

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/01/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LSI CORPORATION RETIREE GROUP LIFE INSURANCE PLAN
1b	Three-digit plan number (PN) ▶ 507
1c	Effective date of plan 01/01/2002
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LSI CORPORATION 9999 HAMILTON BOULEVARD BREINIGSVILLE, PA 18031
2b	Employer Identification Number (EIN) 94-2712976
2c	Plan Sponsor's telephone number 408-433-8000
2d	Business code (see instructions) 334410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/15/2026	STEVEN BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3643
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 50 6a(2) 0 6b 0 6c 0 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4B

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/01/2025		
A Name of plan LSI CORPORATION RETIREE GROUP LIFE INSURANCE PLAN	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 LSI CORPORATION	D Employer Identification Number (EIN) 94-2712976	

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0105655	0	01/01/2025	07/01/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	738384	
(2) Increase (decrease) in amount due but unpaid	9a(2)	0	
(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
(4) Earned ((1) + (2) - (3))	9a(4)	738384	
b Benefit charges (1) Claims paid	9b(1)	668840	
(2) Increase (decrease) in claim reserves	9b(2)	111294	
(3) Incurred claims (add (1) and (2))	9b(3)	780134	
(4) Claims charged	9b(4)	780134	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	0	
(B) Administrative service or other fees	9c(1)(B)	0	
(C) Other specific acquisition costs	9c(1)(C)	0	
(D) Other expenses	9c(1)(D)	69010	
(E) Taxes	9c(1)(E)	6292	
(F) Charges for risks or other contingencies	9c(1)(F)	23371	
(G) Other retention charges	9c(1)(G)	-545754	
(H) Total retention	9c(1)(H)	-447081	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☒ credited.)	9c(2)	211291	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	722615	
(2) Claim reserves	9d(2)	891629	
(3) Other reserves	9d(3)	0	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	0	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/01/2025

A Name of plan LSI CORPORATION RETIREE GROUP LIFE INSURANCE PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 LSI CORPORATION	D Employer Identification Number (EIN) 94-2712976

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
	JPMORGAN CHASE BANK, N.A.
	13-4994650
(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

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)

FISHER PHILLIPS

58-0619559

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	152352	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 72	NONE	60926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	TORRILLO & ASSOCIATES, LLC	b EIN:	83-0414789
c Position:	ACCOUNTANT		
d Address:	36 REGENCY PLAZA GLEN MILLS, PA 19342	e Telephone:	484-574-8782

Explanation: TORRILLO & ASSOCIATES WAS ACQUIRED BY/PURCHASED BY LBMC, PC

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/01/2025		
A Name of plan LSI CORPORATION RETIREE GROUP LIFE INSURANCE PLAN	B Three-digit plan number (PN) ▶	507
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LSI CORPORATION	D Employer Identification Number (EIN) 94-2712976	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE FIXED INCOME INDEX FUND		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
---	--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
---	--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
---	--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
---	--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
---	--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
---	--	--

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/01/2025		
A Name of plan LSI CORPORATION RETIREE GROUP LIFE INSURANCE PLAN		B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 LSI CORPORATION		D Employer Identification Number (EIN) 94-2712976

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	738384	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	291834	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	71042648	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	72072866	0

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2388450	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	2388450	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	69684416	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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 Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(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)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		80871
c Other income	2c		2626973
d Total income. Add all income amounts in column (b) and enter total	2d		2707844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	44926364	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		44926364
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	60926	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	152352	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	493664	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		706942
j Total expenses. Add all expense amounts in column (b) and enter total	2j		45633306

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-42925462
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		26758954

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: **LPMC, PC**

(2) EIN: **62-1199757**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BROADCOM EMPLOYEE BENEFITS PLAN	20-3387670	501

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

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

Report of Independent Auditors
and Financial Statements
with Supplemental Schedule

LSI Corporation Retiree Group Life Insurance Plan

July 1, 2025 and December 31,
2024

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the LSI Corporation Retiree Group Life Insurance Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of the LSI Corporation Retiree Group Life Insurance 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 statement of net assets available for benefits and statement of benefit obligations as of July 1, 2025, and the related statement of changes in net assets available for benefits and the statement of changes in benefit obligations for the period from January 1, 2025 to July 1, 2025, and the related notes to the financial statements ("2025 Financial Statements").

Plan management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 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").

Plan management has obtained certifications from a qualified institution as of July 1, 2025 and for the period from January 1, 2025 to July 1, 2025, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section:

- the amounts and disclosures in the 2025 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.
- the information in the 2025 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 Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section of our report. We are required to be independent of the LSI Corporation Retiree Group Life Insurance 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.

Responsibilities of Plan Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the LSI Corporation Retiree Group Life Insurance 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 Plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the LSI Corporation Retiree Group Life Insurance Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2025 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – 2025 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the period from January 1, 2025 to July 1, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan 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 schedule, other than that agreed to or derived

from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter—Auditor's Report on the 2024 Financial Statements

The financial statements of the LSI Corporation Retiree Group Life Insurance Plan as of December 31, 2024, were audited by predecessor auditors, Torrillo & Associates, LLC which was acquired by LBMC, PC. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 9, 2025, indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with GAAP, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agrees to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

LBMC, PC

Glen Mills, Pennsylvania
May 12, 2026

Financial Statements

LSI Corporation Retiree Group Life Insurance Plan
Statements of Net Assets Available for Benefits
July 1, 2025 and December 31, 2024 (in thousands)

	July 1, 2025	December 31, 2024
ASSETS		
Investments, at fair value	\$ 29,192	\$ 71,334
Receivable for premiums refunded	728	738
Prepaid and refundable taxes	<u>271</u>	<u>563</u>
Total assets	<u>30,191</u>	<u>72,635</u>
LIABILITIES		
Accrued expenses	119	-
Payable to insurance carrier	418	-
Taxes payable	1,519	-
Deferred tax liability	1,376	2,951
Due to affiliated plan	<u>26,759</u>	<u>-</u>
Total liabilities	<u>30,191</u>	<u>2,951</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 69,684</u>

See accompanying notes.

LSI Corporation Retiree Group Life Insurance Plan
Statement of Changes in Net Assets Available for Benefits
For the Period from January 1, 2025 to July 1, 2025
(in thousands)

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Net appreciation in fair value of investments	\$ 2,627
Interest income	<u>81</u>
Total additions	2,708

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Payments to insurance carrier	43,581
Payments for life insurance premiums, net of refunds	1,346
Administrative expenses	216
Tax expense	<u>490</u>
Total deductions	<u>45,633</u>

CHANGE IN NET ASSETS (42,925)

TRANSFER TO AFFILIATED PLAN (26,759)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of period	<u>69,684</u>
End of period	<u>\$ -</u>

See accompanying notes.

LSI Corporation Retiree Group Life Insurance Plan
Statements of Benefit Obligations
July 1, 2025 and December 31, 2024
(in thousands)

	July 1, 2025	December 31, 2024
Actuarial present value of accumulated postretirement benefit obligations		
Retired participants	\$ -	\$ 44,974
Other participants fully eligible for benefits	-	331
Participants not yet fully eligible for benefits	<u>-</u>	<u>10</u>
Total benefit obligations	<u><u>\$ -</u></u>	<u><u>\$ 45,315</u></u>

See accompanying notes.

LSI Corporation Retiree Group Life Insurance Plan
Statement of Changes in Benefit Obligations
For the Period from January 1, 2025 to July 1, 2025
(in thousands)

Actuarial present value of accumulated postretirement benefit obligations at beginning of period	<u>\$ 45,315</u>
Increase (decrease) during the period attributable to	
Actuarial gains and losses	(2,324)
Interest	1,259
Benefits paid	(669)
Settlement	<u>(43,581)</u>
Net decrease	<u>(45,315)</u>
Actuarial present value of accumulated postretirement benefit obligations at end of period	<u><u>\$ -</u></u>

See accompanying notes.

LSI Corporation Retiree Group Life Insurance Plan
Notes to Financial Statements
July 1, 2025 and December 31, 2024 (in thousands)

Note 1 – Description of Plan

The following brief description of the LSI Corporation Retiree Group Life Insurance Plan (the Plan), formerly the Agere Systems Inc. Group Life Insurance Plan, provides only general information. Participants should refer to the Plan document including the summary plan description for a complete description of the Plan's provisions.

General – The Plan is a noncontributory welfare benefit plan that provides life insurance benefits to retirees of Agere Systems LLC (Agere), as defined in the Plan document.

On April 2, 2007, LSI Corporation (LSI or the Company) completed its merger with Agere and Agere became a wholly owned subsidiary of LSI. Effective January 1, 2009, the Plan was assumed by LSI, a member of the controlled group, which includes Agere, and the Plan was restated in its entirety to provide life insurance benefits only for eligible retirees of the Company.

On May 6, 2014, Avago Technologies Limited (Avago) completed its merger with LSI and LSI became a wholly owned subsidiary of Avago. On February 1, 2016, Broadcom Limited became the successor to Avago as a result of the business combination between Avago and Broadcom Corporation, an indirect, wholly owned subsidiary of Broadcom Limited. Broadcom Inc. is the successor to Broadcom Limited for financial reporting purposes.

During June 2025, the Plan entered into a Continued Life Insurance Supplemental Agreement with Metropolitan Life Insurance Company (MetLife) to pay for the future life insurance premiums. A total amount of assets of \$43,581 thousand were transferred to MetLife as part of this agreement. Under this agreement, MetLife assumed the liability for the Plan's participants and became responsible for future payments effective June 24, 2025. The Plan was no longer obligated to pay any benefits to these participants after June 24, 2025.

Effective July 1, 2025, the Plan was merged into the Broadcom Employee Benefits Plan. As a result of the merger, net assets totaling \$26,759 thousand merged into Broadcom Employee Benefits Plan. This amount was reported as due to affiliated plan on the statement of net assets available for benefits as of July 1, 2025, and was reported as a transfer to an affiliated plan in the Plan's statement of changes in net assets available for benefits for the period from January 1, 2025 to July 1, 2025.

For Form 5500 purposes, all assets, liabilities and participants ceased to be part of the Plan as of July 1, 2025 and such remaining amounts are reported as zero on the July 1, 2025 Form 5500 of the Plan. These net assets were considered to be assets of the Broadcom Employee Benefits Plan on its 2025 Form 5500 as of July 1, 2025.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company has established a voluntary employees' beneficiary association (VEBA) trust (the Trust), the Agere Systems Inc. Postretirement Life Insurance Benefit Trust, to fund the Plan. The trustee is JPMorgan Chase Bank, N.A. (JPM Chase).

LSI Corporation Retiree Group Life Insurance Plan
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Participation – Retirees are eligible to participate in the Plan. Retirees are defined in the Plan document as former employees who meet the following requirements:

1. An existing retiree who was a participant in the Plan as of December 31, 2008; and
2. A former employee of Agere or LSI who is a participant in the Agere Systems Pension Plan, as defined in the Plan document, who retires on or after January 1, 2009, after attainment of age 50 and completion of at least 15 years of employment.

Benefits – The Plan provides basic group life insurance benefits to eligible retirees of the Company, which are payable to their beneficiaries (without any accidental death and dismemberment insurance) through insurance contracts. Payments for life insurance premiums are made by the Plan.

A participant may assign his or her life insurance under the Plan in accordance with the terms and conditions of the policy.

Benefit payments are administered under a fully insured, pooled arrangement insurance contract with Metropolitan Life Insurance Company (MetLife). A participant's benefit amount is equal to his or her eligible total annual pay, as defined in the Plan document, not to exceed \$50 thousand for participants prior to the age adjustment factor, which reduces the benefit payable upon death beyond age 65.

Contributions – The Plan presently pays the full cost of coverage under the Plan for the eligible employees. The Company may make contributions in the form of insurance premiums required under the insurance contracts at the time and in the manner required by applicable law, or at such other time as the Company deems appropriate, to the extent insurance premiums are not covered by the Plan through the Trust. All life insurance premiums were paid directly from the Trust during the period from January 1, 2025 to July 1, 2025. Contributions are also determined annually by actuarial valuations of the Plan by an independent consulting actuary. The actuary determines the maximum amount permitted by law or regulation as a federal tax deduction and the minimum amount necessary during any plan year to avoid an accumulated funded deficiency as defined by ERISA. There were no funding deficiencies at July 1, 2025.

Administrative costs – Costs of administering the Plan, other than insurance premiums, insurance company fees, trust administration costs and investment management fees, are borne by the Company. Company paid costs are excluded from these financial statements. Investment related expenses are included in the net appreciation/depreciation in fair value of investments.

Note 2 – Summary of Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), using the accrual method of accounting.

LSI Corporation Retiree Group Life Insurance Plan
Notes to Financial Statements
July 1, 2025 and December 31, 2024 (in thousands)

Use of estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation – Investments are reported at fair value. The Plan's trustee, JPM Chase, certifies the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies and procedures utilizing information provided by its investment advisers, trustee and insurance company. See Note 3 for discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends, if any, are recorded on the ex-dividend date. Net appreciation or depreciation in fair value investments includes the Plan's gains and losses on investments bought and sold as well as held during the period from January 1, 2025 to July 1, 2025.

Payment of benefits – Payments for life insurance premiums are made by the Plan to MetLife and are recorded in the statement of changes in net assets available for benefits net of premium amounts refunded. Benefits paid by MetLife are recorded in the statement of changes in benefit obligations and represent actual life insurance claims paid to beneficiaries.

Premiums refunded – Premium surpluses are recorded as a receivable from the insurance company. To the extent that premium surpluses are attributable to premiums paid by the Company, a payable to the Company is also recorded for surplus amounts attributable to Company-paid coverage. More specifically, monthly life insurance premiums are paid to MetLife from the Trust to cover beneficiary payments. At period end, MetLife reconciles the premiums paid to the actual beneficiary payments. Any excess of premiums over beneficiary payments is refunded to the Trust in a lump sum deposit, and excess payments over premium payments are withdrawn from the Trust account in a lump sum payment, typically a year in arrears. There were \$221 thousand of amounts owed to MetLife for premium payments as of July 1, 2025. There were \$211 thousand excess premiums to be refunded to the Plan during 2026 for the Plan period from January 1, 2025 to July 1, 2025. There were \$738 thousand excess premiums refunded to the Plan during July 2025 for the Plan year ended December 31, 2024. There were no additional premium payments paid during the period from January 1, 2025 to July 1, 2025 or during 2024. Premiums refunded or credited are netted with payments for life insurance premiums in the statement of changes in net assets available for benefits.

If the insurance company requires payment of additional premiums due to a premium deficit, an obligation for the additional premiums is included in benefit obligations. If the deficit relates to Company-paid coverage, a receivable from the Company is also recorded. If a premium deficit is due related to participant-funded coverage, but the trust is unable to pay the entire amount, the Company pays the difference to the insurance company and a receivable from the Company is recorded.

LSI Corporation Retiree Group Life Insurance Plan
Notes to Financial Statements
July 1, 2025 and December 31, 2024 (in thousands)

Income taxes – The Plan accounts for income taxes under the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740 *Income Taxes*, which requires an asset and liability approach in accounting for income taxes payable or refundable at the date of the financial statements as a result of all events that have been recognized in the financial statements and as measured by the provisions of enacted laws. Additionally, FASB ASC Topic 740 requires that deferred tax assets be evaluated and a valuation allowance be established if it is more likely than not that all or a portion of the deferred tax assets will not be realized.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. There were no uncertain tax positions taken by the Plan at July 1, 2025. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods pending or in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Subsequent events – Management evaluated subsequent events occurring through May 12, 2026, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

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

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

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

Level 2 –Inputs to the valuation methodology are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified contractual term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 –Inputs that are used to estimate the fair value of the asset or liability are unobservable and significant to the fair value measurement.

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

LSI Corporation Retiree Group Life Insurance Plan
Notes to Financial Statements
July 1, 2025 and December 31, 2024 (in thousands)

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used as of July 1, 2025 or December 31, 2024.

Pooled separate account – Valued at the net asset value (NAV) of units of the separate account. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the account less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. There are no unfunded commitments, and redemptions can be made at any time without a notice period. Were the Plan to initiate a full redemption of the separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

MetLife Fixed Income FD (SA 153) – The objective of the account is to track the performance of the Bloomberg U.S. Aggregate Bond Index, gross of fees. The account will invest in investment grade fixed income securities consisting primarily of those included in the Index. In the event that additional security types are added to the Index, the account may invest in such securities in order to maintain the Index characteristics. The account will maintain an average credit quality equal to that of the Index. No assets rated below investment grade will be held in the account. There are no redemption restrictions, other than a 60 day notice requirement if the Policyholder elects to discontinue participation in the account.

Money market fund – Valued at the daily closing price as reported by the fund. This fund is required to publish their daily NAV and to transact at that price. The fund held by the Plan is deemed to be actively traded. The fund held by the Plan is an open-end fund that is registered with the U.S. Securities and Exchange Commission.

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

The following tables disclose the fair value hierarchy of the Plan's assets by level at fair value as of July 1, 2025 (prior to the transfer to affiliated plan, see Note 1) and December 31, 2024:

July 1, 2025 (amounts in thousands)				
	Level 1	Level 2	Level 3	Total
	(in thousands)			
Money market fund	\$ 334	\$ -	\$ -	\$ 334
Total assets in fair value hierarchy	\$ 334	\$ -	\$ -	334
Investment measured at NAV practical expedient				28,858
Total investments at fair value				\$ 29,192

LSI Corporation Retiree Group Life Insurance Plan
Notes to Financial Statements
July 1, 2025 and December 31, 2024 (in thousands)

	December 31, 2024 (amounts in thousands)			Total
	Level 1	Level 2	Level 3	
	(in thousands)			
Money market fund	\$ 291	\$ -	\$ -	\$ 291
Total assets in fair value hierarchy	\$ 291	\$ -	\$ -	291
Investment measured at NAV practical expedient				71,043
Total investments at fair value				\$ 71,334

(*) In accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Subtopic 820-10, certain investments that were measured at NAV as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Note 4 – Benefit Obligations

The amount reported as the accumulated postretirement benefit obligations (APBO) represents the actuarial present value of the cost of those estimated future benefits covered by insurance contracts that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for (1) current retirees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. The APBO represents the amounts that are expected to be funded by contributions from the Company and from existing Plan assets. Prior to an active employee's full eligibility date, the APBO is the portion of the expected postretirement benefit obligations that is attributed to that employee's service rendered to the valuation date. The APBO as of July 1, 2025 and December 31, 2024, are based on census data as of June 30, 2025 and January 1, 2025, respectively. Had the valuations been performed as of July 1, 2025 and December 31, 2024, there would be no material differences.

The actuarial present value of the expected APBO is determined by the Plan's consulting actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following were significant assumptions used in the valuation as of December 31, 2024:

Discount rate	5.60% for 2024.
Mortality	2024 – Sex distinct PRI-2012 mortality tables for employees, healthy retirees, and contingent annuitants with MP-2021 generational projection scales.

LSI Corporation Retiree Group Life Insurance Plan
Notes to Financial Statements
July 1, 2025 and December 31, 2024 (in thousands)

As detailed in Note 1, during June 2025, the Plan entered into an agreement with MetLife to pay for the future life insurance premiums. Under this agreement, MetLife assumed the liability for the Plan's participants and became responsible for future payments effective June 24, 2025. The Plan was no longer obligated to pay any benefits to these participants after June 24, 2025 and the transaction resulted in a settlement of the APBO.

Note 5 – Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

As detailed in Notes 1 and 4, during June 2025, the Plan entered into an agreement with MetLife to pay for the future life insurance premiums and became responsible for future payments effective June 24, 2025. The Plan was no longer obligated to pay any benefits to these participants after June 24, 2025 and the transaction resulted in a settlement of the APBO. Effective July 1, 2025, the Plan was merged into the Broadcom Employee Benefits Plan. As a result of the merger, net assets totaling \$26,759 thousand merged into Broadcom Employee Benefits Plan.

Note 6 – Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMorgan Chase Bank, N.A., the trustee of the Plan, has certified to the completeness and accuracy of:

- All investments, at fair value reflected on the accompanying statements of net assets available for benefits as of July 1, 2025 and December 31, 2024.
- All net appreciation in fair value of investments and interest income of \$7 thousand reflected on the accompanying statement of changes in net assets available for benefits for the period from January 1, 2025 to July 1, 2025.
- All activity reflected on the schedule of reportable transactions for the period from January 1, 2025 to July 1, 2025.

Note 7 – Tax Status

The Trust, established under the Plan to hold the Plan's assets, is qualified pursuant to Section 501(c)(9) of the IRC, and accordingly, the Trust's increase in net assets available for benefits would generally be exempt from income taxes. However, the assets in the trust exceed the IRC 419A(c) account limit and therefore are subject to unrelated business income, which includes realized gains and interest income earned on the investments, net of investment management fees and expenses.

LSI Corporation Retiree Group Life Insurance Plan
Notes to Financial Statements
July 1, 2025 and December 31, 2024 (in thousands)

The Plan and the Trust are required to operate in conformity with the Internal Revenue Code (IRC) to remain tax-exempt. The Plan's tax counsel believes that the Plan and trust are currently being operated in compliance with the applicable requirements of (IRC). The Trust is designated as a VEBA.

Income tax expense (benefit) was as follows for the period from January 1, 2025 to July 1, 2025:

	January 1, 2025 to July 1, 2025 (in thousands)
Federal:	
Current	\$ 2,065
Deferred	<u>(1,575)</u>
Total income tax expense	<u>\$ 490</u>

In March 2025, the Plan received a refund of income taxes paid to the Internal Revenue Service of \$197 thousand. Interest income on the statement of changes in net assets available for benefits for the period from January 1, 2025 to July 1, 2025 includes \$74 thousand of interest payments related to this income tax refund.

Note 8 – Risks and Uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to discount rates, mortality tables, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9 – Party-in-Interest Transactions

Certain Plan investments are invested in a pooled separate account managed by MetLife. The Plan has entered into a fully insured, pooled arrangement insurance contract with MetLife and, therefore, these transactions qualify as party-in-interest transactions. The investments in MetLife pooled separate accounts totaled \$28,858 thousand and \$71,043 thousand at July 1, 2025 and December 31, 2024, respectively. Insurance premiums paid by the Plan for group life insurance benefits amounted to \$1,346 thousand for the period from January 1, 2025 to July 1, 2025. Fees paid by the Plan for separate account fees are included in administrative expenses in the statement of changes in net assets available for benefits and amounted to \$61 thousand for the period from January 1, 2025 to July 1, 2025.

The Plan holds a money market account managed by JPMorgan Chase Bank, N.A., the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. At July 1, 2025 and December 31, 2024, the balance held by the Plan in the JPMorgan Chase Bank, N.A., money market account was \$334 thousand and \$291 thousand, respectively.

Supplemental Schedule
Required by the Department of Labor

LSI Corporation Retiree Group Life Insurance Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Period from January 1, 2025 to July 1, 2025

Employer Identification Number: 94-2712976

Plan Number: 507

Schedule H, Line 4(j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Category (i) – Single transactions in excess of 5% of plan assets:</u>						
*MetLife	Fixed Income Fund (SA 153)	\$ -	\$ 43,162,708	\$ 33,027,543	\$ 43,162,708	\$ 10,135,165
<u>Category (iii) – A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets:</u>						
*MetLife	Fixed Income Fund (SA 153)					
	32 sales	-	44,811,301	34,306,460	44,811,301	10,504,841

*: Party-in interest

Transactions or series of transactions in excess of 5% of the current value of the plan's assets at the beginning of the Plan year, as defined, in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

There were no category (ii) or (iv) reportable transactions during the period from January 1, 2025 to July 1, 2025.

The information in this schedule has been derived from information certified as to its completeness and accuracy by JPMorgan Chase Bank, N.A., a qualified institution.

Plan Name	LSI Corporation Retiree Group Life Insurance Plan
Plan Sponsor EIN	94-2712976
ERISA Plan #	507
Plan Year Ending	7/01/2025

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

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X