

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: LAW COMPANIES GROUP, INC. PENSION PLAN
1b Three-digit plan number (PN): 006
1c Effective date of plan: 01/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): WSP USA ENVIRONMENT & INFRASTRUCTURE INC.
2b Employer Identification Number (EIN): 91-1641772
2c Plan Sponsor's telephone number: 212-465-5000
2d Business code (see instructions): 541330

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 984 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 97  |
|   | <b>6a(2)</b>                               | 0   |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 0   |
|   | <b>6d</b>                                  | 0   |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 0   |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input 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**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>LAW COMPANIES GROUP, INC. PENSION PLAN</b></p>  | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>006</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>WSP USA ENVIRONMENT &amp; INFRASTRUCTURE INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>91-1641772</b></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  
**PRINCIPAL 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     |
| 42-0127290 | 61271         | GA 2-22040                            | 763   | 09/04/2024              | 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 |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |          |
|----------------------------|--|----------|
|                            | 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.   |          |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 0        |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 0        |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |          |
| <b>a</b>                   | State the basis of premium rates ▶   |          |
| <b>b</b>                   | Premiums paid to carrier .....   | 48200583 |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   |          |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶                              |          |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input checked="" type="checkbox"/> other (specify) ▶ <b>TERMINAL FUNDING GROUP ANNUITY PURCHASE</b> |          |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input checked="" type="checkbox"/>   |          |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |          |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶    |          |
| <b>b</b>                   | Balance at the end of the previous year .....  | 7b       |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | 7c(1)    |
|                            | (2) Dividends and credits.....   | 7c(2)    |
|                            | (3) Interest credited during the year.....   | 7c(3)    |
|                            | (4) Transferred from separate account .....  | 7c(4)    |
|                            | (5) Other (specify below).....<br>▶  | 7c(5)    |
|                            | (6) Total additions .....  | 7c(6)    |
| <b>d</b>                   | Total of balance and additions (add lines 7b and 7c(6)) .....  | 7d       |
| <b>e</b>                   | Deductions:  |          |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | 7e(1)    |
|                            | (2) Administration charge made by carrier.....   | 7e(2)    |
|                            | (3) Transferred to separate account .....  | 7e(3)    |
|                            | (4) Other (specify below).....<br>▶  | 7e(4)    |
| (5) Total deductions ..... | 7e(5)  |          |
| <b>f</b>                   | Balance at the end of the current year (subtract line 7e(5) from line 7d).....   | 7f       |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>LAW COMPANIES GROUP, INC. PENSION PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>006</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WSP USA ENVIRONMENT &amp; INFRASTRUCTURE INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>91-1641772</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 14 16               | NONE  | 805930   | 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)

MERCER INVESTMENTS LLC

30-0282430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51 52                  | FIDUCIARY   | 119117   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

HOLLAND & KNIGHT LLP

59-0663819

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 24249  | 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)

PRINCIPAL

51-0099493

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 25                     | NONE  | 12408  | 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)

WARREN AVERETT, LLC

45-4084437

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 10000  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>LAW COMPANIES GROUP, INC. PENSION PLAN</u>   | <b>B</b> Three-digit plan number (PN)                              | <u>006</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>WSP USA ENVIRONMENT &amp; INFRASTRUCTURE INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>91-1641772</u> |            |

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

|   |   |   |          |
|---|---|---|----------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>MERCER ACTIVE INTERMEDIATE CRDT FI</u> |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>MERCER TRUST COMPANY LLC</u>           |   |          |
| <b>c</b> EIN-PN <u>85-2621954-048</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>MERCER ACTIVE LONG CORPORATE FI</u>    |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>MERCER TRUST COMPANY LLC</u>           |   |          |
| <b>c</b> EIN-PN <u>45-6178743-004</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>MERCER ERISA HEDGE FUND INITIAL CT</u> |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>MERCER TRUST COMPANY LLC</u>           |   |          |
| <b>c</b> EIN-PN <u>47-2199849-021</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>MERCER PASSIVE LONG GOVERNMENT FI</u>  |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>MERCER TRUST COMPANY LLC</u>           |   |          |
| <b>c</b> EIN-PN <u>51-0560117-010</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>MERCER ULTRA LONG DURATION</u>         |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>MERCER TRUST COMPANY LLC</u>           |   |          |
| <b>c</b> EIN-PN <u>83-2461327-047</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>SSGA INTERM US GOV INDEX</u>           |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>STATE STREET GLOBAL ADVISORS</u>       |   |          |
| <b>c</b> EIN-PN <u>90-0337987-209</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |   |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): |   |   |          |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                      | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |          |





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

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>              |  |
| <b>A</b> Name of plan<br><b>LAW COMPANIES GROUP, INC. PENSION PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>006</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WSP USA ENVIRONMENT &amp; INFRASTRUCTURE INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>91-1641772</b> |

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

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

| Assets   | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>          | 8500000         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>          | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>          | 3885656         |
| <b>c</b> General investments:  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          | 10073184        |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>          | 2593445         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>          | 36344326        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>         | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>         | 0               |

|                    |   | (a) Beginning of Year | (b) End of Year  |
|--------------------|---|-----------------------|------------------|
| <b>1d</b>          | Employer-related investments:                                   |                       |                  |
| (1)                | Employer securities.....  | 1d(1)                 |                  |
| (2)                | Employer real property.....                                     | 1d(2)                 |                  |
| <b>e</b>           | Buildings and other property used in plan operation.....        | 1e                    |                  |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e).....      | 1f                    | 58803166 2593445 |
| <b>Liabilities</b> |   |                       |                  |
| <b>g</b>           | Benefit claims payable.....                                     | 1g                    |                  |
| <b>h</b>           | Operating payables.....   | 1h                    | 201917 245727    |
| <b>i</b>           | Acquisition indebtedness.....                                   | 1i                    |                  |
| <b>j</b>           | Other liabilities.....  | 1j                    |                  |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j)..... | 1k                    | 201917 245727    |
| <b>Net Assets</b>  |   |                       |                  |
| <b>l</b>           | Net assets (subtract line 1k from line 1f).....                 | 1l                    | 58601249 2347718 |

**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.

|               |  | (a) Amount | (b) Total           |
|---------------|--|------------|---------------------|
| <b>Income</b> |  |            |                     |
| <b>a</b>      | <b>Contributions:</b>  |            |                     |
| (1)           | Received or receivable in cash from: (A) Employers.....                                      | 2a(1)(A)   |                     |
|               | (B) Participants.....  | 2a(1)(B)   |                     |
|               | (C) Others (including rollovers).....  | 2a(1)(C)   |                     |
| (2)           | Noncash contributions.....   | 2a(2)      |                     |
| (3)           | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                       | 2a(3)      | 0                   |
| <b>b</b>      | <b>Earnings on investments:</b>  |            |                     |
| (1)           | Interest:  |            |                     |
|               | (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A)   | 346560              |
|               | (B) U.S. Government securities.....  | 2b(1)(B)   |                     |
|               | (C) Corporate debt instruments.....  | 2b(1)(C)   |                     |
|               | (D) Loans (other than to participants).....  | 2b(1)(D)   |                     |
|               | (E) Participant loans.....   | 2b(1)(E)   |                     |
|               | (F) Other.....   | 2b(1)(F)   |                     |
|               | (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)   | 346560              |
| (2)           | Dividends: (A) Preferred stock.....  | 2b(2)(A)   |                     |
|               | (B) Common stock.....  | 2b(2)(B)   |                     |
|               | (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C)   |                     |
|               | (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D)   | 0                   |
| (3)           | Rents.....   | 2b(3)      |                     |
| (4)           | Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                               | 2b(4)(A)   | 173832606 171408462 |
|               | (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B)   |                     |
|               | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C)   | 2424144             |
| (5)           | Unrealized appreciation (depreciation) of assets: (A) Real estate.....                       | 2b(5)(A)   |                     |
|               | (B) Other.....   | 2b(5)(B)   |                     |
|               | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C)   |                     |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | -953867   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 1816837   |

**Expenses**

|   |               |          |          |
|---|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 8798697  |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 48200583 |          |
| (3) Other .....   | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 56999280 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:   |               |          |          |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 10000    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 119117   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 12408    |          |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 805930   |          |
| (8) Legal fees .....  | <b>2i(8)</b>  | 24249    |          |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....   | <b>2i(11)</b> | 99384    |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 1071088  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 58070368 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -56253531 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan .....  | <b>2l(1)</b> |  |           |
| (2) From this plan .....  | <b>2l(2)</b> |  |           |

**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: **WARREN AVERETT, LLC**

(2) EIN: **45-4084437**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553381.

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>LAW COMPANIES GROUP, INC. PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN)                              | <u>006</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>WSP USA ENVIRONMENT &amp; INFRASTRUCTURE INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>91-1641772</u> |            |

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

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

|  |   |     |
|--|---|-----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | 1 | 0   |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____ |   |     |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |   |     |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | 3 | 154 |

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

|   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |   |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |   |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a                           |                             |   |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b                           |                             |   |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....   | 6c                           |                             |   |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |   |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

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

|  |                                   |                                   |                               |  |
|--|-----------------------------------|-----------------------------------|-------------------------------|--|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|--|

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

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**LAW COMPANIES GROUP, INC.  
PENSION PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2024 AND 2023**

**LAW COMPANIES GROUP, INC.  
PENSION PLAN  
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DECEMBER 31, 2024 AND 2023**

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## INDEPENDENT AUDITORS' REPORT

The Plan Administrator  
Law Companies Group, Inc. Pension Plan

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

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

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

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

### Opinion

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

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

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. 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.

### **Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting**

As further discussed in Note 1 to the financial statements, the company approved a plan of liquidation on December 31, 2023, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting to the liquidation basis in 2023. Our opinion is not modified with respect to this matter.

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

Management is responsible for the preparation and fair presentation of these 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.

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

### **Auditors' 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 auditors' 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.

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

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

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

**Other Matters**

*Supplemental Schedules Required by ERISA*

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

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

In our opinion—

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

*Warren Averett, LLC*

Atlanta, Georgia  
October 15, 2025

**LAW COMPANIES GROUP, INC.**  
**PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

|  | <b>2024</b>         | <b>2023</b>          |
|--|---------------------|----------------------|
| <b>ASSETS</b>                            |                     |                      |
| Investments, at fair value               |                     |                      |
| Interest-bearing cash                    | \$ 2,593,445        | \$ 10,073,184        |
| Common collective trust funds            | -                   | 36,344,326           |
| Total investments, at fair value         | 2,593,445           | 46,417,510           |
| Receivables                              |                     |                      |
| Due from broker                          | -                   | 3,885,656            |
| Employer contribution                    | -                   | 8,500,000            |
| Total receivables                        | -                   | 12,385,656           |
| <b>TOTAL ASSETS</b>                      | <b>2,593,445</b>    | <b>58,803,166</b>    |
| <b>LIABILITIES</b>                       |                     |                      |
| Accrued administrative expenses          | 245,727             | 201,917              |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 2,347,718</b> | <b>\$ 58,601,249</b> |

See notes to the financial statements.

**LAW COMPANIES GROUP, INC.  
PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

|   | <u>2024</u>         | <u>2023</u>          |
|---|---------------------|----------------------|
| <b>ADDITIONS/DEDUCTIONS</b>   |                     |                      |
| Employer contributions  | \$ -                | \$ 8,500,000         |
| Investment income:  |                     |                      |
| Net appreciation in fair value of investments                           | 1,485,575           | 5,297,054            |
| Interest income   | 331,262             | 37,567               |
| Total investment income   | <u>1,816,837</u>    | <u>5,334,621</u>     |
| <b>TOTAL ADDITIONS TO NET ASSETS</b>                                    | <u>1,816,837</u>    | <u>13,834,621</u>    |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>                         |                     |                      |
| Benefit payments  | (8,798,697)         | (4,813,259)          |
| Annuities purchased   | (48,200,583)        | -                    |
| Administrative expenses   | <u>(1,071,088)</u>  | <u>(1,233,991)</u>   |
| <b>TOTAL DEDUCTIONS FROM NET ASSETS</b>                                 | <u>(58,070,368)</u> | <u>(6,047,250)</u>   |
| <b>NET (DECREASE) INCREASE IN NET ASSETS<br/>AVAILABLE FOR BENEFITS</b> | (56,253,531)        | 7,787,371            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS AT:</b>                            |                     |                      |
| <b>BEGINNING OF YEAR</b>  | <u>58,601,249</u>   | <u>50,813,878</u>    |
| <b>END OF YEAR</b>  | <u>\$ 2,347,718</u> | <u>\$ 58,601,249</u> |

See notes to the financial statements.

**LAW COMPANIES GROUP, INC.  
PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

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**1. DESCRIPTION OF THE PLAN**

The following is a general description of the Law Companies Group, Inc. Pension Plan (the Plan). Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

**General**

The Plan is a defined benefit plan that covered substantially all employees of Law Companies Group, Inc. (Law Companies), prior to March 28, 1997, who completed one year of service and who reached the age of 21. The Plan provides retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On February 14, 1997, the Board of Directors of Law Companies elected to end benefit accruals to the Plan for all participants and to disallow additional employees from becoming participants of the Plan as of March 28, 1997 (the freeze date).

Effective October 1, 2004, Law Companies merged with and into MACTEC, Inc., and the Plan sponsorship changed to MACTEC, Inc. in 2005. On June 3, 2011, AMEC PLC acquired MACTEC, Inc., and effective January 1, 2012, MACTEC, Inc. was merged with and into AMEC Environment & Infrastructure Holdings, Inc.

In November 2014, AMEC PLC acquired Foster Wheeler to become Amec Foster Wheeler, and the Plan sponsor name changed to Amec Foster Wheeler Environment & Infrastructure, Inc. in 2015. Effective October 9, 2017, AMEC Foster Wheeler was acquired by The John Wood Group PLC, and the Plan sponsor name changed to Wood Environment & Infrastructure Solutions, Inc. in 2018.

Effective September 21, 2023, the Plan sponsor entity was sold by its parent company, John Wood Group PLC, to WSP Global Inc., and the Plan sponsor name was changed to WSP USA Environment & Infrastructure Solutions, Inc. (the Company).

Effective with the close of business on December 31, 2023, the Company terminated the Plan, under the standard termination process. In early 2024, the Company notified the Pension Benefit Guaranty Corporation (PBGC) and participants of the Plan termination. In conjunction with the termination, the Plan was amended to offer a lump-sum window for various participants in 2024. These payments totaling \$4.7 million were paid and included in the statement of changes in net assets available for benefits as of December 31, 2024. In addition, in September 2024, the Company entered into a nonparticipating single premium group annuity contract with Principal Life Insurance Company. The annuity premium was paid in September 2024 totaling approximately \$48 million. The remaining benefits were transferred to the PBGC for missing participants of approximately \$2.4 million in early 2025.

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The following provisions are applicable prior to the Plan termination.

**Contributions and Funding Policy**

The Company's funding policy is to make annual contributions to the Plan in amounts sufficient to meet the funding requirements of ERISA in order to provide assets sufficient to meet future benefits of participants. The Plan has met the minimum funding requirement for the year ended December 31, 2023. As a result of the Plan termination, the Plan was no longer subject to the minimum funding requirements.

**Pension Benefits**

A participant who separates from service at normal retirement age for any reason other than death, or who is still employed at normal retirement age and has not yet begun to receive benefits under the Plan, will be entitled to receive a normal retirement benefit. The monthly amount of normal retirement benefit payable to a participant (other than a capped participant) commencing on his/her normal retirement date if his/her service has continued to within one month of that date, will be based on a percentage of total average monthly pay before the freeze date; a percentage of the average monthly pay above a specified level based on the Social Security wage base, determined as of the freeze date; and the years of benefit service earned through the freeze date.

**Vesting and Pension Benefits**

To receive a year of credited benefit service, a participant had to complete 1,000 hours of service. Pension benefits are calculated based on the participant's average monthly earnings and years of benefit service prior to the freeze date or the employee's retirement, death, disability or termination date, whichever is earlier.

**Preretirement Surviving Spouse Protection**

The Plan not only provides a monthly lifetime benefit for participants at retirement but can also provide a monthly lifetime benefit for an eligible spouse if the participant dies after becoming entitled to a Plan benefit and before their benefit payment begins. An eligible spouse is the person to whom a participant has been legally married for at least one year before the participant's death. If the participant dies after payments begin, a beneficiary may or may not receive a death benefit, depending on the form of payment selected and the time of death.

**Plan Termination**

The Plan was terminated effective December 31, 2023. In accordance with the termination, the Company will fund any remaining unfunded termination liabilities. To the extent that the Company is unable to fund all remaining liabilities, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Subject to the requirements of the PBGC, in the event of Plan termination, benefits will be provided in the following order: first – participants, spouses, beneficiaries, and contingent annuitants who were receiving benefits or who are eligible to receive benefits at least three years prior to termination of the Plan; second – all benefits guaranteed by the PBGC; third – all vested benefits; and fourth – all other benefits.

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## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

In accordance with accounting principles generally accepted in the United States of America (GAAP), the Plan's basis of accounting is the liquidation basis used in presenting the financial statements.

### **Use of Estimates**

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

### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefit Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussions of fair value measurements.

Purchases and sales of investments are recorded on the trade dates. Interest and dividend income are recorded as earned. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **Risks and Uncertainties**

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

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

### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries; and (2) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation and their years of credited service. The accumulated plan benefits for active employees are based on their compensation during their years of credited service preceding the

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

**Administrative Expenses**

Substantially all administrative expenses of the Plan are paid by the Plan, as provided in the Plan document. Certain investment management expenses are included in administrative expenses. All other investment related expenses are included in the net appreciation in fair value of investments. The Plan also paid fees for actuarial, trustee, legal, audit and recordkeeping services, as well as PBGC premiums.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**3. FAIR VALUE MEASUREMENTS**

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 Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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; and inputs that are derived principally from, or corroborated by, observable market data, by correlation, or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

*Interest-bearing cash:* Valued at cost plus accrued interest, which approximates fair value.

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*Common collective trust (CCT) funds (held in 2023):* Valued at the net asset value (NAV) of the units held by the Plan at year end, which is provided by the trustee and is determined based on the fair value of the underlying investments, less liabilities. Requests for redemption resulting from ordinary investment activity, subject to certain thresholds, may be made weekly with five days' notice based upon the NAV per unit and the closing market value on the valuation date of the investments bought or sold. As of December 31, 2023, the CCT funds had no unfunded commitments.

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

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

|   | <b>December 31, 2024</b> |              |
|---|--------------------------|--------------|
|   | <b>Level 1</b>           | <b>Total</b> |
| Interest-bearing cash                     | \$ 2,593,445             | \$ 2,593,445 |
| Total investments in fair value hierarchy | \$ 2,593,445             |              |

|   | <b>December 31, 2023</b> |               |
|---|--------------------------|---------------|
|   | <b>Level 1</b>           | <b>Total</b>  |
| Interest-bearing cash                     | \$ 10,073,184            | \$ 10,073,184 |
| Total investments in fair value hierarchy | \$ 10,073,184            |               |
| Investments measured at NAV               |                          |               |
| CCT funds                                 |                          | 36,344,326    |
| Total investments, at fair value          |                          | \$ 46,417,510 |

There were no Level 2 or Level 3 investments in 2024 or 2023.

**Changes in Fair Value of Levels**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based 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.



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The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

The significant assumptions utilized in the valuation as of December 31, 2023, were as follows:

Interest rate: 4.91%

Mortality: Pri-2012 sex distinct, separate employee and retiree tables with contingent survivor adjustments for participants and beneficiaries and no collar adjustments using MMP-2021 mortality projection scale

Retirement age: Age 55 to 70 plus, with rates varying between 1% to 100%

The foregoing actuarial assumptions are based upon the presumption the Plan will continue.

In conjunction with the Plan termination, the actuarial present value of accumulated plan benefits as of December 31, 2024, on the liquidation basis of accounting totaled \$0. The significant assumptions utilized in the valuation as of December 31, 2024, were as follows:

**Active and terminated vested participants**

**Assumptions and Methods**

*Lump sum election rates*

*Termination liability* was estimated as a weighting of the following two liability measures:

- 75% of active participants and 65% of terminated vested participants are assumed to elect to receive a lump sum payment
- The remainder are assumed to elect to receive an annuity purchased on their behalf from an insurance company

*Lump sum liability*

*Lump sum estimates based upon anticipated payments to be made in August 2024, based on August 2024 417(e) segment rates (5.45% for the first 5 years, 5.52% for the next 15 years and, 5.43% thereafter)*

*Annuity purchase estimates:* Based on 4/30/2024 Mercer Yield Curve (5.67% effective interest rate)

*Mortality*

*Lump sum estimates:* 2024 417(e) applicable mortality

*Annuity purchase estimates:* Pri-2012 mortality tables with no collar adjustments and MP-2021 projection scale

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*Benefits Valued*

*Lump sum estimates: For participants who are age 65 or younger as of the distribution date: Deferred lump sum of normal retirement benefit. For participants who are over age 65 as of the distribution date: Adjusted normal retirement benefit reflecting late retirement increases as of the distribution date and an immediate lump sum factor*

*Annuity purchase estimates: Accrued benefit payable as a single life annuity. Such benefit converted to a present value at the distribution date according to the assumptions outlined above. In addition, it was assumed that annuity providers would charge a 12% premium on active and deferred participants.*

**Retirees**

**Assumptions and Methods**

*Interest Rate*

4.91%

*Mortality*

*Pri-2012 mortality tables with no collar adjustment and MP-2021 projection scale*

*Benefits Valued*

*Estimated annuity purchase cost for benefits receiving, with 2% estimated insurer load*

**6. INCOME TAX STATUS**

The Plan received a favorable letter of determination from the Internal Revenue Service (IRS) related to the Plan termination dated June 10, 2025. Prior to the application for determination with the IRS, the Company received a determination letter from the IRS dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan had been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

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**7. TRANSACTIONS WITH PARTIES-IN-INTEREST**

The Plan held interest-bearing cash managed by Principal Bank, the trustee. For the years ended December 31, 2024 and 2023, the Plan paid fees to parties-in-interest for trustee, advisory, investment management, actuarial, recordkeeping and audit services. These transactions are considered party-in-interest transactions under ERISA.

**8. SUBSEQUENT EVENTS**

Management has evaluated events through October 15, 2025, which is the date that the financial statements were available to be issued and has determined that there were no events which require disclosure under FASB ASC 855, *Subsequent Events*.

**SUPPLEMENTARY INFORMATION**

**LAW COMPANIES GROUP, INC.**  
**PENSION PLAN**  
**EMPLOYER EIN# 91-1641772 / PLAN NUMBER: 006**  
**SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

| (a)<br>Identity of Issuer                  | (b)<br>Description                             | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset | (h)<br>Current Value<br>of Asset<br>at Date of<br>Transaction | (i)<br>Net<br>Gain<br>(Loss) |
|--|--|--------------------------|-------------------------|-------------------------|---|------------------------------|
| <u>Single transaction in excess of 5%:</u> |  |                          |                         |                         |   |                              |
| Mercer                                     | Passive Long Government Fixed Income Portfolio | \$ -                     | \$ 3,402,468            | \$ 3,518,219            | \$ 3,402,468  | \$ (115,751)                 |
| Mercer                                     | Passive Long Government Fixed Income Portfolio | -                        | 2,901,802               | 3,231,220               | 2,901,802   | (329,418)                    |
| Principal                                  | Interest-Bearing Cash                          | 4,500,000                | -                       | 4,500,000               | 4,500,000   | -                            |
| Principal                                  | Interest-Bearing Cash                          | 5,211,890                | -                       | 5,211,890               | 5,211,890   | -                            |
| Principal                                  | Interest-Bearing Cash                          | 38,243,362               | -                       | 38,243,362              | 38,243,362  | -                            |
| Principal                                  | Interest-Bearing Cash                          | -                        | 9,517,657               | 9,517,657               | 9,517,657   | -                            |
| Principal                                  | Interest-Bearing Cash                          | -                        | 4,500,000               | 4,500,000               | 4,500,000   | -                            |
| Principal                                  | Interest-Bearing Cash                          | -                        | 42,705,463              | 42,705,463              | 42,705,463  | -                            |
| SSGA                                       | Intermediate US Govt Bond Index                | -                        | 4,231,720               | 4,039,561               | 4,231,720   | 192,159                      |
| State Street                               | Institutional Treasury Plus Money Market       | 9,543,575                | -                       | 9,543,575               | 9,543,575   | -                            |
| State Street                               | Institutional Treasury Plus Money Market       | -                        | 4,500,000               | 4,500,000               | 4,500,000   | -                            |
| State Street                               | Institutional Treasury Plus Money Market       | -                        | 5,211,890               | 5,211,890               | 5,211,890   | -                            |
| Mercer                                     | Active Long Corporate Fixed Income Portfolio   | -                        | 10,136,973              | 9,457,069               | 10,136,973  | 679,904                      |
| Mercer                                     | Active Inter Cr Fixed Income Portfolio         | -                        | 18,848,398              | 17,266,954              | 18,848,398  | 1,581,444                    |

This schedule is presented in compliance with DOL filing requirements.

**LAW COMPANIES GROUP, INC.**  
**PENSION PLAN**  
**EMPLOYER EIN# 91-1641772 / PLAN NUMBER: 006**  
**SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

| (a)<br>Identity of Issuer                      | (b)<br>Description                             | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset | (h)<br>Current Value<br>of Asset<br>at Date of<br>Transaction | (i)<br>Net<br>Gain<br>(Loss) |
|--|--|--------------------------|-------------------------|-------------------------|---|------------------------------|
| <i>Series of transactions in excess of 5%:</i> |  |                          |                         |                         |   |                              |
| Principal                                      | Interest-Bearing Cash                          | \$ 110,452,530           | \$ -                    | \$ 110,452,530          | \$ 110,452,530  | \$ -                         |
| Principal                                      | Interest-Bearing Cash                          |                          | 117,937,972             | 117,937,972             | 117,937,972   | -                            |
| Mercer   | Active Long Corporate Fixed Income Portfolio   | 1,967,515                | -                       | 1,967,515               | 1,967,515   | -                            |
| Mercer   | Active Long Corporate Fixed Income Portfolio   | -                        | 10,848,302              | 10,161,967              | 10,848,302  | 686,335                      |
| Mercer   | Passive Long Government Fixed Income Portfolio | 1,555,768                | -                       | 1,555,768               | 1,555,768   | -                            |
| Mercer   | Passive Long Government Fixed Income Portfolio | -                        | 6,782,564               | 7,281,296               | 6,782,564   | (498,732)                    |
| SSGA   | Intermediate US Govt Bond Index                | 2,852,109                | -                       | 2,852,109               | 2,852,109   | -                            |
| SSGA   | Intermediate US Govt Bond Index                | -                        | 5,945,573               | 5,717,678               | 5,945,573   | 227,895                      |
| State Street                                   | Institutional Treasury Plus Money Market       | 9,711,890                | -                       | 9,711,890               | 9,711,890   | -                            |
| State Street                                   | Institutional Treasury Plus Money Market       | -                        | 9,711,890               | 9,711,890               | 9,711,890   | -                            |
| Mercer   | Active Inter Cr Fixed Income Portfolio         | 1,956,767                | -                       | 1,956,767               | 1,956,767   | -                            |
| Mercer   | Active Inter Cr Fixed Income Portfolio         | -                        | 20,671,416              | 19,012,661              | 20,671,416  | 1,658,755                    |

*Columns (e) and (f) have not been presented as this information is not applicable.*

This schedule is presented in compliance with DOL filing requirements.

**LAW COMPANIES GROUP, INC.  
PENSION PLAN  
EMPLOYER EIN #91-1641772 / PLAN NUMBER: 006  
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Parties | (c)<br>Description of<br>Investment, Including<br>Maturity Date, Rate of<br>Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost         | (e)<br>Current<br>Value |
|-----|---|--|---------------------|-------------------------|
|     | <b>Interest-Bearing Cash</b>                                      |  |                     |                         |
| *   | Principal deposit   | Interest-bearing cash  | \$ 2,587,741        | \$ 2,587,741            |
|     | <b>Total Assets (Held at End of Year)</b>                         |  | <b>\$ 2,587,741</b> | <b>\$ 2,587,741</b>     |
| *   | <i>Represents a party-in-interest to the Plan.</i>                |  |                     |                         |

This schedule is presented in compliance with DOL filing requirements.