-15- 2033	1,429,000	2.65	11/15/2033	1,071,675	1,093,412	
KIMBERLY-CLARK 2.875% DUE 02-07- 2050	20,000	2.88	2/7/2050	13,788	12,948	
KIMBERLY-CLARK 6.625% DUE 08-01- 2037	440,000	6.63	8/1/2037	508,135	497,689	
KINDER MORGAN 5.5 DUE 03-01- 2044	284,000	5.50	3/1/2044	275,352	263,316	
KINDER MORGAN 6.95% DUE 01-15- 2038	1,239,000	6.95	1/15/2038	1,382,428	1,343,657	
KINDER MORGAN INC 5.2% 03-01- 2048	191,000	5.20	3/1/2048	182,478	168,892	
KINDER MORGAN INC DEL SR NT 3.6% 02-15-2051	2,273,000	3.60	2/15/2051	1,701,685	1,537,710	
KONINKLIJKE 6.875% DUE 03-11- 2038	985,000	6.88	3/11/2038	1,064,280	1,061,378	
KRAFT FOODS GROUP 5% DUE 06-04- 2042	3,937,000	5.00	6/4/2042	3,741,213	3,542,205	
KRAFT FOODS GROUP 6.875% DUE 01-26-2039	1,239,000	6.88	1/26/2039	1,450,401	1,366,643	
KROGER CO 5.65% 09-15-2064	1,895,000	5.65	9/15/2064	1,855,804	1,784,884	
LAM RESH CORP 2.875% DUE 06-15- 2050	740,000	2.88	6/15/2050	513,335	468,280	
LAM RESH CORP 4.875% DUE 03-15- 2049	740,000	4.88	3/15/2049	712,687	665,565	
LINCOLN NATL CORP 7% DUE 06-15- 2040	26,000	7.00	6/15/2040	27,445	28,441	
LLOYDS BKG GROUP 3.369% DUE 12- 14-2046	577,000	3.37	12/14/2046	431,509	399,538	

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
LLOYDS BKG GROUP 5.3% DUE 12-01-2045		196,000	5.30	12/1/2045	\$ 190,198	\$ 177,496
LOCKHEED MARTIN 3.8% DUE 03-01-2045		964,000	3.80	3/1/2045	885,387	760,608
LOCKHEED MARTIN 4.07% DUE 12-15-2042 15-2042420,0004.0712 / 15 / 2042391,859350,527		420,000	4.07	12/15/2042	391,859	350,527
LOCKHEED MARTIN 4.7% DUE 05-15-2046		807,000	4.70	5/15/2046	834,648	722,344
LOCKHEED MARTIN 5.9% DUE 11-15-2063		395,000	5.90	11/15/2063	454,079	413,319
LOCKHEED MARTIN CORP 5.7% DUE 11-15-2054		590,000	5.70	11/15/2054	657,192	601,309
LOCKHEED MARTIN FIXED 2.8% DUE 06-15-2050		225,000	2.80	6/15/2050	150,259	141,170
LOUISVILLE GAS & ELEC CO 4.25% DUE 04-01-2049		84,000	4.25	4/1/2049	71,957	66,802
LOWE'S COMPANIES INC 5.625% DUE 04-15-2053 BEO		769,000	5.63	4/15/2053	755,566	740,137
LOWES COS INC 3.7% DUE 04-15-2046		1,163,000	3.70	4/15/2046	903,652	861,718
LOWES COS INC 4.05% DUE 05-03-2047		117,000	4.05	5/3/2047	101,720	90,916
LOWES COS INC 4.25% 04-01-2052		1,000,000	4.25	4/1/2052	827,143	781,964
LOWES COS INC 4.45% 04-01-2062		400,000	4.45	4/1/2062	309,158	310,358
LOWES COS INC 5% DUE 04-15-2040		435,000	5.00	4/15/2040	436,588	407,018
LOWES COS INC 5.85% 04-01-2063		545,000	5.85	4/1/2063	560,901	534,029
LOWES COS INC FIXED 5.8% DUE 09-15-2062		445,000	5.80	9/15/2062	424,032	430,855
MA INST TECH FIXED 2.989% DUE 07-01-2050		1,295,000	2.99	7/1/2050	1,367,607	872,027
MARATHON PETE CORP 4.75% DUE 09-15-2044		280,000	4.75	9/15/2044	254,303	232,600
MARATHON PETE CORP 6.5% DUE 03-01-2041		6,000	6.50	3/1/2041	6,395	6,220
MARKEL GROUP INC SR NT 3.45% 05-07-2052		1,418,000	3.45	5/7/2052	1,108,619	943,460
MARSH & MCLENNAN 4.9% DUE 03-15-2049		760,000	4.90	3/15/2049	697,870	681,206
MARSH & MCLENNAN COMPANIES INC 5.45% 03-15-2053		345,000	5.45	3/15/2053	337,928	333,631
MARSH & MCLENNAN COS INC 4.2% 03-01-2048		420,000	4.20	3/1/2048	347,923	340,954
MARSH & MCLENNAN COS INC 4.75% 03-15-2039		203,000	4.75	3/15/2039	203,632	187,999
MARSH & MCLENNAN COS INC SR NT 2.9% 12-15-2051		79,000	2.90	12/15/2051	58,913	49,255
MASCO CORP 4.5% DUE 05-15-2047		465,000	4.50	5/15/2047	377,927	380,320

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
MATTEL INC	5.45% DUE 11-01-2041	20,000	5.45	11/1/2041	\$ 18,228	\$ 17,899
MAYO CLINIC	3.774% DUE 11-15-2043	6,000	3.77	11/15/2043	6,791	4,942
MCDONALDS CORP	4.45% DUE 03-01-2047 REG	1,081,000	4.45	3/1/2047	1,022,972	908,252
MCDONALDS CORP	4.2% 04-01-2050	320,000	4.20	4/1/2050	264,500	253,154
MCDONALDS CORP	4.875% DUE 12-09-2045	678,000	4.88	12/9/2045	678,703	610,384
MCDONALD'S CORP	5.45% 08-14-2053	335,000	5.45	8/14/2053	332,568	321,435
MCDONALDS CORP	6.3% DUE 10-15-2037	465,000	6.30	10/15/2037	522,868	499,695
MCDONALD'S CORP	FIXED 4.45% DUE 09-01-2048	280,000	4.45	9/1/2048	242,082	233,741
MCDONALDS CORP	MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	602,000	3.63	9/1/2049	459,232	434,612
MERCK & CO INC	2.9% DUE 12-10-2061	596,000	2.90	12/10/2061	438,304	342,473
MERCK & CO INC	2.75% DUE 12-10-2051 BEO	3,977,000	2.75	12/10/2051	3,065,061	2,414,604
META PLATFORMS INC	4.65% 08-15-2062	835,000	4.65	8/15/2062	710,573	711,443
META PLATFORMS INC	5.6% DUE 05-15-2053	855,000	5.60	5/15/2053	847,066	856,477
META PLATFORMS INC	FIXED 4.45% DUE 08-15-2052	1,165,000	4.45	8/15/2052	1,019,473	983,534
MICROSOFT CORP	2.525% DUE 06-01-2050 BEO	3,035,000	2.53	6/1/2050	1,968,248	1,873,368
MICROSOFT CORP	3.7% DUE 08-08-2046	1,655,000	3.70	8/8/2046	1,414,060	1,325,939
MICROSOFT CORP	SR NT 2.5% 09-15-2050	497,000	2.50	9/15/2050	322,729	301,227
MIDAMERICAN ENERGY	5.15% DUE 11-15-2043	971,000	5.15	11/15/2043	988,548	922,367
MIDAMERICAN ENERGY	6.125% DUE 04-01-2036	2,285,000	6.13	4/1/2036	2,493,493	2,405,069
MORGAN STANLEY	3.971% 07-22-2038	600,000	3.97	7/22/2038	562,522	510,492
MORGAN STANLEY	4.3% DUE 01-27-2045	669,000	4.30	1/27/2045	623,518	551,919
MORGAN STANLEY	4.457% 04-22-2039	546,000	4.46	4/22/2039	529,784	489,130
MPLX LP	4.5% 04-15-2038	673,000	4.50	4/15/2038	593,881	586,749
MPLX LP	SR NT 4.95% 03-14-2052	1,578,000	4.95	3/14/2052	1,417,796	1,328,463
MYLAN INC	FORMERLY FIXED 5.2% DUE 04-15-2048	500,000	5.20	4/15/2048	397,007	414,382
NASDAQ INC	SR NT 3.95% 03-07-2052	1,623,000	3.95	3/7/2052	1,378,481	1,202,396

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
NBCUNIVERSAL MEDIA 4.45% DUE 01-15-2043		95,000	4.45	1/15/2043	\$ 90,750	\$ 80,990
NBCUNIVERSAL MEDIA 6.4% DUE 04-30-2040		500,000	6.40	4/30/2040	544,774	532,315
NOKIA CORP 6.625% DUE 05-15-2039		1,445,000	6.63	5/15/2039	1,395,434	1,468,301
NORFOLK SOUTHERN CORP 4.55% 06-01-2053		335,000	4.55	6/1/2053	298,317	281,065
NORFOLK SOUTHN 3.05% DUE 05-15-2050		306,000	3.05	5/15/2050	217,871	198,150
NORFOLK SOUTHN CORP 3.155% DUE 05-15-2055		445,000	3.16	5/15/2055	310,686	281,817
NORFOLK SOUTHN CORP 4.15% 02-28-2048		403,000	4.15	2/28/2048	351,931	321,046
NORFOLK SOUTHN CORP 5.95% 03-15-2064		270,000	5.95	3/15/2064	290,940	277,574
NORFOLK SOUTHN FIXED 3.942% DUE 11-01-2047		69,000	3.94	11/1/2047	57,755	53,105
NORTHERN STS PWR CO MINN 3.6% 09-15-2047		1,049,000	3.60	9/15/2047	912,891	775,934
NORTHN STS PWR CO 3.6% DUE 05-15-2046		1,451,000	3.60	5/15/2046	1,275,307	1,083,962
NORTHROP GRUMMAN 4.03% DUE 10-15-2047		637,000	4.03	10/15/2047	546,691	500,453
NORTHROP GRUMMAN 4.75% DUE 06-01-2043		844,000	4.75	6/1/2043	842,194	757,038
NORTHROP GRUMMAN CORP 4.95% 03-15-2053		510,000	4.95	3/15/2053	496,113	455,908
NORTHROP GRUMMAN FIXED 5.25% DUE 05-01-2050		520,000	5.25	5/1/2050	535,883	487,639
NORTHWESTERN UNIV 3.662% DUE 12-01-2057		400,000	3.66	12/1/2057	473,629	293,886
NOVANT HEALTH INC 3.168% DUE 11-01-2051		83,000	3.17	11/1/2051	56,123	54,920
NUTRIEN LTD 5.0% 04-01-2049		1,025,000	5.00	4/1/2049	1,059,236	912,785
NYU LANGONE HOSPS 3.38% DUE 07-01-2055		400,000	3.38	7/1/2055	405,272	268,168
OCCIDENTAL PETE 4.2% DUE 03-15-2048		240,000	4.20	3/15/2048	189,180	172,486
OCCIDENTAL PETE 6.2% DUE 03-15-2040		295,000	6.20	3/15/2040	303,710	290,768
OCCIDENTAL PETE CORP SR NT 6.6% 03-15-2046		815,000	6.60	3/15/2046	877,432	823,371
OHIO POWER CO SR NT 2.9% 10-01-2051		569,000	2.90	10/1/2051	419,960	342,356
OLD REP INTL CORP SR NT 3.85% 06-11-2051		1,016,000	3.85	6/11/2051	779,444	715,557
ONCOR ELEC 3.75% DUE 04-01-2045		578,000	3.75	4/1/2045	462,481	444,559
ONCOR ELEC 5.25% DUE 09-30-2040		750,000	5.25	9/30/2040	758,591	728,877

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date			
Corporate Bonds and Other Fixed-Income Obligations (continued)						
ONCOR ELEC DELIVERY CO LLC 3.1% 09-15-2049	370,000	3.10	9/15/2049	\$ 270,700	\$ 243,006	
ONEOK INC NEW 3.95% 03-01-2050	225,000	3.95	3/1/2050	182,773	162,487	
ONEOK PARTNERS L P 6.125 DUE 02- 01-2041	3,029,000	-	2/1/2041	3,053,645	3,019,056	
ORACLE CORP 3.6% DUE 04-01-2050 REG	3,300,000	3.60	4/1/2050	2,471,249	2,314,029	
ORACLE CORP 3.85% DUE 07-15-2036	1,050,000	3.85	7/15/2036	855,781	899,857	
ORACLE CORP 3.9% DUE 05-15-2035	2,643,000	3.90	5/15/2035	2,325,229	2,316,148	
ORACLE CORP 4% DUE 07-15-2046	2,315,000	4.00	7/15/2046	1,883,885	1,783,481	
ORACLE CORP 4.125% DUE 05-15- 2045	599,000	4.13	5/15/2045	478,291	472,928	
ORACLE CORP 5.5% 09-27-2064	647,000	5.50	9/27/2064	636,904	593,078	
ORACLE CORP 5.55% 02-06-2053	257,000	5.55	2/6/2053	249,419	243,348	
ORACLE CORP FIXED 6.9% DUE 11- 09-2052	822,000	6.90	11/9/2052	971,734	922,460	
ORANGE 5.375% DUE 01-13-2042	20,000	5.38	1/13/2042	19,605	19,195	
OWENS CORNING 5.95% 06-15-2054	333,000	5.95	6/15/2054	346,426	329,554	
PAC GAS & ELEC CO 3.3% DUE 08-01- 2040	587,000	3.30	8/1/2040	436,564	439,770	
PAC GAS & ELEC CO 3.5% DUE 08-01- 2050	1,222,000	3.50	8/1/2050	858,776	838,748	
PAC GAS & ELEC CO FIXED 4.5% DUE 07-01-2040	1,810,000	4.50	7/1/2040	1,437,585	1,564,007	
PAC GAS & ELEC CO FIXED 4.95% DUE 07-01-2050	1,335,000	4.95	7/1/2050	1,059,206	1,157,457	
PACIFIC GAS & ELEC CO 4.75% DUE 02-15-2044	62,000	4.75	2/15/2044	50,140	52,979	
PACKAGING CORP FIXED 3.05% DUE 10-01-2051	260,000	3.05	10/1/2051	196,374	167,048	
PARTNERS HEALTHCARE SYS INC 3.342% DUE 07-01-2060	350,000	3.34	7/1/2060	369,344	228,323	
PEACEHEALTH 3.218% DUE 11-15- 2050	525,000	3.22	11/15/2050	523,901	335,128	
PECO ENERGY CO FIXED 3.9% DUE 03-01-2048	627,000	3.90	3/1/2048	573,222	486,967	
PEPSICO INC 2.875% DUE 10-15-2049	1,864,000	2.88	10/15/2049	1,503,736	1,218,762	
PEPSICO INC 3.45% DUE 10-06-2046	425,000	3.45	10/6/2046	342,754	312,817	
PEPSICO INC 3.6% DUE 08-13-2042	343,000	3.60	8/13/2042	275,443	268,231	
PEPSICO INC 4.45% DUE 04-14-2046	385,000	4.45	4/14/2046	361,535	332,915	
PEPSICO INC 5.5% DUE 01-15-2040	750,000	5.50	1/15/2040	801,371	759,399	
PEPSICO INC FIXED 2.625% 10-21- 2041	351,000	2.63	10/21/2041	286,707	243,835	
PEPSICO INC SR NT 2.75% 10-21-2051	315,000	2.75	10/21/2051	247,580	196,784	
PEPSICO INC SR NT 4 DUE 03-05-2042	230,000	4.00	3/5/2042	203,943	192,133	
PFIZER INC 4.125% DUE 12-15-2046	1,988,000	4.13	12/15/2046	1,929,871	1,603,469	
PFIZER INC 4.3% DUE 06-15-2043	169,000	4.30	6/15/2043	166,276	144,110	

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
PFIZER INC 5.6% DUE 09-15-2040		6,000	5.60	9/15/2040	\$ 6,149	\$ 6,068
PFIZER INC NT 7.2 DUE 03-15-2039		547,000	7.20	3/15/2039	708,499	639,633
PHILIP MORRIS INTL 4.25% DUE 11-10-2044		725,000	4.25	11/10/2044	582,532	594,102
PRESIDENT & FELLOWS HARVARD COLLEGE 2.517% DUE 10-15-2050/04-21-2020 REG		435,000	2.52	10/15/2050	420,156	263,182
PROGRESS ENERGY 6.5% DUE 02-01-2042		535,000	6.50	2/1/2042	552,160	554,500
PROGRESSIVE CORP OH 3.7% DUE 03-15-2052 BEO		1,591,000	3.70	3/15/2052	1,375,825	1,177,448
PUBLIC STORAGE 5.35% 08-01-2053		20,000	5.35	8/1/2053	19,944	19,044
PUBLIC SVC ELEC GAS CO SECD MEDIUM TERM NTS 3.8 01-01-2043		344,000	3.80	1/1/2043	279,738	272,223
PVTPL BAYER US FIN LLC 6.875% 11-21-2053		480,000	6.88	11/21/2053	473,986	484,704
PVTPL BOEING CO THE 7.008% 05-01-2064		172,000	7.01	5/1/2064	178,154	182,835
PVTPL BROADCOM INC 3.75% DUE 02-15-2051		555,000	3.75	2/15/2051	420,853	413,786
PVTPL BROADCOM INC NT 4.926% 05-15-2037		2,905,000	4.93	5/15/2037	2,650,749	2,764,545
PVTPL CAIXABANK SA 6.037% 06-15-2035		480,000	6.04	6/15/2035	468,490	484,037
PVTPL CAMERON LNG LLC 3.402% DUE 01-15-2038/07-15-2037 BEO		3,505,000	3.40	1/15/2038	2,964,840	2,909,586
PVTPL CREDIT AGRICOLE S A 6.251% 01-10-2035		6,000	6.25	1/10/2035	5,929	6,026
PVTPL GLOBAL ATLANTIC FIN CO 6.75% 03-15-2054		70,000	6.75	3/15/2054	68,000	71,148
PVTPL MUTUAL OF OMAHA INS CO 6.144% 01-16-2064		500,000	6.14	1/16/2064	479,435	494,353
PVTPL NESTLE CAPITAL CORPORATION 5.1% 03-12-2054		500,000	5.10	3/12/2054	484,695	471,579
PVTPL ONCOR ELECTRIC DELIVERY CO 5.55% 06-15-2054		2,144,000	5.55	6/15/2054	2,271,562	2,084,787
PVTPL SOCIETE GENERALE 7.132% 01-19-2055		1,641,000	7.13	1/19/2055	1,607,566	1,565,001
REALTY INCOME CORP 4.65% DUE 03-15-2047		385,000	4.65	3/15/2047	350,556	332,253
REGENCY CTRS L P 4.4% DUE 02-01-2047		941,000	4.40	2/1/2047	782,020	775,394
REPUBLIC SVCS INC 5.7% DUE 05-15-2041		457,000	5.70	5/15/2041	499,407	456,682
REYNOLDS AMERN INC 6.15% DUE 09-15-2043		69,000	6.15	9/15/2043	65,989	68,306
REYNOLDS AMERN INC 7.25% DUE 06-15-2037		3,825,000	7.25	6/15/2037	4,344,704	4,206,193

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
REYNOLDS AMERN INC FIXED 5.85% DUE 08-15-2045		389,000	5.85	8/15/2045	\$ 361,708	\$ 370,953
ROGERS COMMUNICATIONS INC 3.7% DUE 11-15-2049		1,479,000	3.70	11/15/2049	1,181,593	1,037,189
RTX CORPORATION 2.82% 09-01- 2051		1,767,000	2.82	9/1/2051	1,322,213	1,073,576
RTX CORPORATION 3.03% 03-15- 2052		430,000	3.03	3/15/2052	334,518	272,464
S CAROLINA ELEC & 6.05% DUE 01- 15-2038		499,000	6.05	1/15/2038	534,470	520,261
S&P GLOBAL INC 3.7% 03-01-2052		976,000	3.70	3/1/2052	853,342	729,691
S&P GLOBAL INC 3.9% 03-01-2062		350,000	3.90	3/1/2062	285,740	260,867
SABINE PASS LIQUEFACTION LLC SR SECD NT 5.9% 09-15-2037		1,000,000	5.90	9/15/2037	1,040,950	1,016,461
SALESFORCE.COM INC 3.05% DUE 07- 15-2061 BEO		310,000	3.05	7/15/2061	232,459	191,599
SAN DIEGO G & E FIXED 2.95% DUE 08-15-2051		647,000	2.95	8/15/2051	498,600	416,680
SHELL FIN US INC 4.0% 05-10-2046		573,000	4.00	5/10/2046	526,409	449,245
SHELL INTL FIN B V 3% DUE 11-26- 2051		360,000	3.00	11/26/2051	282,325	228,251
SHELL INTL FIN B V 6.375% DUE 12- 15-2038		423,000	6.38	12/15/2038	500,883	460,543
SHERWIN-WILLIAMS 4.5% DUE 06-01- 2047		1,808,000	4.50	6/1/2047	1,703,009	1,522,345
SHERWIN-WILLIAMS FIXED 3.3% DUE 05-15-2050		140,000	3.30	5/15/2050	98,782	92,992
SIMON PPTY GROUP L P 6.65% 01-15- 2054		814,000	6.65	1/15/2054	893,422	907,295
SMUCKER J M CO 6.5% 11-15-2043		1,014,000	6.50	11/15/2043	1,065,953	1,081,083
SMUCKER J M CO 6.5% 11-15-2053		1,194,000	6.50	11/15/2053	1,346,557	1,282,993
SOUTHERN CALIF EDISON CO 4.875% 03-01-2049		201,000	4.88	3/1/2049	189,519	175,905
SOUTHERN CALIF EDISON CO 5.875% 12-01-2053		317,000	5.88	12/1/2053	313,643	315,327
SOUTHERN CALIF GAS CO 4.3% 01- 15-2049		190,000	4.30	1/15/2049	161,662	154,330
SOUTHERN CALIF GAS CO 5.75% 06- 01-2053		1,249,000	5.75	6/1/2053	1,302,878	1,242,855
SOUTH CAL EDISON 4% DUE 04-01- 2047		1,017,000	4.00	4/1/2047	859,600	783,557
SOUTH CAL GAS CO 3.95% DUE 02- 15-2050		160,000	3.95	2/15/2050	143,309	121,716
SOUTH CAL GAS CO FIXED 6.35% DUE 11-15-2052		1,906,000	6.35	11/15/2052	2,182,234	2,052,467
SOUTH CO GAS CAP 3.95% DUE 10- 01-2046		450,000	3.95	10/1/2046	372,943	348,557
SOUTH COPPER 6.75% DUE 04-16- 2040		624,000	6.75	4/16/2040	687,723	667,952

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
SOUTHN COPPER CORP 5.25% DUE 11-08-2042		868,000	5.25	11/8/2042	\$ 864,328	\$ 784,808
SOUTHWESTERN ELEC PWR CO SR NT SER O 3.25% 11-01-2051		126,000	3.25	11/1/2051	95,365	79,995
SOUTHWESTERN PUB SVC CO 6.0% 06-01-2054		2,703,000	6.00	6/1/2054	2,910,554	2,735,476
SOUTHWESTN PUB SVC 4.5% DUE 08- 15-2041		500,000	4.50	8/15/2041	412,709	430,376
STANFORD UNIV CAL 2.413% DUE 06- 01-2050		880,000	2.41	6/1/2050	831,179	522,950
STARBUCKS CORP 3.5% DUE 11-15- 2050		1,116,000	3.50	11/15/2050	899,808	772,706
STARBUCKS CORP FIXED 3.35% DUE 03-12-2050		1,409,000	3.35	3/12/2050	1,105,956	942,485
STARBUCKS CORP FIXED 4.45% 08- 15-2049		870,000	4.45	8/15/2049	803,835	713,146
STERIS PLC FIXED 3.75% DUE 03-15- 2051		90,000	3.75	3/15/2051	67,278	63,575
STRYKER CORP 2.9% DUE 06-15-2050 REG		6,000	2.90	6/15/2050	4,214	3,887
STRYKER CORP 4.625% DUE 03-15- 2046		905,000	4.63	3/15/2046	827,804	784,542
SUNCOR ENERGY INC 4% DUE 11-15- 2047		600,000	4.00	11/15/2047	525,399	445,571
SUNCOR ENERGY INC NEW SR NT 3.75% 03-04-2051		1,280,000	3.75	3/4/2051	1,063,575	898,683
SUNOCO LOGISTICS 5.3% DUE 04-01- 2044		489,000	5.30	4/1/2044	444,120	437,784
SUNOCO LOGISTICS PARTNERS 5.4% 10-01-2047		430,000	5.40	10/1/2047	404,088	386,596
SYSCO CORP 6.6% DUE 04-01-2040		756,000	6.60	4/1/2040	850,869	815,875
SYSCO CORP FIXED 6.6% DUE 04-01- 2050		175,000	6.60	4/1/2050	194,913	192,097
SYSCO CORPORATION 3.15% 12-14- 2051		127,000	3.15	12/14/2051	94,149	81,993
THERMO FISHER 4.1% DUE 08-15- 2047		595,000	4.10	8/15/2047	510,106	483,493
THERMO FISHER SCIENTIFIC INC 2.8% 10-15-2041		837,000	2.80	10/15/2041	634,311	589,342
THERMO FISHER SCIENTIFIC INC 5.3 DUE 02-01-2044		405,000	5.30	2/1/2044	411,684	387,210
THERMO FISHER SCIENTIFIC INC 5.404% 08-10-2043		405,000	5.40	8/10/2043	418,637	398,610
THOMSON CORP BD 5.5% DUE 08-15- 2035/08-14-2035 BEO		50,000	5.50	8/15/2035	50,658	50,094
TIME WARNER CABLE 5.5% DUE 09- 01-2041		840,000	5.50	9/1/2041	712,950	714,171

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
TIME WARNER CABLE 5.875% DUE 11-15-2040		103,000	5.88	11/15/2040	\$ 85,510	\$ 92,182
TIME WARNER CABLE 6.75% DUE 06-15-2039		531,000	6.75	6/15/2039	553,451	520,785
TIME WARNER CABLE 7.3% DUE 07-01-2038		81,000	7.30	7/1/2038	84,271	82,508
T-MOBILE USA INC 3.4% 10-15-2052		845,000	3.40	10/15/2052	609,786	564,918
T-MOBILE USA INC 3.6% 11-15-2060		897,000	3.60	11/15/2060	668,273	594,066
T-MOBILE USA INC 4.5% DUE 04-15-2050		2,190,000	4.50	4/15/2050	1,934,555	1,798,155
T-MOBILE USA INC FIXED 4.375% DUE 04-15-2040		2,819,000	4.38	4/15/2040	2,556,402	2,445,389
T-MOBILE USA INC TMUS 3.3% 02-15-2051		910,000	3.30	2/15/2051	649,423	601,195
TOTALENERGIES CAPITAL S.A. 5.638% 04-05-2064		500,000	5.64	4/5/2064	506,730	479,043
TRANSCONTINENTAL GAS PIPE LINE CO LLC 3.95% DUE 05-15-2050		269,000	3.95	5/15/2050	229,442	199,150
TYSON FOODS INC 4.55% DUE 06-02-2047		1,512,000	4.55	6/2/2047	1,310,111	1,242,330
TYSON FOODS INC 5.1% 09-28-2048		425,000	5.10	9/28/2048	365,886	377,650
TYSON FOODS INC 5.15% DUE 08-15-2044		750,000	5.15	8/15/2044	704,602	684,899
UBS GROUP AG 4.875% 05-15-2045		20,000	4.88	5/15/2045	18,861	17,927
UNION ELEC CO 8.45% DUE 03-15-2039		398,000	8.45	3/15/2039	534,699	504,053
UNION ELECTRIC CO 3.9% DUE 04-01-2052		3,569,000	3.90	4/1/2052	3,202,098	2,737,263
UNION ELECTRIC COMPANY 5.125% 03-15-2055		183,000	5.13	3/15/2055	176,321	167,930
UNION PAC CORP 3.25% DUE 02-05-2050		3,184,000	3.25	2/5/2050	2,596,600	2,177,016
UNION PAC CORP 3.5% 02-14-2053		1,201,000	3.50	2/14/2053	1,011,158	847,600
UNION PAC CORP FIXED 2.95% 03-10-2052		321,000	2.95	3/10/2052	246,511	203,056
UNION PAC CORP FIXED 3.75% DUE 02-05-2070		272,000	3.75	2/5/2070	225,231	181,812
UNITEDHEALTH GROUP 4.25% DUE 03-15-2043		1,415,000	4.25	3/15/2043	1,277,973	1,194,250
UNITEDHEALTH GROUP 4.75% DUE 07-15-2045		1,690,000	4.75	7/15/2045	1,617,346	1,490,289
UNITEDHEALTH GROUP 5.75% DUE 07-15-2064		1,470,000	5.75	7/15/2064	1,512,766	1,433,490
UNITEDHEALTH GROUP 5.95% DUE 02-15-2041		500,000	5.95	2/15/2041	529,227	512,668
UNITEDHEALTH GROUP 6.875% DUE 02-15-2038		1,891,000	6.88	2/15/2038	2,323,884	2,137,495
UNITEDHEALTH GROUP FIXED 4.25% DUE 06-15-2048		1,250,000	4.25	6/15/2048	1,106,710	1,004,349

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
UNITEDHEALTH GROUP INC 2.75% DUE 05-15-2040/05-18-2020 REG		375,000	2.75	5/15/2040	\$ 287,525	\$ 265,340
UNITEDHEALTH GROUP INC 3.05% DUE 05-15-2041 BEO		1,840,000	3.05	5/15/2041	1,547,193	1,331,267
UNIV PA TRUSTEES 2.396% DUE 10- 01-2050		525,000	2.40	10/1/2050	486,146	310,535
UNIV SOUTHN CAL 3.841% DUE 10- 01-2047		500,000	3.84	10/1/2047	587,358	402,524
UNIVERSITY CHICAGO 2.547% DUE 04-01-2050		610,000	2.55	4/1/2050	569,876	390,873
UTD PARCEL SVC INC 3.75% 11-15- 2047		127,000	3.75	11/15/2047	115,738	96,200
VERIZON 4% DUE 03-22-2050		245,000	4.00	3/22/2050	204,201	186,238
VERIZON 4.125% DUE 08-15-2046		4,443,000	4.13	8/15/2046	4,077,036	3,523,284
VERIZON 5.012% DUE 08-21-2054		165,000	5.01	8/21/2054	162,579	145,914
VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO		960,000	3.55	3/22/2051	740,866	679,497
VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO		760,000	3.70	3/22/2061	579,761	516,183
VERIZON COMMUNICATIONS INC 2.875% DUE 11-20-2050 BEO		595,000	2.88	11/20/2050	405,753	366,128
VERIZON COMMUNICATIONS INC 2.987% 10-30-2056 USD		675,000	2.99	10/30/2056	419,573	401,158
VERIZON COMMUNICATIONS INC 3.0% DUE 11-20-2060 REG		425,000	3.00	11/20/2060	276,457	246,334
VERIZON COMMUNICATIONS INC 3.875% 03-01-2052		200,000	3.88	3/1/2052	163,287	148,194
VIACOM INC NEW 4.375% DUE 03- 15-2043		73,000	4.38	3/15/2043	60,394	53,193
VIACOMCBS INC FIXED 4.95% DUE 05-19-2050		90,000	4.95	5/19/2050	80,218	67,945
VICI PPTYS LP SR NT 5.625% 05-15- 2052		490,000	5.63	5/15/2052	432,949	455,894
VISA INC 3.65% 09-15-2047		315,000	3.65	9/15/2047	258,565	241,494
VISA INC 4.3% DUE 12-14-2045		1,580,000	4.30	12/14/2045	1,457,507	1,353,084
WALMART INC 2.5% DUE 09-22-2041 BEO		305,000	2.50	9/22/2041	225,494	210,115
WALMART INC 2.95% DUE 09-24- 2049		210,000	2.95	9/24/2049	153,851	140,606
WALMART INC 4.05% DUE 06-29- 2048 REG		482,000	4.05	6/29/2048	441,385	396,517
WALMART INC 4.5% DUE 04-15-2053		500,000	4.50	4/15/2053	473,665	435,773
WALMART INC 4.5% DUE 09-09-2052 BEO		335,000	4.50	9/9/2052	319,376	292,803
WALMART INC 5.625% DUE 04-01- 2040		210,000	5.63	4/1/2040	231,668	219,100
WALMART INC 6.5% DUE 08-15-2037		310,000	6.50	8/15/2037	366,935	350,619

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 22-1692661 Plan Number: 502

December 31, 2024

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Identity of Issuer, Borrower, Lessor, or Similar Party		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
WARNERMEDIA HLDGS INC SR NT 5.391% 03-15-2062		500,000	5.39	3/15/2062	\$ 389,897	\$ 369,180
WASTE MANAGEMENT INC 2.95% DUE 06-01-2041		365,000	2.95	6/1/2041	272,246	265,206
WASTE MANAGEMENT INC 4.1% DUE 03-01-2045REG		425,000	4.10	3/1/2045	362,950	350,362
WASTE MANAGEMENT INC 5.35% 10- 15-2054		475,000	5.35	10/15/2054	470,302	457,006
WASTE MGMT INC DEL 2.5% DUE 11- 15-2050/11-17-2020 REG		440,000	2.50	11/15/2050	296,441	256,164
WASTE MGMT INC DEL 4.875% 02- 15-2034		6,000	4.88	2/15/2034	5,983	5,885
WASTE MGMT INC DEL FIXED 4.15% 07-15-2049		450,000	4.15	7/15/2049	406,981	365,574
WELLS FARGO & CO 3.068% 04-30- 2041		1,110,000	3.07	4/30/2041	844,135	808,689
WELLS FARGO & CO 4.611% 04-25- 2053		2,203,000	4.61	4/25/2053	2,136,822	1,844,813
WELLS FARGO & CO 5.375% DUE 11- 02-2043		2,396,000	5.38	11/2/2043	2,464,006	2,238,152
WELLS FARGO & CO MEDIUM TERM 5.013% 04-04-2051		1,156,000	5.01	4/4/2051	1,131,384	1,027,593
WELLTOWER INC 4.95% DUE 09-01- 2048		20,000	4.95	9/1/2048	18,634	17,988
WESTLAKE CHEM CORP 3.125% 08- 15-2051		495,000	3.13	8/15/2051	323,784	307,541
WESTLAKE CHEM CORP SR NT 3.375% 08-15-2061		513,000	3.38	8/15/2061	325,168	308,680
WESTN GAS PARTNERS 5.45% DUE 04-01-2044		20,000	5.45	4/1/2044	18,372	17,805
WHIRLPOOL CORP FIXED 4.6% DUE 05-15-2050		20,000	4.60	5/15/2050	16,501	15,089
WILLIAMS COMPANIES INC 3.5% 10- 15-2051		1,294,000	3.50	10/15/2051	993,552	883,376
WILLIAMS PARTNERS 5.1% DUE 09- 15-2045		11,000	5.10	9/15/2045	10,549	9,879
WILLIAMS PARTNERS 6.3% DUE 04- 15-2040		460,000	6.30	4/15/2040	480,065	479,423
WILLIS-KNIGHTON 4.813% DUE 09- 01-2048		418,000	4.81	9/1/2048	519,551	357,571
ZIMMER HLDGS INC 4.45% DUE 08- 15-2045		20,000	4.45	8/15/2045	17,322	16,703
ZOETIS INC FIXED 4.45% DUE 08-20- 2048		53,000	4.45	8/20/2048	45,784	43,704
Total Corporate Bonds					451,318,550	412,478,473
Total					\$698,898,211	\$723,536,669

* A party-in-interest, as defined by ERISA.